Bowel Cancer Knowledge, Perceptions and Screening Behaviours:
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
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Fax (02) 6260 2770

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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.