Welcome to the: Introduction to bowel cancer & screening webinar

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About the presenters

Dr. Hooi Ee

• Gastroenterologist at Sir Charles Gairdner Hospital in WA.
• Clinical Adviser to the Department of Health WA on the National Bowel Cancer Screening Program.
• Assisted with revising the NHMRC’s Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer.
• Current clinical interests include general luminal gastroenterology, genetic colorectal cancer syndromes and endoscopy performance.

Tracy Murphy

• Worked in General Practice in Mildura & Ballarat & worked as a solo Women’s Health Nurse in Ouyen.
• Main areas of interest are health promotion and preventative health, women’s health, youth health and nurse-led clinics.
• Tracy completed a Masters of Advanced Nurse Practice (Primary Care) in 2012.
• Coordinates the Postgraduate Diploma in Primary Care Nursing at the Department of General Practice at the University of Melbourne.
Bowel cancer screening: APNA Update 2017

Dr. Hooi Ee
Gastroenterologist
Sir Charles Gairdner Hospital
Most common cancers - Australia

AIHW, Cancer in Australia: an overview, 2014
Bowel (colorectal) cancer worldwide

WHO, 2012
Bowel cancer - Australia

• Australia (and NZ) has highest GLOBAL incidence of bowel cancer

• Most common cancer affecting Australian men and women

  Risk:  \( M = 1:10 \)  \( F = 1:15 \)

• Second biggest cancer killer in Australia

• In 2016:
  - 17,520 estimated cases
  - 4,094 estimated deaths

• Incidence set to increase
Incidence by age

Figure 1: Estimated age-specific incidence rates for bowel cancer, 2016

Number of new cases per 100,000 persons

AIHW, Bowel cancer, 2016
Survival rates

Figure 3: 5-year relative survival from bowel cancer, 1983–1987 to 2008–2012

AIHW, Cancer in Australia 2016
What does it look like?

5 – 15 year sequence
# Stages of bowel cancer

Early detection of bowel cancer is key - if found early up to 90% are treated successfully

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Survival estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Cancer is contained within superficial layers of bowel</td>
<td>93% 5-year survival rate</td>
</tr>
<tr>
<td>B</td>
<td>Cancer has spread to outer surface of the bowel wall</td>
<td>82% 5-year survival rate</td>
</tr>
<tr>
<td>C</td>
<td>Cancer has spread to the lymph nodes</td>
<td>59% 5-year survival rate</td>
</tr>
<tr>
<td>D</td>
<td>Cancer has spread to other sites in the body</td>
<td>8% 5-year survival rate</td>
</tr>
</tbody>
</table>
Risk Factors

<table>
<thead>
<tr>
<th>Non modifiable</th>
<th>Modifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Obesity and physical inactivity</td>
</tr>
<tr>
<td>Personal history of bowel cancer/disease</td>
<td>Excessive red meat/processed meat consumption</td>
</tr>
<tr>
<td>Family history of bowel cancer/disease</td>
<td>High alcohol intake</td>
</tr>
<tr>
<td>Genetic susceptibility</td>
<td>Smoking</td>
</tr>
</tbody>
</table>

Two Australian risk calculators:

Modifiable risk factors

<table>
<thead>
<tr>
<th>% of bowel cancer cases attributable to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate fibre consumption</td>
<td>18%</td>
</tr>
<tr>
<td>Red meat &amp; processed meat</td>
<td>18%</td>
</tr>
<tr>
<td>Alcoholic drinks</td>
<td>9%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>5%</td>
</tr>
<tr>
<td>Body fatness</td>
<td>9%</td>
</tr>
<tr>
<td>Smoking</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Whiteman et al. 2015.*
Bowel cancer in most cases has no symptoms

If present, can include:

• Rectal bleeding – ANY
• Symptoms of anaemia
• Change in bowel habit (constipation or diarrhoea)
• Abdominal pain
• Unexplained weight loss
Bowel cancer screening

Why screen?

- Better use of limited resources
- Early detection of cancer greatly increases the chances of successful treatment and survival

No screening test is 100% accurate (some bowel cancers do not bleed or bleed irregularly)

Repeat screening at regular intervals is necessary

Screening ≠ diagnosis
Bowel cancer is ideal for screening

- Common serious disease
- No symptoms during early phases
- Removing precursors can prevent cancer
- Earlier detection makes treatment simpler
- Earlier detection improves survival
- Safe, effective, screening tests available
- Widespread screening saves lives
Clinical Practice Guidelines: For the prevention, early detection and management of colorectal cancer (2005)

• Asymptomatic individuals
  “Organised screening with FOBT, performed at least every two years, is recommended for the Australian population over 50 years”

• Symptomatic individuals or those with strong family history → need investigation
Faecal Occult Blood Test (iFOBT)

• Sensitivity (with disease and positive test):
  – 83% for cancer
  – Positive predictive value (+iFOBT, how many really are….)
  – 5% for cancer, 20% for advanced adenoma, 25% for precancerous growth called a non-advanced adenoma

• A person with a positive iFOBT is 12 to 40 times more likely to have bowel cancer than a person with a negative test

• Specificity (no disease and negative test)
  – 93%

iFOBT is not a diagnostic test but iFOBT is the best screening test

Appleyard, 2011
Faecal Occult Blood Test (iFOBT)

- Blood can be because of some other reason e.g. haemorrhoids, menses
- False negatives can also occur because:
  - Bleeding from cancers is intermittent
  - Only a small sample of faeces is tested (blood may be unevenly distributed in faeces)
  - Test imperfections
- True negative does not rule out getting bowel cancer in future so need for regular tests
Why screen over 50?

- More common with increasing age
- Greatest incidence over 50

Estimated incidence rates for bowel cancer, 2016

AIHW. Bowel cancer, 2016.
# Family History of Bowel Cancer

<table>
<thead>
<tr>
<th>Category</th>
<th>Family History</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average risk or slightly above</td>
<td>No personal and family history or Close relative diagnosed at age 55 or over</td>
<td>Up to 2-fold</td>
</tr>
<tr>
<td>98% of population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately increased risk</td>
<td>Parent, child or sibling with bowel cancer diagnosed under age 55 OR Two relatives on the same side of the family with bowel cancer</td>
<td>3 to 6-fold</td>
</tr>
</tbody>
</table>
High Risk Groups

- >2 close relatives with bowel cancer
- Previous history of polyps in the bowel
- Previous history of bowel cancer
- Chronic inflammatory bowel disease
- Increased insulin levels or type 2 diabetes

Very High Risk

- Familial Adenomatous Polyposis (FAP) or Lynch syndrome (Hereditary Non-Polyposis Colorectal Cancer (HNPCC))
Symptomatic presentation @ ED

- 25% presenting with BC it will die from it
- > 95% need surgery
- < 5% small enough to be removed by colonoscopy

Most bowel cancers present late
Good Economic Sense

Removing a pre-cancerous polyp costs $1,000-2,000

<table>
<thead>
<tr>
<th>ACPS Stage</th>
<th>Cost to treat$1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$30,890</td>
</tr>
<tr>
<td>2</td>
<td>$47,354</td>
</tr>
<tr>
<td>3</td>
<td>$74,225</td>
</tr>
<tr>
<td>4</td>
<td>$61,423</td>
</tr>
</tbody>
</table>

Screening vs Symptoms: cancer stage at diagnosis$2

1. Pignone et al 2011
2. Anandra et al 2010
Rapidly escalating costs of treatment

Why?

• Rising incidence
• New treatments are effective but costly, particularly drugs for advanced stage disease
National Bowel Cancer Screening Program

iFOBT kits in 2017:
– 50, 54, 55, 58, 60, 64, 68, 70, 72, 74
– 2-yearly screening for everyone aged 50-74 by 2019

Names and addresses are automatically obtained from the Medicare Registry and Department of Veterans Affairs Registry
Summary of Screening Pathway

1. Pre-invitation letter
2. Invitation and kit sent
3. Participant performs test
   - -ve result
     - Repeat test in 2 years
   - +ve result
     - GP submits form
       - Assessment colonoscopy (if needed)
         - Colonoscopy clear – test repeated in 2 yrs
         - Participant treated (if needed)
iFOBT kit
NBCSP Participation*

* of those invited Jan 2014 – Dec 2015

National Cancer Screening Register

Will support both the NBCSP and the National Cervical Screening Program.

The Register will:

• create a single electronic record for screening participants
• send invitations and reminders to screen;
• facilitate clinical decision-making by healthcare professionals;
• provide operational services to support participants and healthcare professionals;
• allow participants access to their screening records from wherever they reside
• allow PNs to check patient’s screening history and bring forward NBCSP invitation
## NBCSP Performance

<table>
<thead>
<tr>
<th>Summary of NBCSP performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation rate – all</td>
</tr>
<tr>
<td>Participation rate – male</td>
</tr>
<tr>
<td>Participation rate – female</td>
</tr>
<tr>
<td>Positive FOBT</td>
</tr>
<tr>
<td>Presence of cancer or adenoma</td>
</tr>
</tbody>
</table>

**More cancers are being found at earlier stages = better prognosis**

For further information

National Bowel Cancer Screening Program (NBCSP)
website www.cancerscreening.gov.au/bowel

NBCSP Information Line - 1800 118 868

Cancer Council - 13 11 20
Questions from the audience
Their business, is our business

Tracy Murphy
Department of General Practice
The University of Melbourne
Learning Intentions

• How to identify patients appropriate for bowel cancer screening
• How to have conversations with patients about bowel cancer screening
• How to incorporate bowel cancer screening promotion into practice activities
Screening

• Is for people without symptoms
• If a patient has symptoms
  o bleeding
  o change in bowel habit
  o abdominal pain or mass
  o unusual fatigue
  o unexpected weight loss
• Arrange for them to see the GP
• Similarly if a patient has a strong family history–GP should advise on screening
Is this my role?

Ask-

• is this an important issue for my patients?
• is this something that is relevant to my role?
• is this something I can easily incorporate into my routine?
• Read the stories

Identification

- Age
- Family history
- Bowel cancer in a first degree relative occurring before 55
- Red book-family history questionnaire
- Update family history when you are completing health assessments and let GP know about significant changes
- May require extra or earlier tests
Fabulous 50

• Women will receive an invitation to breast and bowel screening
• Men will receive an invitation to the bowel screening program
• 50% of women will attend breast screening
• 60% attend cervical screening
• 39% of men and women will complete the National Bowel Cancer Screening Program (NBCSP) kit

Supporting nurses in primary health care
Recommended every 2 years for people 50-74 (2020)

• The program is building up to offering screening to everyone aged 50-74 every 2 years.

• Let your patients know they will receive an invite. If they don’t want to receive a kit they need to send the letter back.

• Let them know it is recommended

• Patients can check on-line for the year when they will receive a kit


• Or they can call the program information line on 1800 118 868
Eligibility

• Have a Medicare Entitlement type of either:
  o Australian citizen
  o Migrant

• Have a current Medicare card or be registered as a Department of Veterans Affairs’ (DVA) customer

• Have a mailing address in Australia

• Not be a conditional migrant/ temporary resident/ Reciprocal Health Care Agreement recipient
Not eligible

- GPs can order a screening test for their patients—there are three tests available on the MBS.

Patients can also purchase a kit:
- over the counter from some pharmacies;
- online via BowelScreen Australia;
- by calling the Cancer Council Helpline on 13 11 20 (available in Victoria and SA only); or
- through the annual Rotary program (available mid-year via participating pharmacies in some jurisdictions).
Benefits of the NBCSP

• Completely free
• Reminder letters
• Follow up support
• Letters and/or phone call reminders to see a GP or specialist after a positive result
• In some states referral for colonoscopy is prioritised for NBCSP participants (put the sticker on referral form)
Choice

• Patients have the right to make an informed choice not to screen
• All screening tests have benefits and risks
• Document information given and response
• Reassess at a later date
• Always leave the door open
Starting a conversation

- Use aids such as posters and brochures these can be ordered from NBSP website http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu-bowel
- “While we have a few moments could I talk to you about bowel screening”
- “I am glad you have had your Flu Jab it is important to help you stay healthy, another important thing after 50 is bowel screening-did you receive your kit?”
- “As part of the 45-49 year health check we remind everyone that you will get a bowel screen kit when you are 50- it is really important to complete it. Getting older is a risk factor”
“I don’t like the idea of putting it in the fridge.”

- Demonstrate the double structure of the container
- Can put in plastic container for extra security
- Use outside drinks fridge
- Use cooler
- Do test on Monday so it is in fridge for shortest time (also important in summer)
- Should also hand in to post office in summer so it does not sit in a hot box outside

• **DO NOT FREEZE**

Supporting nurses in primary health care
“Runny Poo and the sinker”

• A heavy stool may sink the paper and the NBCSP collection device is short - might get hand wet
• Put the paper in an ice cream container then put the container in the toilet
• Can also put extra toilet paper under the sheet for extra support (if septic tank can cope)
• Some patients may appreciate you providing them with a disposable glove
“I did not get/lost kit”
Still in the cupboard.

• Check kit still in date- date on sticky label inside the kit
• Request a replacement kit by calling the Program
• 1800 118 868
• Also ring this number to
  o Opt off
  o Suspend
  o Change of mind
“I’m already having colonoscopies.”

- Clear colonoscopy usually protective for next 10 years
- Discuss screening with specialist which may include returning to two yearly FOBT
- Report new or changed symptoms
- No screening test is 100% effective
- Speak to your GP
“I keep forgetting”

• Open pack and read the instructions so that you know what to do
• Keep the kit visible in the bathroom
• Set a reminder on your phone
• Find out what the person usually does when they want to remember something. For example a sticky note on the mirror.
• Don’t forget to enclose the completed Participant Details Form with your samples
“I am afraid I will mess it up”

• To a lay person the kit looks complicated
• Fear that they will do test incorrectly and this will ultimately affect their health
• Obtain a demo kit by emailing cancerscreening@health.gov.au
• Refer to the video
• A partner may help
“Isn’t it for men?”

- Men get slightly more bowel cancer
- ♂ 9815 ♀ 7705 estimated new cases in 2016
- Compared to other female cancer
- Breast 15,934 estimated new cases in 2016
- Cervix 903 estimated new cases in 2016
- Ovarian 1580 estimated new cases for 2017
- Bowel cancer is the second most common cancer in women
Whole of practice approach

- For screening to be effective need to target all eligible patients who do not have symptoms of the disease
- Talk about it at team meetings
- Decide what resources you will invest (time/money)
- GP letter template to send to patients before turning 50
- Design simple intervention
- Involve whole team
Receptionists and Practice Managers

• Can be involved in data cleansing and running reports
• Ensuring sticker to say NBCSP participant goes on referral letter (available from NBCSP info line)
• Update and rotate health promotion posters
• Put sensitive health promotion such as bowel screening and family violence in toilet areas as well as main waiting area.
• Use peoples strengths- creative displays
Nurses

• Add family history and bowel screen to your health assessment and CDM templates
• Time poor- when using item10997 for follow up of GPMP take this opportunity to explain the test
• Chronic disease risk factors linked to cancer development- e.g. type 2 diabetes, obesity, increased alcohol consumption, smoking
• Add cancer prevention to your reasons for suggesting changes to diet, exercise etc.
Health Promotion

• Look out for campaigns run by State and Territory health departments or Cancer Councils

• Will often have resources for GP waiting rooms

• A Gift for Living’ campaign

• Depending on practice demographics may source specific CALD and resources.
Indigenous health

• Indigenous Australians have reduced incidence of bowel cancer but are 40% less likely to screen

• A national Pilot is being developed to increase indigenous participation in the NBCSP.

• Promotional material can be accessed from
June is Bowel Cancer Awareness Month!

- Opportunity to focus on bowel screening for a month
- Using a whole of practice approach
- Prepare ahead
  - order your resources
  - update your website
  - Facebook and twitter
- Make it fun
- Campaign slogans:
  - Don’t be a fool, Test Your Stool
  - Dip, Drop, Done

Supporting nurses in primary health care
Evaluate

• Did it make a difference - intention to screen
• Did you get any compliments/complaints
• How many hits on your FB page
• Was your team spirit improved
• Would you consider a long term health promotion program for bowel cancer screening
So what if it is cancer?

• Eligible for a GPMP if condition is expected to last longer than 6 months
• Optimal Care Pathways will assist you providing care to the patient and preparing the plan.
• Evidence based guidelines
Last word

- Hawthorn

- St Kilda
Resources

• National Bowel Cancer Screening program

• Redbook:  http://www.racgp.org.au/your-practice/guidelines/redbook/

• LOTE resources:  http://www.cancervic.org.au/preventing-cancer/attend-screening/bowel_cancer_screening/faecal_occult_blood_tests


• Indigenous resources

• A gift for living campaign
  

  Dave O’Neil sit down comedy routine
  

  Cancer council resources
  
  https://www.cancersa.org.au/get-support/health-professionals/find-resources
Bibliography


Questions from the audience
Thank you for attending!

We will send you:

- A link of the recorded session
- A link to the National Bowel Cancer Screening Program Online Module
- The decision support tool for nurses on the National Bowel Cancer Screening Program
- Other resources as discussed in the webinar

Further information contact:

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3 reasons to join APNA

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