

GP INFORMATION BROCHURE

The National Bowel Cancer Screening Program aims to help detect bowel cancer early and reduce the number of Australians who die each year from the disease.

The program is expanding and by 2020 all Australians aged between 50 and 74 years will be offered free screening every two years. The table below shows age cohorts that will be invited each year as biennial screening is rolled out.

Year	Eligible ages
2016	50, 55, 60, 64, 65, 70, 72, 74
2017	50, 54, 55, 58, 60, 64, 68, 70, 72, 74
2018	50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
2019 onwards	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

Eligible people are invited to complete an immunochemical faecal occult blood test (FOBT)* in the privacy of their own home and mail it to the program's pathology laboratory for analysis. There is no cost involved.

The National Health and Medical Research Council (NHMRC) recommends screening using a FOBT at least once every 2 years for people over the age of 50 who are at, or slightly above, average risk for bowel cancer (about 98% of the population).¹

* Also known globally as faecal immunochemical tests (FIT)

Role of General Practitioners

For your patients, you are asked to:

- Discuss bowel cancer screening and the program with those aged 50 and over.
- Encourage those who are sent a test kit by the program and for whom FOBTs are clinically relevant, to participate.
- Assess those with a positive result and refer them for further examination as clinically indicated, for example a colonoscopy.
- When referring your patient for colonoscopy please indicate that they are a program participant to assist with reporting to the Program Register. If preferred, program stickers can be obtained by calling the Information Line on 1800 118 868.
- Notify the Program Register of referral/non-referral for colonoscopy or other bowel examination for participants with a positive result. This can be done by returning the program's GP Assessment Form by fax or post. Forms can also be completed and returned electronically and are available at www.cancerscreening.gov.au/bowel
- Provision of information attracts a payment.
- Manage individuals identified as being at increased risk of bowel cancer in accordance with the NHMRC Guidelines.
- Inform individuals at average risk that the NHMRC Guidelines recommend screening with a FOBT at least once every 2 years from the age of 50.

Screening Pathway

Eligible people are mailed a pre-invitation letter within 6 months of their birthday followed by an invitation pack, including an information booklet, and an FOBT kit to complete at home and mail to the program pathology laboratory for analysis.

Participants are asked to nominate their usual GP (or practice) on their Participant Details Form, but this is not compulsory. The test result is sent to the participant, their GP (if nominated) and the Program Register. Results sent to nominated GPs include participants contact details.

Participants with a positive FOBT are advised to see their GP to discuss the result. Usual referral procedures for follow up tests, such as a colonoscopy, apply. Nominated GPs or practices may also receive reminder letters advising that, according to the Program Register, the participant has not followed up their positive result with their GP or had a colonoscopy or other bowel examination.

A person with a positive FOBT has a 1 in 28 chance of being diagnosed with bowel cancer.² It is therefore essential that positive results are appropriately investigated. Participant Follow-up Officers in each state and territory may contact health professionals and their patients with a positive result to assist and encourage progression through the screening pathway.

The Program Register supports the Program by:

- Identifying eligible Australians and inviting them to screen;
- Sending reminders to people who have not completed their FOBT within 8 weeks; and
- Sending reminders to people with a positive result (and their GP if nominated), where there is no record on the Program Register that they have seen their GP or attended follow up tests to which they were referred.

Immunochemical Faecal Occult Blood Tests (FOBTs or FITs)

Randomised controlled trials have indicated that screening using FOBTs, in populations selected on the basis of age, can reduce overall mortality from bowel cancer by 15-33%.³

The program is currently using an FOBT called 'Magstream HemSp with New Hemtube (B)'.

FOBTs use different technology to that used in the older guaiac tests and do not require dietary restrictions. The test requires the collection of faecal samples from two separate bowel motions.

The FOBT used by the Program is the most sensitive screening test available for use in population screening

for bowel cancer.⁴ A 2014 Australian Institute of Health and Welfare analysis of the Program found the test to be highly accurate with the following characteristics⁵:

- 3.6% positive predictive value and 99.9% negative predictive value – that is, 3.6% of those with a positive result and less than 0.1% of those with a negative result, were diagnosed with bowel cancer within 2 years.
- 83% sensitivity and 93% specificity – that is, 83% of those diagnosed with bowel cancer within 2 years of their screen had received a positive result, and 93% of those who did not go on to be diagnosed with bowel cancer had received a negative result.

Duty of Care

GPs have a critical role to play in delivering preventive healthcare in Australia, including risk assessment, screening (including encouraging appropriate participation in the program and/or other forms of testing for bowel cancer depending on individual circumstances), diagnosis and treatment of bowel cancer.

The RACGP's Guidelines for preventive activities in general practice (the 'Red Book'), recognise this role and provide guidance to general practice on the appropriate management of patients according to their level of bowel cancer risk.

The program does not seek to impose any additional duty of care upon medical professionals. However, GPs should be mindful that the actions they take are sufficient to discharge any duty of care that they may owe a patient.

Practitioners and medical practices will discharge their duty to their patients if they act in accordance with existing professional standards and what is viewed as best practice in the medical profession.

In order to assist GPs, some suggested approaches that a GP may take if they receive a positive FOBT result for a program participant are:

- Telephone the participant. Before advising of the result, verify their identity using their date of birth, indicate that a positive result has been returned and that they should see a doctor. Depending on whether the practice wishes to accept the participant for treatment, ask them if they would like to make an appointment or recommend that they make an appointment to see another doctor, and keep a file note of the contact.
- If the participant does not answer the telephone, write to the participant providing the same information and keep a copy of the letter.
- If the participant has made an appointment which they do not keep, it would be appropriate to make an attempt to follow up the participant. File notes and copies of correspondence should be kept.

Alternatively, if a GP or practice receives a result for a participant who is not known to them, or if they are unable to accept that person as a patient, they should contact the Program Register on 1800 118 868 and advise of this. The Register will then:

- contact the participant and advise them that they need to make an appointment with another GP to follow up their positive FOBT result; and
- remove the GP's contact details from the Register so that he/she does not receive any further correspondence in respect of that participant.

In some circumstances, patients may fail to attend a colonoscopy or other examinations recommended by their GP. In this case, GPs should take such follow-up action as they would normally in order to fulfill their duty of care obligations to their patients who fail to undergo further tests that the GP considered were appropriate and necessary. Again, telephone calls should be documented and copies of correspondence kept.

GPs may wish to take the following steps after having seen a patient who has been referred to them through the program:

- Inform the patient that the NHMRC Guidelines recommend screening with a FOBT at least once every 2 years from the age of 50 for people at general population (average) risk.
- Inform the patient that the program will send an invitation to screen again at their next eligible age.
- If a practice/patient reminder system is in place for bowel cancer screening, advise the patient that a reminder can be sent in 2 years time should they wish.

Further information on existing professional standards are on the Royal Australian College of General Practitioners website at www.racgp.org.au/standards/ - *Criterion 1.5.4 System for follow up of tests and results.*

Payment Arrangements

Standard GP attendance items apply to consultations with program participants. An information payment will be made for completed program forms provided to the Program Register about consultations with participants who have received a positive FOBT result.

In order to receive this payment you need to complete:

- a Payment Account Details for Service Provider form; and
- **all** sections of the GP Assessment Form (this form is sent with notification of a positive FOBT result to the participant's nominated GP).

The payment account details form only needs to be completed once, unless details of where payments should be made change.

These forms are also available:

- at www.cancerscreening.gov.au/bowel: select 'Health Professionals' and then 'Forms'; or
- in hardcopy via the Program Information Line on 1800 118 868.

Once completed, please lodge the form with the Program Register:

- online via the above website;
- by free fax to 1800 115 062; or
- by mail to the NBCSP Register, Reply Paid 83245, Canberra ACT 2610.

Further Information

Program Website: www.cancerscreening.gov.au/bowel

Program Information Line - 1800 118 868

FOBT Helpline : 1300 738 365.

For information about how to do the FOBT.

Translating & Interpreting Service - 13 14 50

The Cancer Council Helpline - 13 11 20

State and territory Cancer Councils provide a confidential service where your patients can talk about their concerns or questions about cancer with specially trained staff. The staff can send written information and provide contact details of services in the local area. The Helpline also supports general practice with information on diagnosis, treatment and care.

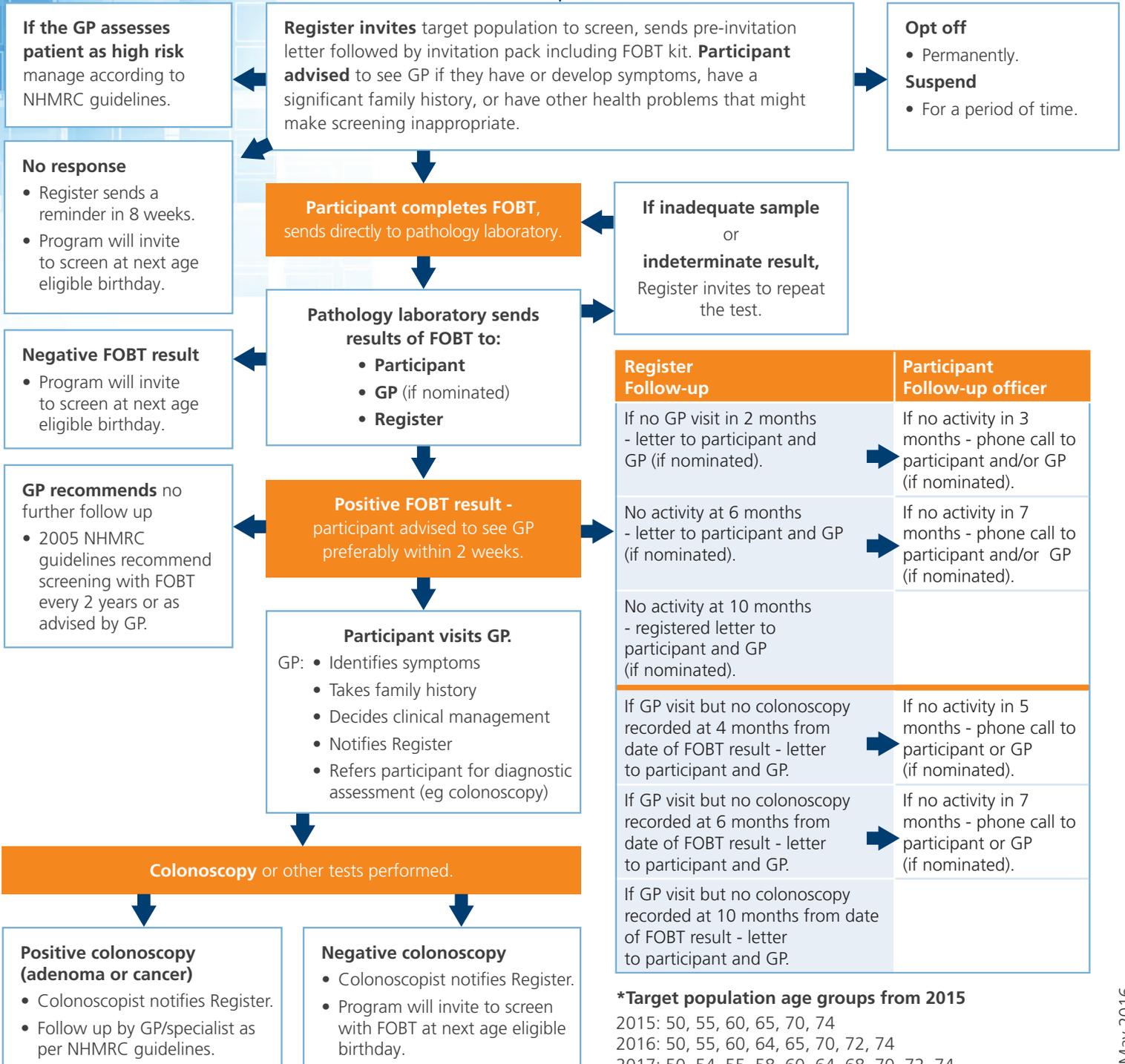
Footnotes

1. National Health and Medical Research Council, *Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer*, Sydney, December 2005.
2. AIHW 2014. *Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program*. Cat. no. CAN 87. Canberra: AIHW
3. Australian Government Department of Health and Ageing, *Australia's Bowel Cancer Screening Pilot and Beyond - Final Evaluation Report*, Canberra, October 2005, p60.
4. HealthPACT report. July 2015. *Blood and stool based biomarker testing for colorectal cancer*. Queensland Department of Health.
5. AIHW 2014. *Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program*. Cat. no. CAN 87. Canberra: AIHW



PARTICIPANT'S SCREENING PATHWAY

National Bowel Cancer Screening Program Register identifies target population turning 50-74 years old* (from Medicare/DVA data).



***Target population age groups from 2015**
 2015: 50, 55, 60, 65, 70, 74
 2016: 50, 55, 60, 64, 65, 70, 72, 74
 2017: 50, 54, 55, 58, 60, 64, 68, 70, 72, 74
 2018: 50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
 2019: 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

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