

# GP role in National Bowel Screening Programme



**Bowel Screening**

Check Yourself Out



# GP role - important

- encourage participation
- support appropriate participation
  - asymptomatic
  - average/slightly above average risk
- advise patients of positive results

# Understanding the test

The faecal immunochemical test (FIT) detects tiny traces of blood in bowel motions

## Advantages FIT over guaiac FOBT:

- more sensitive
- single sample approach – no fridge storage required
- no dietary restriction
- higher return rate
- improved stability
- automated analysis

# Understanding the test

<b>Table 7: Cost-effectiveness assumptions</b>	
<b>Parameter</b>	<b>Mean (95% CI)</b>
FIT sensitivity adenoma < 10mm	7.7% (7.1-8.4%)
FIT sensitivity adenoma > 10mm	25.2% (22.2-28.2%)
FIT sensitivity Stage I & II cancer	59.7% (27-92.5%)
FIT sensitivity Stage III & IV cancer	85.9% (67.4-100%)
FIT specificity	94.7% (94.4-95%)

<http://www.bowelscreeningwaitemata.co.nz>

Final Evaluation Report of the Bowel Screening Pilot: Screening Rounds one and two

How many participants in the NBSP will be found at colonoscopy to have polyps or cancer?

- approximately 7 in 10 people will have polyps - if removed may prevent cancer developing
- approximately 7 in 100 people will be found to have cancer and will require treatment

# Can FIT screening reduce mortality?

On average, after 8-10 years, randomized controlled trials using guaiac FOBT every 2 years demonstrated

*16% mortality reduction in the age group offered screening*

*Risk Reduction (RR) 25% for at least one round of screening*

More lives could be saved with:

- improved sensitivity of FIT
- higher participation rates

# Participant experience

Information provided as part of the pre-invitation and invitation process includes:

- who is eligible
- how to do the test
- who shouldn't do the test
- what a negative result means
- what a positive result means
- where to go for more information

# Taking and sending the sample - what the patient does

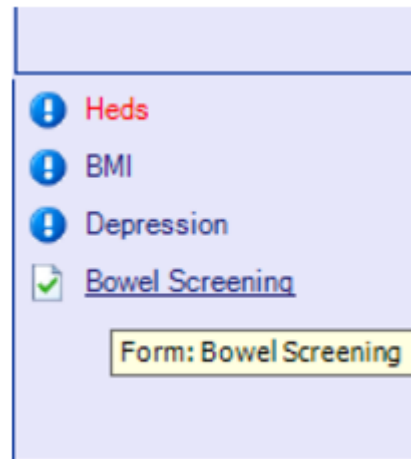




# Encourage participation

## Passive reminders in Patient Management System

Examples of reminder prompts:



In version 15.11 of MyPractice, if a patient matches the eligibility criteria, the patient will have an item called "Bowel Screening" appear on the right hand side of the screen in their Clinical Notes.

# Encouraging participation

## Coordination Centre

role includes:

- contacting non-responders in the target groups (Māori, Pacific, Quintile 5) within 8 weeks
- then referring to local outreach services

# Support appropriate participation

Information on “who should do the test” is provided in this participant brochure



# Screening is for people who don't have symptoms



*Most people aged 60 to 74 who have no obvious symptoms of bowel cancer can do the bowel screening test.*

There may be no symptoms with early stage bowel cancer

Common signs and symptoms of bowel cancer may include:

- changes in a person's normal pattern of going to the toilet
- blood in a person's bowel motion

Although these symptoms are usually caused by other conditions, participants are advised that:

**"it's important to get them checked by your doctor "**

## **Screening is for people who are asymptomatic**

Refer symptomatic patients for colonoscopy, if indicated

They do not need faecal immunochemical testing

## Some people may have an increased risk of developing bowel cancer because of their *family history of bowel cancer*

"The risk factors include:

- you have two or more close family members on the same side of the family who have had bowel cancer
- you have a close family member who has been diagnosed with bowel cancer at a young age (under 55 years)
- you have a number of family members over two or three generations who have had bowel cancer
- you and your family have a known or suspected genetic bowel cancer syndrome

If you have one of these risk factors you should discuss this with your doctor at your next visit.

**You should still do the bowel screening test, even if one of these risk factors applies to you**

Some people may have an increased risk of developing bowel cancer because of their *personal history of bowel disease*

- If you have had extensive inflammatory bowel disease, such as ulcerative colitis, for more than 10 years

If you have one of these risk factors you should discuss this with your doctor at your next visit.

**You should still do the bowel screening test, even if one of these risk factors applies to you**

# Who should not do the bowel screening test?

Bowel screening is not right for everyone. You should not be part of the bowel screening programme if you:

- *have symptoms of bowel cancer (see pg 5)*
- *have had a colonoscopy within the last five years*
- *are on a bowel polyp or bowel cancer surveillance programme*
- *have had or are currently being treated for bowel cancer*
- *have had your large bowel removed*
- *are currently being treated for ulcerative colitis or Crohn's disease*
- *are seeing your doctor about bowel problems*



# Support appropriate participation

- Check family history
  - If moderate risk
    - refer, with consent, for surveillance colonoscopy
  - If potentially high risk
    - refer, with consent, to appropriate office  
New Zealand Familial GI Cancer Service
- P/H extensive inflammatory bowel disease
  - Check if surveillance colonoscopy is indicated

AUCKLAND OFFICE

Auckland City Hospital  
Private Bag 92024  
Auckland 1142  
Freephone: 0800 554 555  
Phone: 09 307 8991  
Fax: 09 375 4359  
Email: NZFGCS@ADHB.govt.nz



CHRISTCHURCH OFFICE

Christchurch Public Hospital  
Private Bag 4710  
Christchurch 8140  
Freephone: 0800 023 445  
Phone: 03 378 6148  
Fax: 03 378 6569  
Email: FBCR@cdhb.govt.nz

WELLINGTON OFFICE

Wellington Hospital  
Private Bag 7902  
Wellington South 6242  
Freephone: 0800 262 780  
Phone: 04 9186893  
Fax: 04 385 5441  
Email: NZFGCR@ccdhb.org.nz

# Advise positive results

- results sent by lab to GP in the usual manner
- appear in the results inbox for all GPs to view
- GP to contact & refer their patient with a positive result for colonoscopy within 10 working days
- follow up by endoscopy nurse on working day 11 if no referral from GP

# Colonoscopy referral processes for GPs

Use local referral processes to refer for colonoscopy

- advise the referral as a NBSP screening colonoscopy
- advise also if colonoscopy in the private sector has been requested/patient wishes to withdraw from the programme

## **Include**

- colonoscopy history
- co-morbidities
- anticoagulant use
- family history of bowel cancer
- verify contact details

# What happens for the patient

- colonoscopy
- CT colonography if not suitable for colonoscopy
- dedicated service for each DHB
- programme specific quality standards and standard operating procedures
- senior endoscopy nurse role – pre-assessment
- first offered colonoscopy date is within 45 working days
- return to screening after 5 years unless referred for
- ongoing surveillance colonoscopy

# Failsafe management

## Role of local DHB colonoscopy unit

- if no GP referral – local DHB colonoscopy unit makes up to three attempts to contact participant
- if failure to contact:
  - advice GP (local response systems)
  - participants sent discharge letter
  - close episode and recall 2 years

# Pilot evaluation:

## Key findings for General Practice

- 75% of participants obtained their positive FIT result from their GP
- no strong preference on who informed them re result
- Positives: timely, free and convenient, reassuring, GP in loop, colonoscopy services explained well

# Pilot evaluation

## Key findings for General Practice

Some Māori and Pacific BSP participants who received results from the Endoscopy Unit perceived this as:

- potentially cheaper + timely referral to colonoscopy
- GP awareness was critical
- participants who benefit from GP consultation
  - those who are highly anxious,
  - those with co-morbid conditions
  - those who are reluctant to have a colonoscopy



# Indicative roll-out order

Confirmed roll-outs for throughout 2017/18 financial year:

- Waitemata DHB – Pilot ends Dec 2017
- Waitemata joins NBSP January 2018
- Hutt Valley DHB – July 2017
- Wairarapa DHB – July 2017
- Counties Manukau DHB
- Southern DHB

# Indicative times for other DHBs

Throughout **2018/19** financial year:

Northland DHB  
Auckland DHB  
Waikato DHB  
Hawkes Bay DHB  
Whanganui DHB  
MidCentral DHB  
Capital & Coast DHB  
Nelson Marlborough DHB  
Canterbury DHB  
South Canterbury DHB

Throughout **2019/20** financial year:

- Bay of Plenty DHB
- Tairāwhiti DHB
- Lakes DHB
- Taranaki DHB
- West Coast



**Bowel Screening**

Check Yourself Out



**‘O lou vave iloa o le kanesa o  
lou ga‘au, ‘o le mea tāua lenā.**



» **E ono vave maua se togafitiga manuia pe'ā vave iloa lou kanesa.**

‘Āfai e i le vā o le 50 i le 74 ou tausaga ma ‘e te nofo i le itūmālō o le Waitemata DHB, ‘ole’ā vala’aulia ‘oe ‘e te alu ane i le polokalame o le BowelScreening e leai se totogi e siaki ai ‘oe.

Alu LOA e va'ai lau fōma'i pe'afai 'ua iai ni lagona fa'alētonu o lou manava.

# Information online

**Bowel Screening Pilot:**

<http://www.bowelscreeningwaitemata.co.nz>

**Final Evaluation Report of the Bowel Screening Pilot: Screening Rounds one and two:**

<http://www.health.govt.nz/publication/final-evaluation-report-bowel-screening-pilot-screening-rounds-one-and-two>

**Age range and positivity threshold for National Bowel Screening Programme:**

<http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme/key-documents-national-bowel-screening-programme>

**National Bowel Screening Programme: Frequently asked questions:**

<http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme/national-bowel-screening-programme-frequently-asked-questions>

**Surveillance for people at increased risk of colorectal cancer:**

<http://www.health.govt.nz/system/files/documents/publications/brochure-primary-care-colorectal-cancer.pdf>



**Encourage  
your patients  
to take part**



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