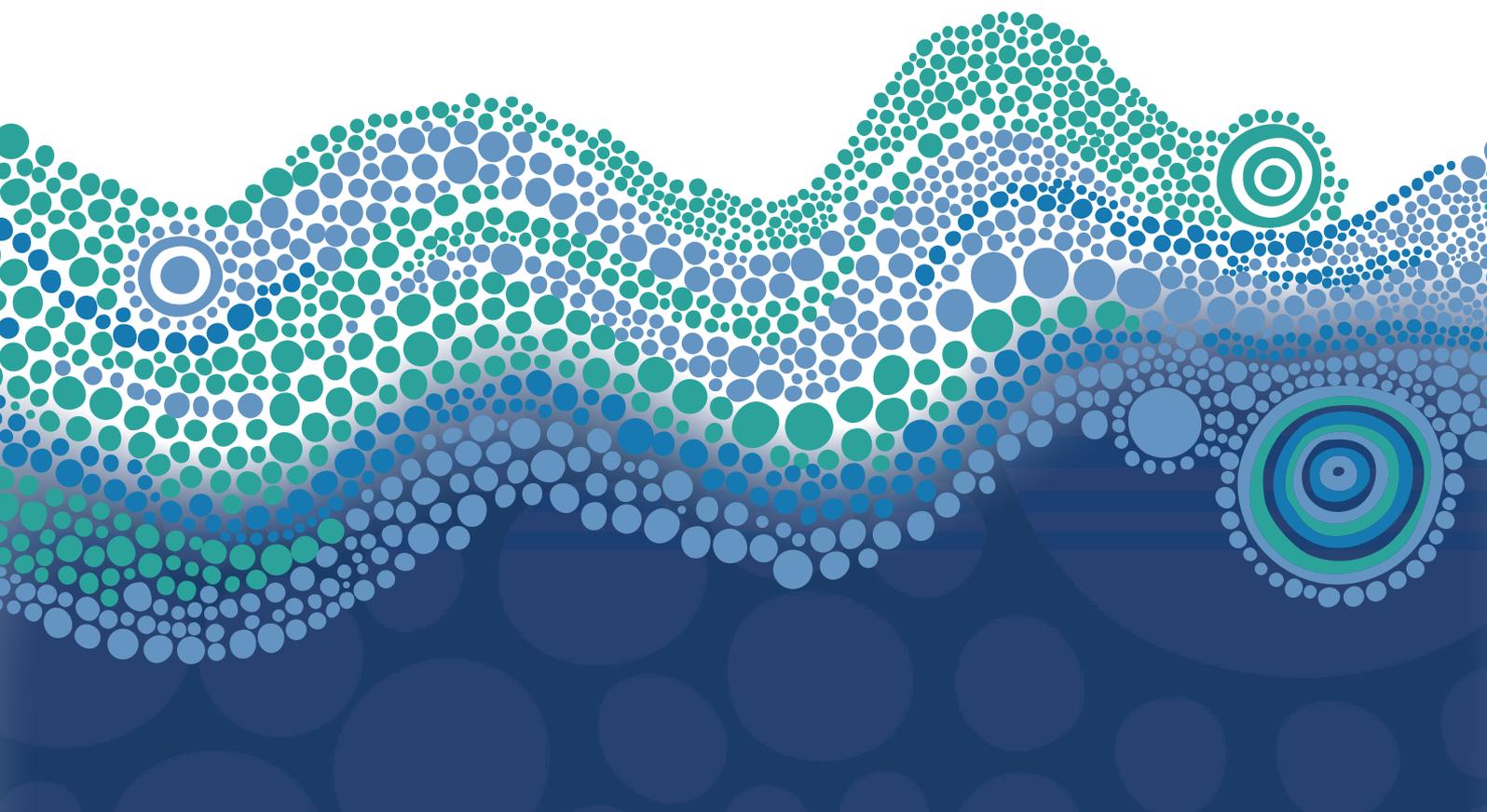




**NACCHO**  
National Aboriginal Community  
Controlled Health Organisation

# **A Guide for Health Professionals**

Frequently asked questions about  
bowel cancer screening



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As a health professional, you may be asked questions by your patients about bowel cancer and bowel cancer screening. This resource has been developed as a tool to refer to and help answer any questions you or community members might have about bowel cancer and bowel cancer screening.

## What you need to know about bowel cancer

### What is the risk of developing bowel cancer?

Bowel cancer is the third most common cancer impacting Aboriginal and Torres Strait Islander people with the risk increasing over the age of 50. Nationally, 8.8% of all Aboriginal and Torres Strait Islander people are between the ages of 50 to 59 years, and 7.8% are aged 60 years and over<sup>1</sup>. Bowel cancer is a preventable cancer and if caught early bowel cancer can be successfully treated in more than 90% of cases. Screening for bowel cancer is an effective public health initiative.

In 2019, Aboriginal and Torres Strait Islander people participated in the National Bowel Cancer Screening Program at much lower rates compared to the general population. A subsequent “Alternative Pathways” pilot program that delivered kits through Aboriginal Community Controlled Health Organisations (ACCHOSs), achieved much higher rates of screening.

### What are the signs of bowel cancer?

Bowel cancer can develop without any obvious signs, this is why it is very important community members keep up to date with screening. Screening is not intended for use when people have **signs** of bowel cancer. Signs can include:

- blood present in stool or in the toilet bowl
- a recent and persistent change in bowel motions
- severe constipation, and/or the need to poo more often than usual
- unexplained tiredness or weight loss for no reason
- stomach pain.

If your community members have any of these signs, please ensure they talk with their doctor as soon as possible.

<sup>1</sup> Aboriginal and Torres Strait Islander profile – Service age groups. <https://profile.id.com.au/australia/indigenous-age-structure?IBMID=30&BMIndigStatusID=0>

# What you need to know about bowel cancer screening

## How often should community members screen?

Eligible community members between the ages of 50 and 74 are encouraged to screen every two years.

## A community member feels fine and doesn't have any signs, should they still screen?

Bowel cancer can develop without any obvious signs. It is important community members are up to date with screening even if they feel healthy. Screening every two years is recommended for people aged between 50 and 74 years old.

## A community member has a family history of bowel cancer, should they still screen?

Community members with a family history of bowel cancer should talk to their health care professional, as additional follow up may be required.

Community members are at a higher risk of bowel cancer if:

- A close relative (parent, brother, sister, or child) developed bowel cancer at a young age (under 55 years); or
- More than one close relative (parent, brother, sister, or child) in your family has had bowel cancer at any age.

If a community member has a family history of bowel cancer, it is important health care professionals provide advice on how best to prevent bowel cancer. More than 75% of people with bowel cancer do not have a family history.

## A community member has an existing medical condition, should they screen?

Some medical conditions such as urinary tract infections (UTIs) and renal disease can lead to haematuria (blood in urine) and may give a false positive result because traces of blood could be found in the stool samples which may not be related to bowel cancer. All existing medical conditions should be discussed with a health care professional prior to screening for bowel cancer. Health care professionals and local medical services are best placed to provide advice to community members about doing the bowel cancer screening test.

It is recommended a community member does not do a bowel cancer test if they have:

- piles (haemorrhoids) which are bleeding.
- blood in your urine or blood in the toilet bowl.
- their menstrual period. Wait for 3 days after the period finishes before doing the test
- had a recent colonoscopy.

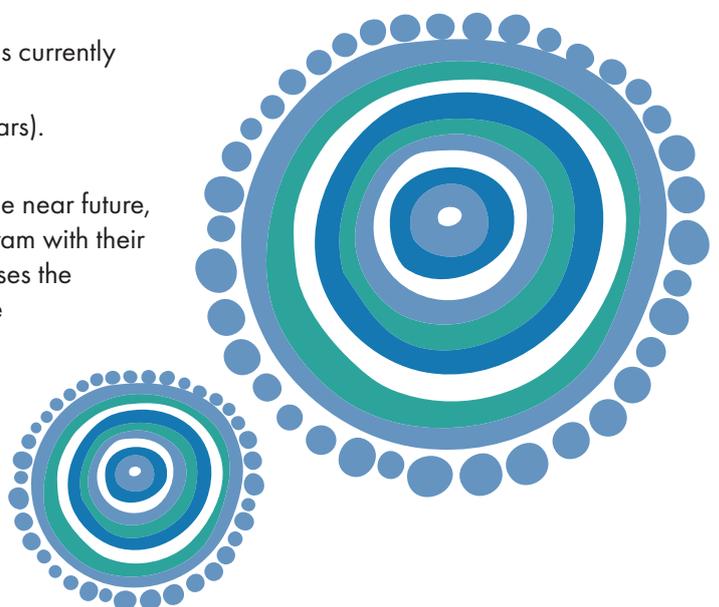
A community member has an existing bowel condition, should they still participate in the bowel cancer screening?

Community members with existing bowel conditions should talk to a health care professional or local medical service, particularly if the condition has been active in the last 12 months or is currently under treatment.

They may not need to participate in screening if they:

- have had a bowel condition in the last 12 months which is currently under treatment; or
- have had a recent colonoscopy (anytime in the last 2 years).

If a community member is scheduled for a colonoscopy in the near future, they may wish to discuss participation in the screening program with their health care professional. If the health care professional advises the community member does not need to screen, the health care professional or community member can 'opt out' or delay participating the bowel cancer screening program through the NCSR Healthcare Provider portal or by contacting the NCSR on **1800 627 701** or at [www.ncsr.gov.au](http://www.ncsr.gov.au).



# What you need to know about the bowel cancer screening kits

## How do eligible community members access a bowel cancer screening kit?

Eligible community members between the age of 50 and 74 year who have their contact details registered with Medicare may receive a bowel cancer testing kit in the mail every two years from the age of 50.

From October 2022, the community-controlled sector can bulk order and issue kits directly from the NCSR Healthcare Provider Portal for eligible community members.

If a person is over 50 years of age and is yet to receive a bowel cancer testing kit in the mail, they can request a kit directly from a health care professional or local medical service.

## What if a kit was thrown out/lost/misplaced?

Participating health care providers or ACCHOs can issue replacement kits directly to eligible participants. A free replacement kit can be requested by contacting the National Cancer Screening Register at [www.ncsr.gov.au](http://www.ncsr.gov.au) or calling **1800 627 701**.

## What does the bowel cancer screening kit test for?

The immunochemical faecal occult blood test (iFOBT) looks for traces of blood in stool samples which are often invisible. There are several reasons why blood can be found in poo:

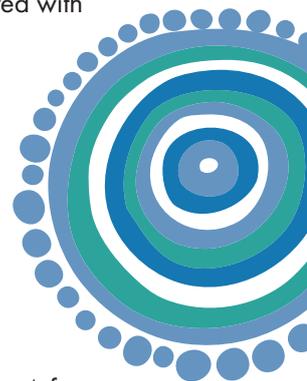
- Polyps
- Haemorrhoids
- Inflammation in the bowel

The community member and the health care professional will be notified of the result. A positive bowel cancer screening result means blood was found in the poo, this is not a cancer diagnosis. Steps will be taken to ensure the patient receives support and medical advice on actions that need to be taken to investigate further.

## How are the bowel cancer screening test kits used?

**The test is quick, simple, and free. Below are steps on how to do the test:**

- The test can be done at home
- Open the test kit and make sure it contains: 2 x toilet liners, 2x test tubes, sealed zip lock bag, reply paid envelope and 'Participant Details Form'
- Ensure the community member writes the sample dates and signs the 'Participant Details Form'
- On the collection test tubes they need to write their name, date of birth and date they collected their samples
- Do a wee and flush the toilet before doing a poo
- Place the flushable toilet liner with the writing side up into the toilet bowl
- Do a poo onto the toilet liner
- Collect a tiny sample (the size of a grain of rice) from the poo and place it into one of the sample tubes using the stick that is attached to the test tube lid
- Place the test tube sample into the zip lock bag and put into the fridge
- Samples should ideally be kept refrigerated, not frozen
- Repeat for the next poo, ideally no more than 2-3 days apart
- If it takes longer than 14 days from the first sample is taken to when the laboratory receives the completed test, you may be asked to complete another test.
- Once both samples have been collected, put the samples along with the completed and signed 'Participant Details Form' inside the reply-paid envelope and take to an Australia Post Office or post box
- If possible, post the samples within 24 hours after the last sample is collected
- It is important to keep the samples cool when transporting to a post box or Australia Post Office
- If it is challenging for a community member to keep the samples cool or drop them to a post box, offer to help the community member by posting or storing the samples.



## What you need to know about test results

### What happens after a community member completes the test?

Community members will receive a copy of their test results posted to their address that is in the National Cancer Screening Register, approximately four weeks after the samples have been sent to the pathology for testing. ACCHOs or health care professionals will also be notified of the test results as this information will have been provided on the 'Participants Details Form'. This provides healthcare professionals the opportunity to discuss results with the community member.

### What does a positive test mean?

If a test result is positive, this means blood has been detected in a sample. A positive result is not a cancer diagnosis. Bleeding can be caused by many conditions, including polyps, haemorrhoids, or inflammation, and may not necessarily be cancer related. However, the detection of blood in a sample should be investigated in consultation with a health care provider as soon as possible. Preferably within two weeks of receiving the result. If blood is detected, a community member will likely be referred for a colonoscopy as soon as possible. There may be times when a colonoscopy cannot be performed as soon as possible, however it is important to communicate with community members that any period of up to 120 days between detection of blood and the colonoscopy will generally not worsen the prognosis.

### What does a negative test result mean?

A negative test result means that no blood was detected in the samples provided. The community member will automatically be invited to test again in two years. This notification will be sent to the ACCHO as well as the community member. If a community member experiences bowel related issues at any time, even after a negative test result, they should see a health care provider as soon as possible.

### How accurate are bowel cancer screening tests?

The iFOBT test is a widely available and well trialled test to detect microscopic amounts of blood, which can be a sign of cancer or changes in the bowel that can lead to cancer. The iFOBT is the recommended screening tool by the Clinical Practice Guidelines, due to its high sensitivity, specificity, acceptability among the public and cost-effectiveness. The Guidelines have been produced by an independent group of experts led by Cancer Council Australia and were approved by the National Health and Medical Research Council (NHMRC).



## Other important information to know

### Are the bowel cancer test kits temperature sensitive?

The bowel cancer test kit itself is not sensitive to temperature. However, heat can impact the performance of the completed kits, the samples need to be kept cool for as long as possible. This is because if there is blood in the samples it can deteriorate if exposed to heat for extended periods of time, and it may not be detected. When stool samples are exposed to temperatures of 30 degrees or above for extended periods of time, the samples may produce an incorrect or inconclusive result.

### What are hot zone areas

A hot zone is a postcode area with a monthly average temperature above 30°C. The hot-zone policy primarily impacts areas of the Northern Territory, North Queensland, and Western Australia<sup>2</sup>. There are 85 ACCHOs located in hot zone areas across various months of the year (please see the NACCHO Hot Zone Policy Resource for more information). This is important to consider when community members are participating the bowel cancer screening program.

### Can tests still be completed in hot zone areas?

If a community member lives in a hot zone area where average monthly temperatures are 30 degrees or above, they can still complete a bowel cancer screening test. Here are some important tips to discuss with community members who live in hot zone areas:

- Read the test kit instructions carefully before completing the test
- Access to a refrigerator or cold storage to store the two samples is strongly recommended
- Access to an insulated container or esky if community members need to carry completed samples to a post box
- Hand the reply-paid envelope with completed samples into an Australia Post office or if possible, drop into a post box within an airconditioned area. Avoid posting the reply-paid envelope in an outside post box. If this is not an option, place the reply-paid envelope in the post box as close to the collection time as possible (the collection time is usually displayed on the post box).

If accessing an Australia Post Office is challenging for community members, or there is limited access to cold storage, discuss options that might be helpful with community members. Organisations, particularly in hot zone areas have successfully supported community members with a range of innovative solutions, such as storing and posting samples in different ways.

<sup>2</sup> While Melbourne, Perth and Adelaide have days where the temperature reaches over 40°C for days or weeks at a time, they are not subject to mail restrictions as they do not have monthly averages higher than 30°C.



## Do the test kits have an expiry date?

Yes, each kit has an approximate 7-month expiry, this date can be found on the back of the kit envelope.

## How can health care professionals use the Healthcare Provider Portal?

The Healthcare Provider Portal has a range of different functions, and can be used to:

- Access patient bowel cancer screening data directly
- Check patient screening information including screening history
- Receive notifications of overdue screening
- Manage patients' participation in the bowel cancer screening program
- Order a free bowel cancer screening test kit
- Submit patient screening forms electronically, avoiding the need to scan and fax forms to the National Cancer Screening Register
- View patient correspondence
- The NCSR is expected to be integrated with all major Patient Information Management Systems (PIMS) by the end of 2022. This includes, Medical Director, Communicare and Best Practice. Practices must be running the latest software release.

