

Information for GPs

Bowel screening and Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander participation in bowel screening

Aboriginal and Torres Strait Islander people are less likely to develop bowel cancer than other Australians, but have lower five year survival rates. Diagnosis often occurs when the cancer is at a late stage.

The participation rate of Aboriginal and Torres Strait Islander people in the NBCSP is considerably lower than that of other Australians (estimated at 23.5% compared to 40%).¹

The importance of a GP recommendation

Research suggests recommendation by a GP can positively influence participation in bowel screening using an FOBT.

Some non-Indigenous health professionals – particularly those with limited experience of Aboriginal and Torres Strait Islander patients – have expressed concern about causing offence by bringing up sensitive subjects.

Consultations about the NBCSP² found that many Aboriginal and Torres Strait Islander people:

- would prefer to talk to a GP about bowel screening;
- would like their GP or health worker to raise the issue with them;
- trust their GP; and
- are more likely to complete an FOBT if you recommend it.

Snapshot: National Bowel Cancer Screening Program (NBCSP)

Clinical guidelines recommend faecal occult blood testing (FOBT) every two years for most people over 50.³

Australia's National Bowel Cancer Screening Program (NBCSP) mails free immunochemical FOBT kits to eligible people aged between 50 and 74 to complete in their own home.

A 2014 study found that NBCSP invitees for 2006-2008 had 15% less risk of dying from bowel cancer than non-invitees, and cancer stage at diagnosis was on average less advanced.⁴

What you can do

- Alert patients that they will receive a bowel screening kit in the mail when they turn 50.
- For patients aged 50 to 74 years:
 - Ask them if they have received a kit before, if not call the Program Info Line to check their details are correct on the Program Register.
 - Check when they are due to receive a kit at **cancerscreening.gov.au/eligibility**.
 - Encourage them to do the test when they get it in the mail – explain why it's important and what they need to do. Provide a copy of the 'How to do the bowel screening test' instructions.
 - Encourage them to call the Program Info Line to check their eligibility for a free kit, if they are eligible a kit will be sent to their home.
 - Order some demonstration kits for your clinic by emailing **NBCSP@health.gov.au**.
 - Display posters and brochures to encourage people to screen. See what's available at **indigenousbowelscreening.com.au**.

Cultural concerns

Like many other Australians, some Aboriginal and Torres Strait Islander people can be a bit embarrassed talking about taking a faecal sample. Some patients may prefer to talk about bowel screening with a non-Indigenous doctor or nurse, because of the sensitivity of the subject. Others may want to talk with an Aboriginal or Torres Strait Islander health professional. As with other sensitive matters, men may wish to talk to a male health professional and women may prefer to talk to a female health professional.

In some parts of Australia, Aboriginal and Torres Strait Islander patients may be worried that a faeces sample could be used against them in sorcery or black magic. They may need reassurance that arrangements have been made for safe collection, storage and transport of the samples.

Talk with your co-workers and health centre management about the best way to organise and talk about bowel screening with your Aboriginal and Torres Strait Islander patients.

Finding the right words

Some messages that have tested well for talking about bowel screening with Aboriginal and Torres Strait Islander patients include;

- Are you ok talking to me about bowel screening? Would you prefer to talk to a health worker/male or female health professional?
- Bowel cancer can develop without any symptoms. But if found early, it can usually be treated successfully.
- There is a simple test to help find bowel changes early. The test can find tiny amounts of blood in your poo, long before you would notice any changes.
- If blood is found, it doesn't necessarily mean you have cancer. There can be other reasons why you might have blood in your poo and we would need to find out why.
- Some people think doing a bowel screening test is shameful or embarrassing. The real shame is if you don't do the test and then later, you're not around for your family.
- I've done the test myself.
- Don't delay, do a bowel test today.
- It's not shame, it's a part of life.

More Information

For information about the NBCSP go to:
www.cancerscreening.gov.au/bowel

Resources for encouraging bowel screening for Aboriginal and Torres Strait Islander patients can be found at: www.indigenousbowelscreen.com.au

For information on the Program call the Program Info Line: **1800 118 868**
Free call (calls from mobiles may be charged)

References

1. Australian Institute of Health and Welfare 2017. National Bowel Cancer Screening Program: monitoring report 2017. Cancer series no.104. Cat. no. CAN 103. Canberra: AIHW.
2. Menzies School of Health Research, 2016. Report to the Australian Government Department of Health, unpublished.
3. Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer. The Cancer Council Australia and Cancer Network, Sydney 2005.
4. Australian Institute of Health and Welfare 2014. Analysis of bowel cancer outcomes for the NBCSP. Cat.no. CAN 87. Canberra: AIHW.



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