





CHECKLIST FOR TALKING WITH YOUR PATIENT ABOUT DOING A BOWEL SCREENING TEST

Have you registered with the National Cancer Screening Register HCP Portal yet? Use the Portal to bulk order kits for your practice, check participant details are up to date, and register a kit issue or re-issue at www.ncsr.gov.au.

Topics for discussion	Further information or actions	
Eligibility for the National Bowel Cancer Screening Program		
They are aged 50-74	People not within the eligible age bracket of the program can talk to a health care provider about accessing a non-program bowel screening kit funded by the Medicare Benefits Schedule (MBS). Non- program bowel screening kits can also be purchased at most pharmacies or online.	
They have a Medicare or Veteran Card number	If not, encourage them to enrol in Medicare. If yes, in the HCP Portal, check the patient's details (including address) are up to date to ensure they receive follow up services and future screening invitations.	
Bowel screening history		
They have not done a bowel screening test in the last two years.	Free screening with the program is available every two years. If they have not done the test in the last two years, explain why it is important and encourage them to do the test.	

Topics for discussion

Further information or actions

RECONSIDER recommending bowel screening if they:

 have their menstrual period (wait 3 days after the period finishes before doing the test) 	It may not be appropriate for people with existing bowel conditions to do the bowel screening test. This includes anyone who has had a colonoscopy in
have blood in their urine, poo, or in the toilet bowl	the last two years, is scheduled for a colonoscopy or has had bowel surgery. If you are not a doctor, refer patient to one for further discussion before issuing
have piles (haemorrhoids) which are bleeding	a kit. People with no colon or rectum do not need to screen.
had a recent colonoscopy.	

Issue a kit from the HCP Portal and print th	e participant details form www.ncsr.gov.au
Check the person's details are correct and update them as needed.	The Register receives information for patients from Medicare. Sometimes this information is out of date but
Print a copy of the participant details form for the person to include in the reply-paid envelope in the kit when they send back their samples for testing. Remind them to include the dates the samples were taken on the form and to sign it.	 can be updated in the Register. This does not affect a patient's Medicare data. It is critical that the participant details form is printed from the Portal. It is then given to the patient in hard copy which they include with their completed samples in the reply-paid envelope when they send back their samples for testing. This ensures their samples can be tested and the results and reminders are sent to the correct address.
	Watch a video or read instructions on completing this step at www.ncsr.gov.au .
Explain the test	
It is important to do the bowel screening test every two years.	Bowel cancer can develop without any obvious signs. Even if someone feels fit and healthy it is important to screen every 2 years over the age of 50. Early detection is important. If found early, it can be successfully treated in more than 90% of cases.
What is the test looking for?	The test is called a immunochemical faecal occult blood test (iFOBT) and detects small traces of blood in poo which can be a sign of bowel cancer.
How to take the sample and do the test (go through the 4 steps using the brochure, flipchart or a demo screening kit).	To complete the test, collect 2 tiny samples from 2 different poos. Samples need to be kept somewhere cool, like in the fridge (don't freeze). If appropriate, offer to store the completed samples for your patient at your medical centre and post them.
The importance of signing the participant details form and writing the dates the samples were taken on it, and on the tubes.	The participant details form consents to the samples being tested and notification of the result being sent to the paricipant — and must be signed. Remind your patient to write on the sample tubes the dates each sample was collected, or they will not be tested. Make sure both samples are collected within a period of 14 days.

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Returning the samples and the participant details form (by mail, or to the health centre) in the reply-paid envelope.	Both completed sample tubes must be put in the reply-paid envelope with the participant details form. This ensures samples can be tested and the results and reminders sent to the correct address. A copy of the patient results will also be sent to the nominated healthcare provider. Post completed samples as soon as possible, ideally within 24 hours, by taking them into a post office so the samples stay cool. They don't require refrigeration during postage.
If they don't want to do the test they can opt out or delay participation in the National Bowel Cancer Screening Program.	This is not encouraged. However, reasons for opting out might include having had a recent colonoscopy, or another medical condition that precludes screening. Participants can opt-out of the program by contacting the Register at www.ncsr.gov.au or on 1800 627 701 or asking the healthcare provider to do this in the Register.
Discuss what the test results mean	
	he nominated healthcare provider within 4 weeks)
Negative result means the patient should screen again in 2 years	The patient and their nominated healthcare provider will be mailed a copy of the results. No further action is needed but some health centres may wish to contact the patient to reassure them what the result means and/or the importance of screening again in 2 years.
Positive result means that blood has been detected in one or both samples. This does not mean the patient has bowel cancer, but further investigation is needed to find out why the blood is there.	The patient and their nominated healthcare provider will be mailed a copy of the results and an alert will appear in the Portal against their record. An 8-week reminder letter will be sent to the patient and the nominated healthcare provider if a follow-up GP appointment has not occurred. A GP will likely refer the patient for further diagnostic testing such as a colonoscopy.
Inconclusive result can happen for several reasons, including the patient providing only one sample, the samples were collected more than 28 days ago or the kit had expired.	The patient and their nominated healthcare provider will be mailed a copy of the results and an alert will appear in the HCP Portal against their record. Contact the patient to encourage them to do the test again. Let them know that the Register will automatically issue them with a replacement kit to the address held in the Register. This could be the medical centre's address.
No result means the sample could not be tested. For example, if too much or no poo was provided, the collection tube was damaged, the kit is completed or tested after the expiry date, or samples were not tested within 14 days of the first sample.	

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In your Practice Information Management System		
Note they have been invited to screen and whether they have been given a kit /declined a kit/or been assessed as unsuitable.	The Register will automatically send a kit to an eligible patient through the mail-out model.	
And if appropriate:		
 set a reminder to follow- up whether the patient has completed the test 		
 set a reminder for another bowel screening discussion in two years' time 		
 make alternative arrangements for monitoring the patient if assessed as high risk 		





For information in your language, go to www.health.gov.au/nbcsp-translations or call the Translating and Interpreting Service on **13 14 50**