



The National Bowel Cancer Screening Program has been 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 will target people turning 50, 55 and 65 years of age between January 2008 and December 2010. Eligible Australians will be invited to complete a faecal occult blood test (FOBT) in the privacy of their own home and mail it to a pathology laboratory for analysis.

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 using FOBT every 2 years from the age of 50.

The Program will be introduced slowly to ensure that health services, such as colonoscopy and treatment services, are able to meet any increased demand. That is why the Program only offers one-off FOBT screening. This commitment is an important step towards screening all people aged 50 years and over every 2 years.

Role of General Practitioners

For your patients, you are asked to:

- encourage those who are sent a FOBT through the Program, and for whom FOBTs are clinically relevant, to participate in the Program.
- 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 attach a Program sticker to the referral. Stickers can be obtained by calling the Information Line on 1800 118 868. This sticker will identify your patient as a Program participant.

- notify the Register of referral/non referral for colonoscopy or other bowel examination for participants with a positive FOBT, utilising the *Assessment Form – Referred for colonoscopy/Not referred for colonoscopy following a positive FOBT result*. An information payment will apply.
- manage individuals identified as being at high risk of bowel cancer in accordance with the NHMRC Guidelines.
- inform individuals that the Program only offers one-off FOBT screening, and that the NHMRC Guidelines recommend screening with FOBT every 2 years from the age of 50.

Screening Pathway

The screening pathway for the Program is on the back page.

As outlined in the pathway, eligible people will 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 a pathology laboratory, where the test will be analysed.

Program participants will be encouraged to nominate their usual GP or medical practice on their *Participant Details Form*, but this will not be compulsory. The result of the test will be sent to the participant, their GP (if nominated) and the National 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 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, Program Coordinators will be recruited in each state and territory. Program Coordinators may contact health professionals and their patients with a positive FOBT result to assist and encourage progression through the screening pathway.

A National Bowel Cancer Screening Program Register has been established by Medicare Australia. The Register will:

- issue invitations, including an FOBT kit, to participate in screening;
- send a reminder letter to anyone who doesn't complete 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 the follow up tests to which they were referred.

The screening pathway outlines the points at which reminder letters will be issued and the timing of these.



Duty of Care

It is impossible to give definitive advice to GPs regarding their duty of care to patients involved in the Program, as the action required for a GP to discharge their duty to a patient will depend on the relationship between a GP and the individual patient, for example any special knowledge the GP has about the patient.

The Program does not seek to impose any additional duty of care upon medical professionals. 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. If they answer, 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 conversation.
- 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 Register on 1800 118 868 and advise them 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 to that participant.**

In some circumstances, patients may fail to attend a colonoscopy or other examinations recommended by their GP. In such circumstances, GPs should take such follow-up action as they would normally in order to fulfil their duty of care obligations to their patients in circumstances where a patient fails to undergo further tests that the GP considered was appropriate and necessary in that case. 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 FOBT every 2 years from the age of 50.
- Inform the patient that the National Bowel Cancer Screening Program only offers one-off FOBT screening and that the patient should not expect to receive any reminder letters to rescreen from the Program Register.
- Either inform the patient that the GP is able to send a reminder in 2 years time should they wish, or if the GP does not offer this service, inform the patient that they will not receive a reminder from the GP.

For further information on existing professional standards please visit the Royal Australian College of General Practitioners website at www.racgp.org.au/standards/ specifically *Criterion 1.5.4 System for follow up of tests and results*.

GPs must ensure that the actions they take are sufficient to discharge any duty of care that they may owe a patient. Each GP must assess whether his or her actions are sufficient in the individual patient's circumstances and the GPs usual practice in relation to his or her professional standards and obligations.



Immunochemical Faecal Occult Blood Tests (FOBTs)

Randomised controlled clinical 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.

An immunochemical FOBT called 'Detect'TM will be used during this phase of the Program. DetectTM requires the collection of faecal samples from two separate bowel motions. An article by Yamamoto and Nakama (2000) suggests that collection of samples from two separate bowel motions using an immunochemical FOBT is recommended from the viewpoint of cost-effectiveness as well as diagnostic accuracy².

Immunochemical FOBTs detect 60-90% of cancers and many advanced adenomas under ideal conditions³. The NHMRC Guidelines recommend that screening with FOBT be performed at least once every two years from the age of 50⁴.

During the Pilot Program the *positive predictive value** of the DetectTM 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.

In comparison, the Pilot data indicates that the *positive predictive value** for significant family history and/or symptoms of bowel cancer, in the absence of a positive FOBT, was only 0.5% for cancer, 4.3% for advanced adenoma and 7.5% for cancer or any adenoma⁶.

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 Yamamoto M and Nakama H, Cost-effectiveness analysis of immunochemical occult blood screening for colorectal cancer among three fecal sampling methods, *Hepato-Gastroenterology*, Japan, 2000, Vol47(32): p396-9.

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 Ibid, p66.

* The positive predictive value (PPV) of a screening test is measured as the proportion of outcomes of interest out of all outcomes. In the case of FOBT, this is the proportion of FOBTs with cancers and advanced adenomas detected out of all positive FOBTs that are followed up with a colonoscopy.

Payment Arrangements

Standard GP attendance items apply to consultations with Program participants.

An information payment will be paid for each correctly completed Program Form that provides information to the Register about consultations with Program participants who have received a **positive FOBT result**. In order to receive this payment you must complete:

- a *Payment Account Details for Service Provider* form; and
- **all** sections of the *Assessment Form: Referred for Colonoscopy/Not Referred for Colonoscopy following a positive FOBT result*.

These forms are available:

- at **www.medicareaustralia.gov.au** – select:
 - For health professionals;
 - Other programs;
 - National Bowel Cancer Screening Program;
 - Electronic lodgement of GP Assessment form;
- 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 National Bowel Cancer Screening Program Register:

- online via the above websites;
- 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**.

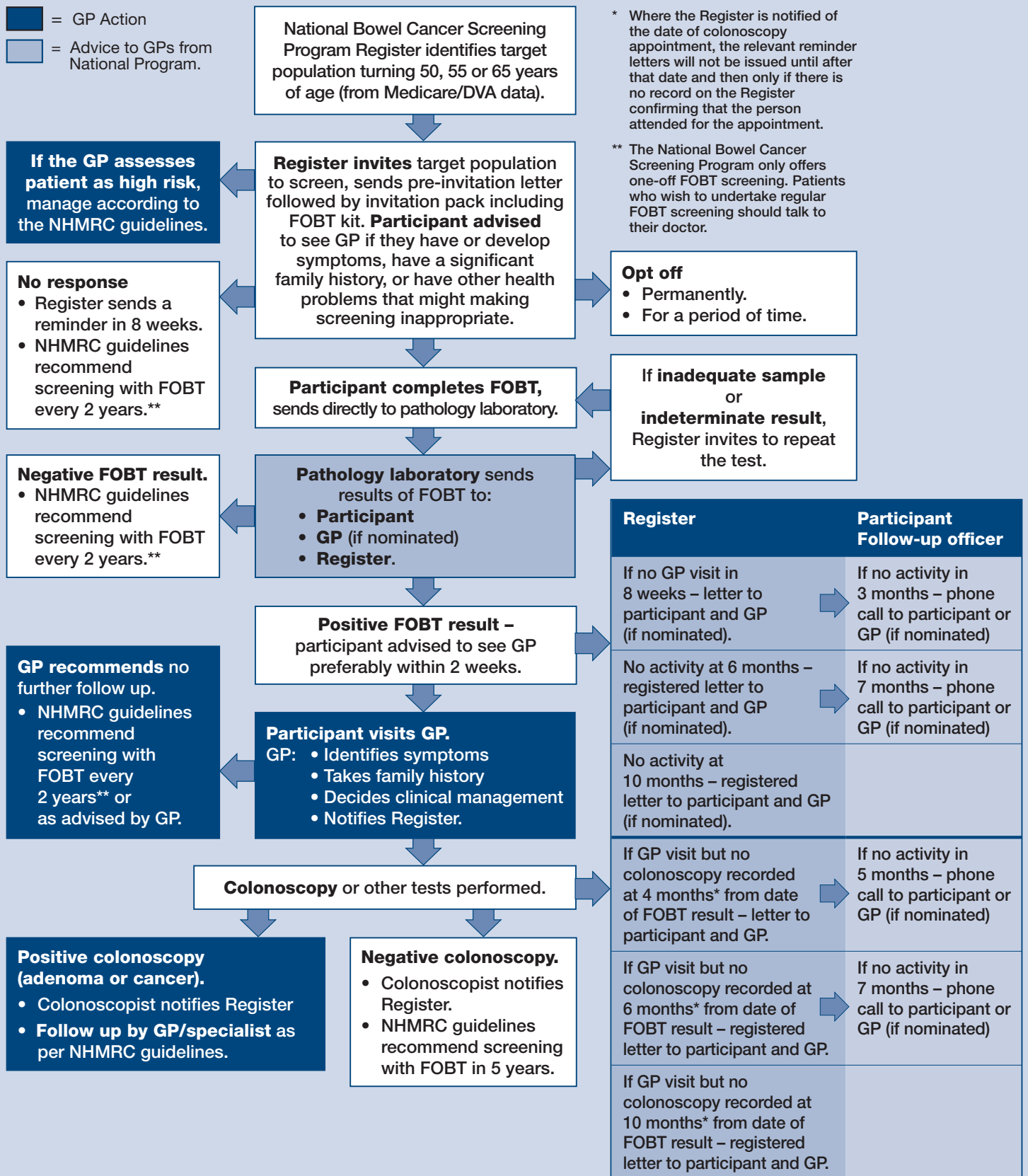
Dorevitch Pathology has a FOBT Helpline to answer enquiries regarding the correct procedures for the completion of FOBT kits – **1300 738 365**.

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
Information Line – 1800 118 868

 = GP Action

 = Advice to GPs from National Program.



* Where the Register is notified of the date of colonoscopy appointment, the relevant reminder letters will not be issued until after that date and then only if there is no record on the Register confirming that the person attended for the appointment.

** The National Bowel Cancer Screening Program only offers one-off FOBT screening. Patients who wish to undertake regular FOBT screening should talk to their doctor.