

Appendix B NBCSP information

NBCSP resources

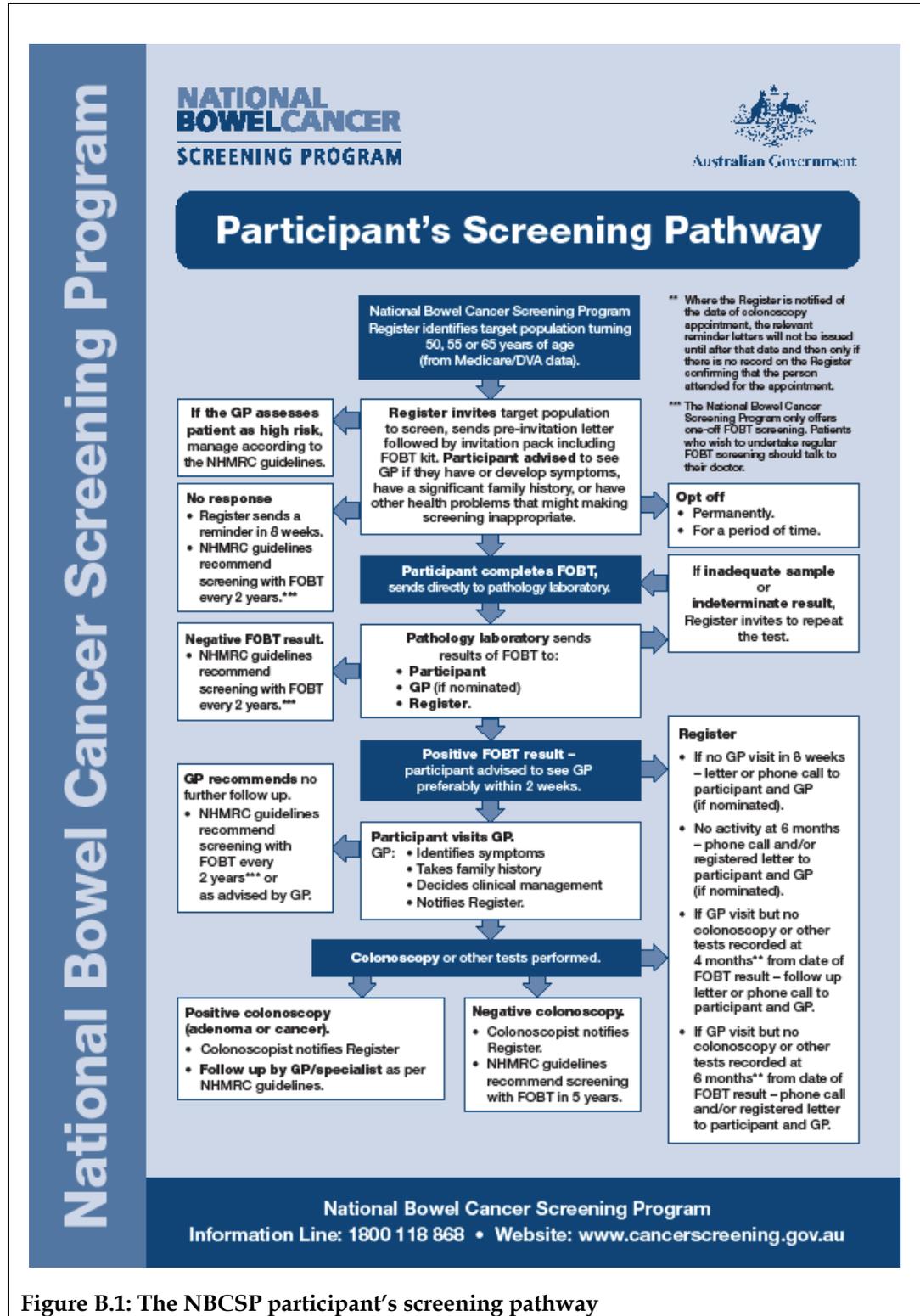


Figure B.1: The NBCSP participant's screening pathway

<Date>

ID number <Consumer ID>

<Participant Given Name> < Participant Family Name >

<Preferred Mailing Address>

<Preferred Mailing Address >

<LOCALITY> <STATE> <POSTCODE>

Dear <Participant Given Name> < Participant Family Name >

Did you know that around 80 Australians die each week from bowel cancer? Bowel cancer is one of Australia's most common cancers, especially for people over 50. The good news is that there is a simple test you can do in your own home that can help find early signs of bowel cancer.

This test can detect tiny amounts of blood in your bowel motion. This may be a sign of an abnormality or bowel cancer and, if detected at an early stage, it can be more easily and successfully treated.

The Australian Government has introduced the National Bowel Cancer Screening Program for people turning 50, 55 and 65 years of age between January 2008 and December 2010 to help lower the number of Australians who die each year from bowel cancer.

An invitation package which includes a test kit with instructions and an information booklet will be sent to you in the next few weeks. The test is free and doing the test will take just a few minutes at two different times. The test result will be completely confidential to you and if nominated, your doctor.

Special arrangements have been put in place for the Register to select your name from either the Medicare enrolment records or the Department of Veteran's Affairs enrolment file to issue this letter and to invite you to participate in the Program. Your personal information - such as your name, contact details, age, gender, Medicare number, results of your screening tests, and the name of your doctor - is protected by law under the Privacy Act 1988.

Bowel cancer can develop with few, if any, early warning signs so please take the time to read the information in the invitation package when you receive it, as early detection is the best protection we currently have to fight bowel cancer.

If you are already being treated for bowel cancer or have a health condition which your doctor suggests may be affected by participating in the Program, you can choose to opt-off or suspend from the Program by completing the 'Opt Off/Suspend' Form in the information booklet which comes with the invitation package.

I hope you choose to take part in this important Program.

Yours sincerely

Professor John Horvath AO
Chief Medical Officer

NBCSR XXX

www.cancerscreening.gov.au

Figure B.2: The NBCSP phase 2 pre-invitation letter

National Bowel Cancer Screening Program definitions

Target population

The NBCSP has been phased in gradually to ensure demand for services such as colonoscopy can be met. Table B.1 outlines the start dates of each phase, and the target age groups.

Table B.1: NBCSP phases and target populations

Phase	Start date	End date	Target ages	Target age birthdays included
1	7 August 2006	30 June 2008	55 and 65 years	1 May 2006–30 June 2008
2	1 July 2008	30 June 2011	50, 55 and 65 years	1 January 2008–31 December 2010

Eligible population

Invitees who were outside the target ages were ineligible to participate and were excluded from the analyses.

In addition, a person may choose to opt off or suspend participation in the NBCSP, or their primary health care practitioner may recommend they opt off or suspend participation in the NBCSP (for example, because of a recent colonoscopy or previous diagnosis of bowel cancer). A person can opt off or suspend participation at various points along the pathway; for example, before completing an FOBT, or when following up a FOBT result with their doctor. People choosing to opt off or suspend participation were classified as ineligible and excluded from further analysis.

Aboriginal and Torres Strait Islander status

Identification of an individual as Aboriginal and Torres Strait Islander person is based on self-identification to Medicare Australia through this or other programs. The denominator for initial participation rates for Aboriginal and Torres Strait Islander peoples is estimated from the 2006 Census of Population and Housing. See Appendix C for a description of the method of estimation.

Language spoken at home

Persons were identified as speaking a language other than English at home to Medicare Australia through this or other programs. The denominator for initial participation rates stratified by language spoken at home is estimated from the 2006 Census. See Appendix C for a description of the method of estimation.

Disability status

Disability status refers to those people who returned a completed FOBT kit, and identified a need for assistance due to a disability. The denominator for initial participation rates

stratified by disability level is estimated from the 2006 Census of Population and Housing. See Appendix C for a description of the method of estimation.

Polyps

Colorectal polyps are small growths of colon tissue that protrude into the colonic or rectal lumen. They are usually asymptomatic, but sometimes cause rectal bleeding, and rarely, other symptoms. Polyps may occur individually but it is common for a person to have multiple polyps. They occur more commonly in later life, and hereditary and dietary (lifestyle) factors may play a part. Polyps may become cancerous and are generally defined as two main types:

- Hyperplastic: a type of polyp that has a low risk, if any, of developing into a cancer. However, people with multiple hyperplastic polyps are associated with an increased risk of bowel cancer.
- Adenoma (Adenomatous): a polyp that has a higher chance of becoming cancerous, as it contains molecular characteristics that are common with adenocarcinoma. See Adenoma classifications (below).

Polyp number, size and microscopic features may also predict the likelihood of a polyp becoming cancerous, with larger and flatter (non-stalked) polyps having the higher risk. During a colonoscopy polyps are removed, thus lowering the risk of bowel cancer developing in the person.

Adenoma classifications

An adenoma (adenomatous polyp) is a benign tumour that arises from epithelial cells that line the inside surface of an organ. All adenomas have malignant potential. Adenomas in the rectum or colon have a higher chance of developing into cancer (adenocarcinoma) than adenomas in most other organs.

Although nearly all cancers in the colon (adenocarcinoma) arise from adenomas, only a small minority of adenomas (1 in 20 or less) actually progress to cancer (Ahnen & Macrae 2008). While most small tubular adenomas have a low risk of progressing to cancer, the risk is much higher in advanced adenomas.

Adenoma classifications are derived from information reported by colonoscopists and histopathologists, and are classified as listed below from highest risk (advanced) to lowest risk (diminutive). Where a person has multiple adenomas, he or she is classified according to the adenoma having the highest risk.

Advanced adenoma

If any of the indicators of higher risk listed below are present, the adenoma is classified as advanced:

- Adenoma multiplicity – three or more adenomas present at examination, regardless of histopathology or size.
- Adenoma size – a size of 10 millimetres or greater. The measurement of size is subject to certain problems with accuracy. Where colonoscopy and pathology reports differ in their recording of size, the larger size has been used.
- High-grade dysplasia.

- Significant villous change or serrated – adenomas recorded as serrated, tubulovillous or villous on pathology reports.

Small adenoma

A tubular or mixed adenoma between 5 millimetres and 9 millimetres.

Diminutive adenoma

A tubular or mixed adenoma smaller than 5 millimetres.