



Australian Government

Department of Health and Ageing

BOWELCANCERSCREENING 

PILOT PROGRAM
An Australian Government Initiative

Screening Monograph No.4/2005

Bowel Cancer Knowledge, Perceptions and Screening Behaviours:

Knowledge, Attitudes and Practices
Pre-and Post-Intervention Surveys
(2002 and 2004)

Final Report

September 2004

Bowel Cancer Knowledge, Perceptions
and Screening Behaviours:

Knowledge, Attitudes & Practices
Pre- and Post-Intervention Surveys
(2002 & 2004)

FINAL REPORT

**Bowel Cancer Screening Pilot Monitoring and Evaluation Steering Committee
September 2004**

© Commonwealth of Australia 2005

ISBN 0 642 82814 8

Publications Approval Number 3771

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

Requests for additional copies of this report should be addressed to:

National Mailing and Marketing
11 Tralee Street
Hume ACT
Phone (02) 6269 1000
Fax (02) 6260 2770

Reports on the Bowel Cancer Screening Pilot were coordinated by the Bowel Cancer Screening Pilot Monitoring and Evaluation Steering Committee with support from the Screening Section, Targeted Prevention Program Branch, Australian Government Department of Health and Ageing. This report was prepared by the Epidemiology Services Unit, Health Information Branch, Queensland Health.

Table of Contents

Summary of key findings	5
1 Introduction	8
2 Methods	9
2.1 General population surveys - 2002 and 2004	9
2.2 Participants survey (2004)	10
2.3 Weighting procedures.....	11
2.4 Analysis procedures.....	12
3 Data quality.....	13
3.1 Sampling variability	13
3.2 Non-sampling errors	13
4 Results.....	15
4.1 Respondents - 2004	15
4.2 Determinants of FOBT participation - 2004	17
4.3 Practical experiences of FOBT interventions - 2004.....	27
4.4 Effects of screening interventions (2002 vs 2004).....	35
5 Conclusion	46
6 Questionnaires	49
6.1 General population survey - 2002 Questionnaire	49
6.2 General population survey - 2004 Questionnaire	71
6.3 Participants' survey - 2004 Questionnaire	95

TABLES

Table 2.1.1:	Response and contact rates for the General Population Survey (2002)	10
Table 2.1.2:	Response and contact rates for the General Population Survey (2004)	10
Table 2.2.1:	Response and contact rates for the Participants' Survey (2004).....	11
Table 4.1a:	Sex and age characteristics of 2004 survey respondents (n=3331).....	15
Table 4.1b:	Socio-demographic characteristics of survey respondents (n=3303).....	16
Table 4.2.1a:	Socio-demographic determinants of FOBT participation	19
Table 4.2.1b:	FOBT participation by pilot site.....	20
Table 4.2.2:	Bowel cancer awareness and behaviours	21
Table 4.2.3:	Bowel cancer knowledge and attitudes	23
Table 4.2.4:	Knowledge of bowel cancer screening (n=1565).....	24
Table 4.2.5:	Cancer awareness and screening behaviour amongst males	25
Table 4.2.6:	Cancer awareness and screening behaviour amongst females	26
Table 4.3.1:	Reasons for participating in FOBT pilot (n=1269).....	27
Table 4.3.2:	Sources of information about FOBT recalled by those who participated in pilot (n=1261).....	28
Table 4.3.3:	Factors determining ease of kit use (n=1261).....	29
Table 4.3.4:	Difficulties reported by those participants who did not find the test easy to use (n=73).....	30
Table 4.3.5:	Likelihood of future participation amongst current participants by method of approach.....	31
Table 4.3.6:	Reasons for participating in future FOBT screening amongst current participants (n=1233)	31
Table 4.3.7:	Reasons for not participating in future FOBT screening amongst current participants (n=27)	32
Table 4.3.8:	Reasons for not participating in FOBT pilot (n=304).....	32
Table 4.3.9:	Sources of information about FOBT recalled by those who declined to participate in pilot	33
Table 4.3.10:	Likelihood of future participation amongst non-returners by method of approach (n=304)	34
Table 4.3.11:	Reasons for participating in future FOBT screening amongst current non-returners (n=255).....	34
Table 4.3.12:	Reasons for not participating in future FOBT screening amongst current non-returners (n=49)	35
Table 4.4.1:	Socio-demographic characteristics of survey respondents.....	35
Table 4.4.2:	Bowel cancer awareness and behaviours of survey respondents	37
Table 4.4.3:	Bowel cancer knowledge and attitudes	38
Table 4.4.4:	Knowledge of bowel cancer and screening tests.....	40
Table 4.4.5:	Bowel cancer awareness by sex	41
Table 4.4.6:	Patient reported GP bowel cancer awareness and behaviours	42
Table 4.4.7:	Likelihood of future participation*	43
Table 4.4.8:	Reasons for future participation in FOBT screening	44
Table 4.4.9:	Reasons for not participating in FOBT screening in the future	45

Summary of key findings

Determinants of FOBT participation

- People aged 50 to 59 years were slightly less likely than others to have returned the kit. However the proportion of people returning the kit did not differ significantly across different sex, marital status, education levels and employment status.
- Mackay residents were more likely to have returned their kit than either Adelaide or Melbourne residents.
- People with a biological family history of bowel cancer were more likely than others were to have returned their kit.
- Those who had returned the FOBT kit were more likely to:
 - be able to name or describe a sign or symptom of bowel cancer;
 - identify bleeding, blood and/ or mucus in bowel motions as a symptom of bowel cancer;
 - strongly agree with the statements;
“It is important to check for bowel cancer even if I have no symptoms.”
“Treating bowel cancer in the early stages increases a person’s chance of survival.”
“If bowel cancer is treated early a person may need less extensive treatment and may not need a colostomy bag.”
 - strongly disagree with the statement;
“Having a test like FOBT seems like more trouble than it’s worth.”
 - know of tests to check for bowel cancer;
 - be able to name or describe the FOBT without interviewer prompting; and
 - recall that they had heard of FOBT after interviewer descriptions and prompting.
- Men who had undergone a prostate screening test in the last 2 years were more likely to have returned the kit. However those who nominated bowel cancer as one of the two most prevalent male cancers were no more likely than others to have returned the kit.
- Women who had undergone a screening mammogram test in the last 2 years were more likely to have returned the kit. However those who nominated bowel cancer as one of the two most prevalent female cancers were no more likely to have returned the kit.

Practical experiences with FOBT interventions

Participants (n=1269)

- The major reasons reported for taking part in the pilot were “precaution/ prevention/ early detection/ health check important” (48%) and “want to know whether had bowel cancer/ peace of mind” (36%).
- Participants in different pilot sites reported hearing about FOBT from different sources. The results are consistent with the interventions used in each site.
- The majority of participants (94%) found the FOBT kits easy to use. The “brush” (Enterix) kit was found to be slightly easier to use than the “stick” (Bayer) kit.
- A total of 73 participants (6%) did not find the test easy to use.
- The most commonly reported problem was that the paper became wet, sank or disintegrated (26 participants).
- More participants from Mackay found the kit easy to use than participants from Adelaide and Melbourne. Ease of kit use was not associated with age or sex.
- Only 2% of participants said that they would be unlikely or very unlikely to participate in FOBT screening in the future.
- Likelihood of future participation if a FOBT kit was mailed out was almost as high as with a doctor’s recommendation.

Non-Returners (n=304)

- The major reasons reported for not taking part in the pilot were having already had other bowel tests (24%) and having a lack of symptoms or “feeling well” (16%).
- Non-returners were less likely to recall having seen or heard information about FOBT than were people who had returned the kit.
- The majority of non-returners (84%) reported that they would participate in FOBT screening in the future.
- Likelihood of future participation in FOBT screening was substantially greater if a doctor’s recommendation was mentioned compared to a screening program without promotion.

Effects of screening interventions (2002 vs. 2004)

- Respondents in 2004 were more likely to report a biological family history of bowel cancer and to have undergone bowel tests other than FOBT than were the respondents in 2002.
- After the pilot interventions respondents were more likely to identify bleeding/ blood/ mucus from bowel motions as a symptom of bowel cancer. The percentage of respondents who didn't know any signs or symptoms of bowel cancer was significantly lower in 2004.
- Attitudes towards bowel cancer were also significantly different in 2004 from those reported in 2002. After the interventions respondents were more likely to perceive that they thought it was very likely or likely that they would develop bowel cancer in their lifetime. Respondents in 2004 were also more likely to strongly agree with the following statements:
“It is important to check for bowel cancer even if I have no symptoms”
“Treating bowel cancer in the early stages increases a person’s chance of survival”
“If bowel cancer is treated early a person might need less extensive treatment and may not need a colostomy bag”
and to strongly disagree with the statement
“having a test like FOBT seems like more trouble than it’s worth”
- After the intervention respondents were much more likely to be aware of tests to check for bowel cancer.
- The proportion of respondents who named or described FOBT without prompting from the interviewer increased significantly from 30% to 69%. The percentage of respondents who recalled having heard of FOBT after interviewer descriptions almost doubled between 2002 and 2004 (43% to 84%).
- Bowel cancer awareness improved after the interventions. The percentage of men who named bowel cancer as one of the two most common male cancers increased from 42% to 50%, and the percentage of women who named bowel cancer as one of the two most prevalent female cancers increased from 20% to 25%.
- The overall likelihood of participation in future FOBT screening increased substantially between 2002 and 2004. Most of the shift appears to be from the “highly likely” category to the “very highly likely” category. The percentage of respondents who would be very highly likely to participate regardless of what approach was used more than doubled from 24% in 2002 to 56% in 2004.