

## National Bowel Cancer Screening Program – Resuming on 2 Nov 2009

### Important information for GPs

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#### Current situation:

- The National Bowel Cancer Screening Program will resume from 2 November 2009.
- Around 600,000 test kits will be sent out nationally and the majority of WA participants affected by the temporary suspension of the Program will receive their replacement kit by March 2010.
- Approximately 30,000 Western Australians will be receiving their kit before Christmas 2009.
- Participants who registered a negative test with the faulty kits will be assigned the highest priority in receiving kits. Participants who had tested positive were not affected.
- The samples are heat sensitive.

#### What this means:

- A number of participants will receive a positive result before Christmas if they complete their replacement kit straight away. Not all of these participants will be able to access a colonoscopy before Christmas because of the sudden increase in demand. Although this may cause some anxiety, the vast majority of positive results will not be due to cancer.
- The samples need to be taken as close in time to one another as possible (preferably no longer than 2-3 days apart), and stored in the fridge (but **NOT** the freezer) until posted (within 2 weeks).

#### What you can do:

- Recommend participants:
  - Complete the two samples as close in time as possible and send it ASAP.
  - Keep it in the fridge between samples and until posting.
  - Take the sample envelope into a post office shop for posting, rather than leaving it in a post box outside.
- When referring a positive FOBT participant for colonoscopy:
  - **Flag** them as being a participant in the Program by writing 'NBCSP participant' on their colonoscopy referral. This ensures they are followed-up if they do not attend for their scope.
  - Keep in mind that the *Ambulatory Surgery Initiative* (ASI) may have shorter waiting times than teaching hospitals. Please see overleaf for further information about ASI.
  - If participants are anxious about their delay for colonoscopy, reiterate that only 5% (1 in 20) will have a cancer. More often a positive result (ie blood detected) is from minor abrasions during defaecation, haemorrhoids or large benign polyps.
- If participants want to share their story/opinion regarding the National Bowel Cancer Screening Program, inform them they can visit the *Get Behind Bowel Screening* campaign website at [www.getbehindbowelscreening.com.au](http://www.getbehindbowelscreening.com.au) and send an automated email to their local Member of Parliament (MP) or add their opinion/story at 'who's making a noise.'

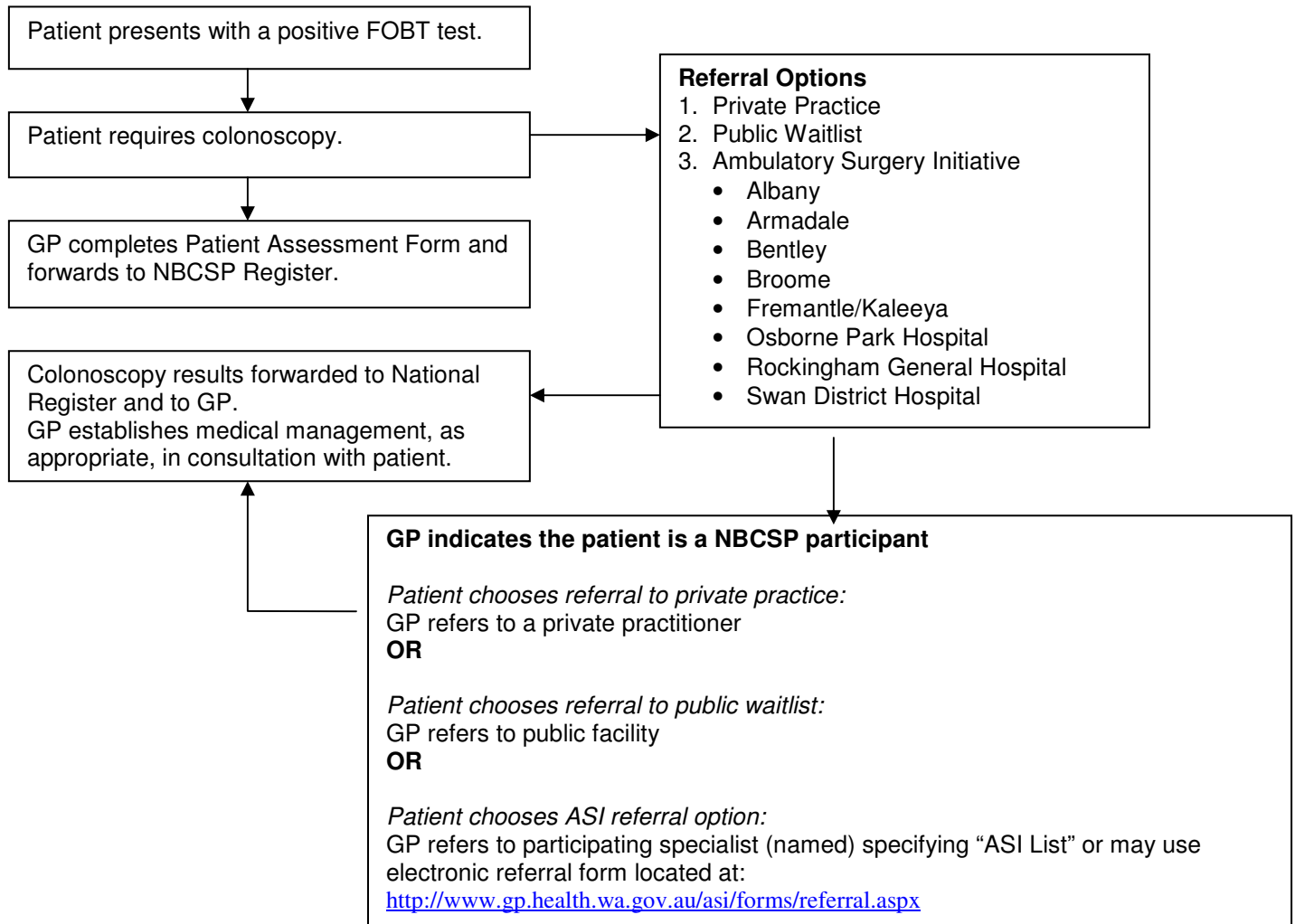
For more information: National Bowel Cancer Screening Program Helpline -1800 118 868  
Cancer Council Helpline - 13 11 20

## Referral Options for Colonoscopy in WA

Participants who return a positive FOBT as part of the NBCSP are recommended to consult their GP. Positive FOBT results should be referred for colonoscopic assessment, as per NHMRC Guidelines' recommendations:

*'It is mandatory that any positive FOBT (even if just one of the samples is positive) be appropriately investigated by diagnostic evaluation of the colon. Colonoscopy is preferred as it allows for biopsy of lesions and therapeutic removal of adenomas.*

Following a positive FOBT, colonoscopy in WA can be accessed via three main referral options, as outlined below:



The **Ambulatory Surgery Initiative (ASI)** has been created to assist in reducing the waitlist and waiting times for a range of elective day procedures, including colonoscopy. ASI procedures are performed by private practitioners working at secondary hospitals. Participating specialists provide their services in a private capacity on the basis that their fees are bulk-billed to Medicare and the patient has no out-of-pocket expenses.

For further information and a list of Specialists participating in the ASI and their locations, please refer to the ASI website: <http://www.gp.health.wa.gov.au/asi>

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