In Western Australia bowel cancer is the most common cancer affecting both males and females. In 2004 there were 1,089 new diagnoses of bowel cancer. Bowel cancer is the second highest cause of cancer-related deaths (after lung cancer) accounting for 383 deaths in 2004.

**Screening Guidelines**

If you have an enquiry about screening from an asymptomatic patient who is concerned about prevention, their level of risk, or the possible presence of bowel cancer, the following process is recommended according to the NHMRC Guidelines for the prevention, early detection and management of colorectal cancer: A guide for GPs (2nd Edition, August 2006):

- Take a thorough history focusing on risk factors, namely:
  - Age;
  - Symptoms (symptomatic individuals require diagnostic investigations);
  - Family medical history (age of onset, number of affected family members, and which side of the family);
  - Individual history of colorectal adenomas, colorectal cancer, inflammatory bowel disease;
  - Diet and lifestyle.
- Perform a physical examination (including abdominal and a digital rectal examination).

- Once it is clear that there are no relevant risk factors apart from age, and that the person is otherwise healthy:
  - Explain information regarding risk, diet and healthy lifestyle (including cigarette smoking);
  - Explain the nature, value, risks, and costs of screening and all screening tools available, and indicate that it is reasonable to choose FOBT-based screening (providing testing is of high quality).

Individuals can be placed in a category of relative risk, based on their family history.

**For individuals in Category 1 - those at or slightly above average risk (roughly 98% of the population), the screening guidelines state;**

- FOBT is recommended at least every two years for all people over the age of 50. If eligible, participation in the National Bowel Cancer Screening Program should be recommended. For those not eligible for the national program, advice on access to FOBT is available from The Cancer Council Helpline (Phone 13 11 20).
- Consider sigmoidoscopy (preferably flexible) every five years from the age of 50.
- It is important that GPs advise individuals to re-present if they develop symptoms of colorectal cancer. In symptomatic patients, particularly those aged over 40 years or those with a personal history of colorectal adenomas, referral to a specialist should be considered. Full examination of the large bowel with colonoscopy is recommended.

**For individuals in Category 2 - those at moderately increased risk (roughly 1 – 2% of the population), the screening guidelines state;**

- Offer colonoscopy every five years starting at 50, or at an age 10 years younger than the age of first diagnosis of colorectal cancer in the family, whichever comes first.
- Flexible sigmoidoscopy plus double-contrast barium enema or CT colonography may be offered if colonoscopy is contraindicated for some reason.
- Consider offering FOBT in the intervening years. Patients should be informed that a positive test will require further investigation.
For individuals in Category 3 - those at potentially high risk (less than 1% of the population), the screening guidelines state:

- Consider referral to a familial cancer service for further risk assessment and possible genetic testing.
- Refer to a bowel cancer specialist to plan appropriate surveillance and management. This may include:
  - **FAP**: Flexible sigmoidoscopy yearly or second-yearly, starting from age 12–15 years until polyposis develops, then prophylactic surgery. If family genetic testing is inconclusive and no polyposis develops, sigmoidoscopy reduced to every 3 years after the age of 35, then change to population screening if examinations normal to age 55. Prophylactic surgery, e.g. restorative proctocolectomy, is appropriate for those with proven FAP.
  - **HNPCC**: Colonoscopy every one to two years from age 25, or five years earlier than the youngest diagnosis in the family (whichever comes first). FOBT may be offered in alternate years or to subjects unwilling to accept colonoscopy. There are options for surveillance at other sites, usually starting from age 25–35. Prophylactic surgery may be appropriate for some.

**The National Bowel Cancer Screening Program**

The Australian Government has provided funding over three years to phase in a National Bowel Cancer Screening Program (NBCSP). The NBCSP is based on overseas studies that have shown that mortality from this disease may be reduced by up to 33% through regular Faecal Occult Blood Test (FOBT) screening (with follow-up colonoscopy assessment) in populations selected on the basis of age. The NBCSP has commenced in most of the other Australian States and Territories.

Roll out of the program began in Western Australia at the end of January 2007. Everyone turning **55 or 65 years of age between 1 May 2006 and 30 June 2008** will be invited to participate.

GPsc crucial to the effectiveness of the NBCSP. GPs in WA have indicated the need for further training to advise their patients on issues such as FOBT accuracy, colonoscopy safety and cancer screening anxieties; as well as the management of bowel symptoms and a family history of bowel cancer. The Cancer Council WA has been contracted by WA DoH to undertake additional GP education and to work collaboratively with GP Divisions to support care providers throughout the State.

**The NBCSP: Role of the GP**

**Encourage participation**
The NBCSP will rely on GPs to assist in encouraging those patients who are in the eligible target group to participate. Research shows that 94% of people are ‘likely’ or ‘very likely’ to participate in bowel cancer screening in the future if it is recommended by their GP.

GPs will also need to manage patients who are ineligible for the NBCSP but who would like to complete a FOBT as per NHMRC guidelines. These individuals will usually be given a referral to a pathologist, but other options are available. Please call the Cancer Council Helpline (13 11 20) for more information.

**Manage participants**
If nominated on the Participant Details Form, GPs will receive FOBT results for their patients who have taken part in the NBCSP. Participants will also receive these results via mail and, if positive, they will be advised to visit their GP within two weeks to discuss the results.

Upon presentation, it will be the responsibility of GPs to manage their patients who have had a positive FOBT result. This may involve issuing referrals for colonoscopy, another form of examination or, based on the patient’s history, making no further referrals. The NBCSP GP information pack contains a Consultation Flip-chart for the GP to use – this can also be downloaded from the website [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au). One GP information pack was sent to each general practice. For additional copies call 1800 118 868.

**Administration**
Importantly for follow-up and evaluation purposes, the GP is requested to complete an Assessment Form, which is then sent to the National Bowel Cancer Screening Register, informing them of the patient’s referral status. GPs will be reimbursed ($6.60 GST inclusive) for returning the completed form. GPs should also place the NBCSP sticker on the referral letter to alert the specialist that the patient is part of the NBCSP. Assessment forms and stickers can be found in the GP information pack.