



INFORMATION BROCHURE

The National Bowel Cancer Screening Program was initiated by the Australian Government, in partnership with state and territory governments, to help detect bowel cancer early and reduce the number of Australians who die each year from the disease.

The program is currently inviting people aged 50, 55, 60, 65, 70 and 74. In 2016, 64 and 72 year olds will also be invited to screen, 54, 58 and 68 year olds in 2017, 62 and 66 year olds in 2018. From 2019, all eligible Australians aged 50-74 will be invited to screen every two years.

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

The National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer (2nd edition, December 2005) recommend screening for people at general population risk using a FOBT at least once every 2 years from the age of 50.

* Also known globally as faecal immunochemical tests (FIT)

Role of General Practitioners

For your patients, you are asked to:

- Encourage those who are sent a FOBT by the program, and for whom FOBTs are clinically relevant, to participate.
- Assess those with a positive FOBT 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 FOBT. 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.

Provision of information will attract 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

As outlined in the screening pathway (see back page), eligible people receive a pre-invitation letter followed by an invitation pack, including an information booklet and an FOBT kit, in the mail. Those who choose to participate will complete the FOBT and a Participant Details Form and send both to the program pathology laboratory, where the test will be analysed.

Program participants are encouraged to nominate their usual GP or medical practice on their Participant Details Form, but this is not compulsory. The result of the test is sent to the participant, their GP (if nominated) and the Program Register. The FOBT result sent to nominated GPs or practices will include full contact details for the participant.

Participants with a positive FOBT will be advised to see their GP to discuss the result and usual referral procedures for follow up tests, such as a colonoscopy, will apply. Nominated GPs or practices may also receive reminder letters advising them that, according to the information held by the Program Register, the participant has not followed up their positive FOBT result with their GP or attended for a colonoscopy or other bowel examination.

A person with a positive FOBT is 12 to 40 times more likely to have colorectal cancer than a person with a negative test. It is therefore essential that any positive FOBT is appropriately investigated.

To ensure that all program participants with a positive FOBT result receive adequate follow up, participant follow-up officers in each state and territory may contact health professionals and their patients with a positive FOBT result to assist and encourage progression through the screening pathway.

The Program Register is maintained by the Department of Human Services (formerly Medicare Australia). Its role is to:

- Identify eligible Australians and invite them to screen for bowel cancer using the program FOBT;
- Send reminder letters to people who have not completed their FOBT within 8 weeks of receiving it;
- Issue reminders to people with a positive FOBT result (and to their GP where nominated), where there is no record on the Register that they have consulted their GP or attended for follow up tests to which they were referred.

INFORMATION FOR GENERAL PRACTITIONERS

Duty of Care

GPs have a critical role to play in delivering preventative 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 RACGPs Guidelines for preventive activities in general practice (the 'Red Book'), recognise this role and provides 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 they are unable to accept that person as a patient, for whatever reason, 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.*

Immunochemical Faecal Occult Blood Tests (iFOBTs or FITs)

Randomised controlled trials have indicated that screening using FOBTs, in populations selected on the basis of age, can reduce overall mortality from colorectal cancer by 15-33%¹.

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

An iFOBT (also known as a faecal immunochemical test (FIT)) uses different technology to that used in the older guaiac tests and does not require dietary restrictions.

The test requires the collection of faecal samples from two separate bowel motions. The evidence suggests that collection of samples from two separate bowel motions using an iFOBT is recommended from the viewpoint of cost-effectiveness as well as diagnostic accuracy².

iFOBTs detect 60-90% of cancers and many advanced adenomas under ideal conditions³.

The NHMRC Guidelines recommend that screening with a FOBT be performed at least once every 2 years from the age of 50 years⁴.

During the Pilot Program the positive predictive value* of the FOBT for suspected cancer was 5.1% and for suspected cancer or advanced adenoma was 20.1%. For all cancers and adenomas, including small and diminutive adenomas, the positive predictive value* was 26.3%⁵.

More recent program data from Queensland, for the period August 2006 – December 2010, shows a PPV for cancer of 4.3%, for advanced adenomas 23%, for all types of adenoma 48%, and for cancer or all types of adenoma 52.3%⁶.

Footnotes

1. Australian Government Department of Health and Ageing, Australia's Bowel Cancer Screening Pilot and Beyond - Final Evaluation Report, Canberra, October 2005, p60.
2. European Commission, European guidelines for quality assurance in colorectal cancer screening and diagnosis, first edition, Publications Office of the European Union, Luxembourg 2010, chapter 4.
3. National Health and Medical Research Council, Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer, Sydney, December 2005, p38.
4. Ibid, p38.
5. Australian Government Department of Health and Ageing, op cit, p67.
6. Results published in an abstract, Appleyard M, Grimpen F, Spucches C et al. Participation in the national bowel cancer screening program and screening outcomes in Queensland. Journal of Gastroenterology and Hepatology 2011; 26(Suppl 4): page 29.

* The positive predictive value (PPV) of the screening test is the probability that someone with a positive FOBT will have a cancer or advanced adenoma at colonoscopy.

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 Under National Bowel Cancer Screening Program, select:
 - » Forms;
 - » Links to electronic forms; or
- in hardcopy via the 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 83061, Hobart TAS 7001.

Further Information

For more information visit the website www.cancerscreening.gov.au.

Dorevitch Pathology has a Helpline to answer enquiries regarding the correct procedures for the completion of the program FOBT kits

FOBT Helpline : 1300 738 365.

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.

The Cancer Council Helpline - 13 11 20

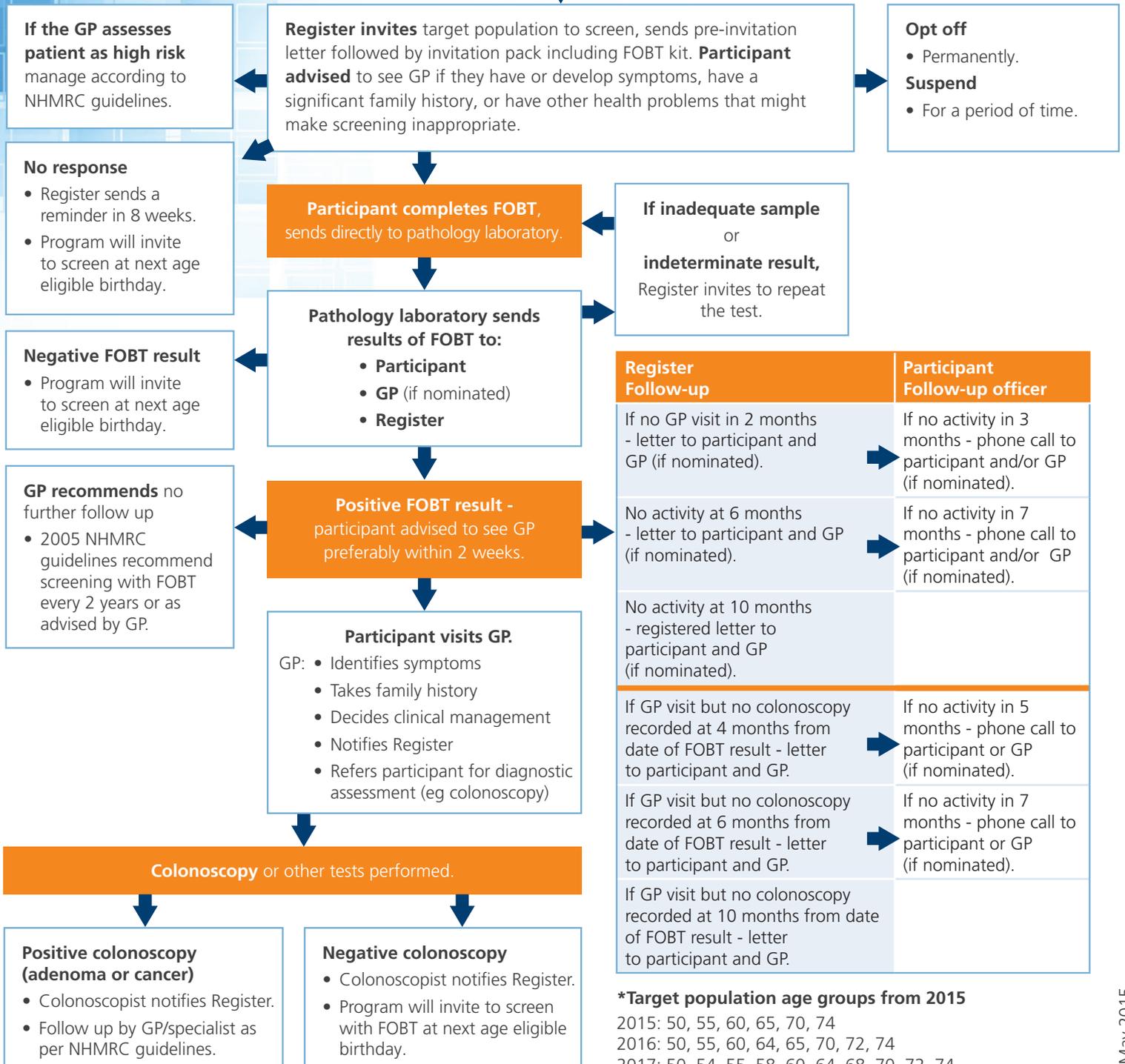
Translating & Interpreting Service - 13 14 50

Program Information Line - 1800 118 868



PARTICIPANT'S SCREENING PATHWAY

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



| Register Follow-up | Participant Follow-up officer |
|---|--|
| If no GP visit in 2 months - letter to participant and GP (if nominated). | If no activity in 3 months - phone call to participant and/or GP (if nominated). |
| No activity at 6 months - letter to participant and GP (if nominated). | If no activity in 7 months - phone call to participant and/or GP (if nominated). |
| No activity at 10 months - registered letter to participant and GP (if nominated). | |
| If GP visit but no colonoscopy recorded at 4 months from date of FOBT result - letter to participant and GP. | If no activity in 5 months - phone call to participant or GP (if nominated). |
| If GP visit but no colonoscopy recorded at 6 months from date of FOBT result - letter to participant and GP. | If no activity in 7 months - phone call to participant or GP (if nominated). |
| If GP visit but no colonoscopy recorded at 10 months from date of FOBT result - letter to participant and GP. | |

***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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