

## Information you need to know about BCSP:

The Victorian Department of Health is providing funding for GPA South Gippsland to:

- Improve the uptake of bowel screening in general practice through a supportive approach that enhances the use of the Pen Clinical Audit Tool and the Primary Care Side Bar
- Host educational events that inform general practice about bowel cancer and the relevance of the screening program
- Assist participating practices with data extraction.

## Bowel Cancer Screening Program Aims:

The Bowel Cancer Screening program (BCSP) aims to increase GP awareness of bowel cancer and to achieve a sustained increase in ordering of Faecal Occult Blood Testing (FOBT) for GP practice patients from age 50 onwards in accordance with National Health and Medical Research Council and the Royal Australian College of General Practitioner guidelines.



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BCSP



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**Bowel  
Cancer  
Screening  
Program**

**General Practice Alliance  
South Gippsland**

*Supporting General  
Practice in the planning  
and delivery of local  
health care services in  
South Gippsland*

## Guidelines\*

- ✓ Organised screening by faecal occult blood testing (FOBT) is recommended for the asymptomatic average risk population from 50 years of age every two years until 75 years of age with repeated negative findings
- ✓ Increased risk is determined by family history and this should include determining the numbers of relatives affected by colorectal cancer (bowel cancer), side of the family and age at onset.
- ✓ Digital rectal examination (DRE) is not recommended as a screening tool but should be used as part of an investigation of patients who present with symptoms (rectal bleeding)

\* Preventative activities in General Practice 7th Ed

<http://www.racgp.org.au/redbook/9-5>

## Who is at higher risk of bowel cancer?

### Average or slightly increased risk (Cat 1)

- ◆ Asymptomatic people with: no personal history of bowel cancer, colorectal adenoma or ulcerative colitis and no confirmed family history of bowel cancer, **or**
- ◆ One first degree or second degree relative with bowel cancer diagnosed at 55 years or older.

### Moderately increased risk (Category 2)

- ◆ One first degree relative with bowel cancer diagnosed before 55 years of age, **or**
- ◆ Two first or second degree relatives on the same side of the family with bowel cancer diagnosed at any age (without potentially high risk features as in cat 3).

### High Risk (Category 3)

- ◆ Asymptomatic people with: three or more first or second degree relatives on the same side of the family with bowel cancer diagnosed at any age, \* **or**
- ◆ Two or more first or second degree relatives on the same side of the family diagnosed with bowel cancer, including any of the following high risk features — multiple bowel cancer in one person, bowel cancer before the age of 50, family member who has had a hereditary nonpolyposis colorectal cancer, **or**
- ◆ At least one first or second degree relative with a large number of adenomas throughout the bowel (suspected familial adenomatous polyposis), **or**
- ◆ Family member in whom the presence of a high risk mutation in the adenomatous polyposis coli or one of the mismatch repair genes has been identified.

## What should be done?

### Category 1

- ◇ Faecal Occult Blood Testing, every two years from age 50

### Category 2

- ◇ Colonoscopy (sigmoidoscopy plus double contrast barium enema) or CT colonography (performed by an experienced operator) acceptable if colonoscopy is contraindicated, every five years from age 50 or at an age 10 years younger than the first diagnosis of bowel cancer in the family, which ever comes first.
- ◇ Consider offering FOBT in intervening years.

### Category 3

- ◇ Refer for genetic screening of affected relatives.
- ◇ Refer to bowel cancer specialist to plan appropriate surveillance.
- ◇ At risk of familial adenomatous polyposis requires flexible sigmoidoscopy every 12 months from 12-15 years of age to 30-35 years and every three years after 35.
- ◇ Hereditary nonpolyposis colorectal cancer requires colonoscopy 1-2 yearly from 25 years of age or five years earlier than the youngest affected member of the family (whichever earliest).
- ◇ FOBT alternate years.

\*Please note:

Hereditary nonpolyposis colorectal cancer related cancers include cancer of the endometrium, ovary, pancreas, hepatobiliary tract, stomach, small intestine (usually duodenum or jejunum), upper urinary tract (transitional cell carcinoma of ureter and renal pelvis), brain (glioblastoma)