

Cancer screening and primary care

Quick-start guide

The role of general practice

Patients who are reminded by their GP to attend cancer screening are more likely to screen.¹

- » 60 per cent of patients surveyed by the Cancer Institute NSW reported they were more likely to screen when reminded by their GP than when reminded by a registry only.¹
- » Cancer screening reduces cancer-related morbidity and mortality by finding cancer earlier.
- » Early detection can result in patients avoiding radical surgery or adjuvant therapies (chemotherapy or radiotherapy).¹

Aims of cancer screening:

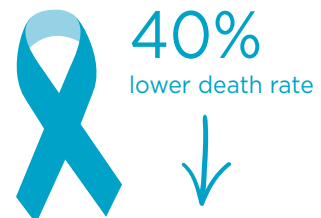
- » establish accurate cancer screening participation rates
- » identify patients who are overdue for screening
- » establish an effective cancer screening reminder system
- » deliver patient-centred care to patients at increased risk of non-participation in screening.

Why is cancer screening so important?

Bowel Cancer

This study looked at people aged 50–69 who were diagnosed with bowel cancer between 2006 (when the screening program started) and 2012.

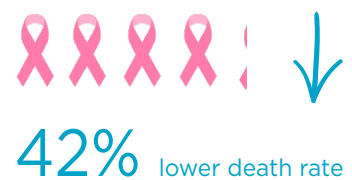
Finding: People with cancers diagnosed through the National Bowel Cancer Screening Program had a 40 per cent lower risk of dying by 2015 than those who had not been invited during the study period.



Breast Cancer

This study looked at women aged 50–69 who were diagnosed with breast cancer between 2002 and 2012.

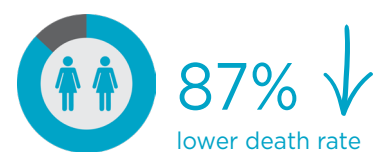
Finding: Women with cancers diagnosed through BreastScreen had a 42 per cent lower risk of dying by 2015 than women with cancers who had never been screened.



Cervical Cancer

This study looked at women aged 20–69 who were diagnosed with cervical cancer between 2002 and 2012.

Finding: Women with cancers diagnosed through cervical screening had an 87 per cent lower risk of dying by 2015 than women with cancers who had never had a Pap test.



Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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Getting started

Before you begin working through this toolkit, it's important to complete the following steps.

✓ Nominate your team

Effective and sustainable change that facilitates Continuous Quality Improvement (CQI) requires an engaged team.

Ideally, your team will include:

- » **Practice manager/Senior administrator:** The CQI lead who will oversee the system improvement work.
- » **General practitioner:** Clinical champion providing clinical advice.
- » **Practice nurse:** Responsible for patient education, data cleaning, and supporting improvements.
- » **Reception:** Raising awareness of cancer screening and important role in reminder systems.

The minimum requirement for successful change: A practice manager/senior administrator and a GP are required to lead and champion the work.

✓ Familiarise yourself with the CQI goals

- » Understand what work needs to be done.
- » Set your practice's goals.
- » Create **shared** accountability.
- » Keep on track.

Establish with your team when and how you will:

- » get together to discuss each module of work as it is received
- » review monthly progress against modules
- » report progress back to the entire practice team* (and your patients, where appropriate).

*The practice team will want to know how the program will impact on the day-to-day functioning of the practice.

✓ Use the cancer screening quality improvement readiness tool

The '[Cancer screening quality improvement readiness tool](#)' has been adapted from one developed by the Hunter New England and Central Coast Primary Health Network provided in the NSW Cancer Screening Toolkit

The 'Cancer screening quality improvement readiness tool' is used to help your practice identify areas for improvement.

References:

1. Australian Institute of Health and Welfare (AIHW): Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia. Canberra: AIHW, 2018.
2. Cancer Institute NSW. Project overview for the NSW Pap Test Register Electronic Reminder Service for GPs (Internal document). Sydney: Cancer Institute NSW, 2016.
3. Duffy S, Myles J, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. J Med Screen 2017 Sep;24(3):127-145.

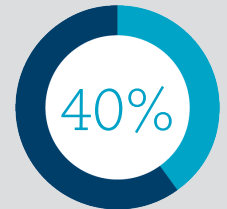
Adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.

NON-PARTICIPATION RATES

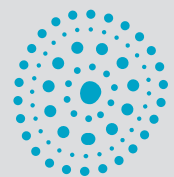


6 out of 10

eligible people are **not participating** in the National Bowel Cancer Screening Program



of eligible women are **overdue** for a screening mammogram



People from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds are **less likely** to participate in bowel, breast, and cervical screening

4 in 10

eligible women are **overdue** for cervical screening

Cancer screening and primary care Cancer screening eligibility



Bowel screening

Eligible participants: Men and women aged 50–74 years of age.

Screening process and test type:

- » Immunochemical Faecal Occult Blood Test (iFOBT) every two years.
- » A free screening test kit is mailed to eligible individuals around the time of their birthday.
- » If an individual's birthday falls between November and February, kits will arrive in March due to the heat sensitivity of the kits.
- » Screening kits are delivered to the address recorded by Medicare.
- » Screening kits are completed at home and sent back to the pathology laboratory for analysis.
- » The iFOBT used in the program has a high degree of accuracy (estimated 83 per cent sensitivity and 93 per cent specificity).¹

Key points:

- » Bowel cancer is the second-most common cause of cancer death in Australia and, if detected early, can be successfully treated in more than 90 per cent of cases.²
- » Analysis of cancer screening outcomes in Australia found that, the risk of dying from bowel cancer was 40 per cent lower for people aged 50–69 who were diagnosed through the National Bowel Cancer Screening Program than for those with bowel cancer diagnosed outside the program.³
- » As per the *2017 Clinical Practice Guidelines for the Prevention, Early Detection, and Management of Colorectal Cancer*, the recommended screening strategy for those at average risk of bowel cancer and without relevant symptoms is iFOBT testing every two years; starting at 50 years of age and continuing to age 74 years.⁴

For more information or to order resources, visit cancerscreening.gov.au

Breast screening

Eligible participants: Women aged 50–74 years of age are actively targeted, however it is available to all women over 40 years and over.

Screening process and test type:

- » Mammogram every two years at a BreastScreen fixed site or the BreastScreen mobile van.
- » Bookings are made via phone (13 20 50) or online at breastscreen.qld.gov.au/make-appointment.asp
- » Women do not need a GP referral, but are more likely to screen when encouraged by their general practice.

Key points:

- » Screening and assessment is free for eligible women via the BreastScreen service.
- » BreastScreen mammograms are read by two to three radiologists specialised in breast cancer, using a closely monitored quality assurance process.
- » *Women should only be sent to private providers when symptomatic.*

For more information or to order resources, visit cancerscreening.gov.au



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Cancer screening eligibility (cont.)

Cervical screening

Eligible participants: Women aged 25–74 years of age who have ever been sexually active.

Screening process and test type:

- » HPV causes 99 per cent of cervical cancer.⁵ The Pap test used to look for cell changes in the cervix; while the new test looks for HPV, which can lead to cell changes in the cervix.
- » The Cervical Screening Test is recommended every five years if the results are normal (i.e. negative for oncogenic human papillomavirus (HPV)).
- » The screening test is for all women, whether they have had the HPV vaccination or not.
- » The Cervical Screening Test has two parts. The first is a test for oncogenic HPV. The second test, reflex liquid-based cytology (LBC), is automatically performed on the same sample if the HPV test is positive for any oncogenic HPV type. The results of the LBC help to inform management recommendations. Both samples are reported at the same time by the laboratory and a single result with recommendations is issued.
- » The Cervical Screening Test can be undertaken by GPs or practice nurses.
- » Women aged 70–74 years of age can be invited to take an “exit” screen. If the result is normal and there is no HPV, then the woman can exit the program.

Key points:

- » Women aged 20–24 can be considered for a single Cervical Screening Test (prior to turning 25) if they experienced sexual activity/abuse before the age of 14, and prior to HPV vaccination.
- » To avoid out-of-pocket fees for your patients, please familiarise yourself with the Pathology Test Guide for Cervical and Vaginal Testing.
- » Self-collection of a vaginal sample aims to improve participation in screening by asymptomatic women, aged 30 years or over who are under-screened (defined as two or more years overdue) or never screened and have declined conventional screening via invitations and reminders from health professionals. The majority of cervical cancer in Australia occurs among this group of women.⁶
- » Self-collection is for HPV testing only; meaning, if a woman tests HPV positive she will either be referred directly to colposcopy or will need to have a clinician-collected sample so that cervical cells can be examined to inform management recommendations.
- » Currently, only some laboratories are able to process self-collected samples. Health care providers will need to contact their laboratory to find out the situation in their area. No special kit is needed; the pathology laboratory will provide details on collection devices they can process (e.g. a cotton-tipped swab, currently this is the COPAN FLOQswab552C). Learn more about the self-collection policy at cancerscreening.gov.au/internet/screening/publishing.nsf/Content/self-collection-policy

For more information or to order resources, visit cancerscreening.gov.au

References:

1. Department of Health. National Bowel Cancer Screening: The role of general practice. Available at <http://www.cancerscreening.gov.au/internet/screen-ing/publishing.nsf/Content/role-of-GPs> (accessed 19 Feb 2019).
2. O’Connell J, Maggard M and Ko C. Colon Cancer Survival Rates With the New American Joint Committee on Cancer Sixth Edition Staging. Intl J NCI 2004;Vol 96 No19:1420-1425.
3. Australian Institute of Health and Welfare. Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia. Canberra: AIHW, 2018.
4. Cancer Council Australia. Colorectal Cancer Guidelines Working Party. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Sydney: Cancer Council Australia, 2017.
5. World Health Organisation. Human Papillomavirus (HPV) Factsheet. Available at [https://www.who.int/en/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/en/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer) (accessed 19 May 2015).
6. Department of Health. National Cervical Screening Program: Self-collection policy. Available at <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/self-collection-policy> (accessed 19 Feb 2019).