



**Australian Government**

**Australian Institute of  
Health and Welfare**

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CANCER SERIES

Number 49

# **National Bowel Cancer Screening Program**

## **Annual monitoring report 2009**

**Australian Institute of Health and Welfare and  
the Australian Government Department of Health and Ageing  
for the National Bowel Cancer Screening Program**

**August 2009**

Australian Institute of Health and Welfare

Canberra

Cat. no. CAN 45

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This publication is part of the Australian Institute of Health and Welfare's Cancer series. A complete list of the Institute's publications is available from the Institute's website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

ISSN 1039-3307

ISBN 978 1 74024 951 5

### **Suggested citation**

Australian Institute of Health and Welfare & Australian Government Department of Health and Ageing 2009. National Bowel Cancer Screening Program: annual monitoring report 2009. Cancer series no. 49. Cat. no. CAN 45. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Printed by Blue Star Print Group

**Please note that there is the potential for minor revisions of data in this report.  
Please check the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)> for any amendments.**

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# Acknowledgments

The financial support and professional assistance of the Screening Section of the Australian Government Department of Health and Ageing is gratefully acknowledged.

The authors of this report are David Meere, Melissa Goodwin and Christine Sturrock from the Cancer and Screening Unit of the Australian Institute of Health and Welfare. The authors extend their gratitude to those people working in the National Bowel Cancer Screening Program who provided data and comments for this report. Data were extracted from the National Bowel Cancer Screening Register and supplied by Medicare Australia. Data for bowel cancer incidence and mortality were provided by the Australian Cancer Database and National Mortality Database at the AIHW.

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# Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index for Australia
ASR	age-standardised rate standardised to the Australian 2001 population
CD	Census Collection District
CI	confidence interval (see Appendix D)
DoHA	Australian Government Department of Health and Ageing
FOBT	faecal occult blood test
ICD-10	International Classification of Diseases 10th revision
IRSD	Index of Relative Socioeconomic Disadvantage
NBCSP	National Bowel Cancer Screening Program
NCSCCH	National Cancer Statistics Clearing House
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SEIFA	Socio-Economic Index for Areas
SES	socioeconomic status
Tas	Tasmania
Vic	Victoria
WA	Western Australia

# Symbols

..	not applicable
>	greater than
<	smaller than
≤	smaller than or equal to
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality concerns or other concerns about the quality of the data

# Summary

This monitoring report describes the performance of the National Bowel Cancer Screening Program (NBCSP) for people invited to participate in the program in the period 1 January 2008 to 31 December 2008. Individual progression of participants through the screening pathway is analysed up to 31 January 2009. Data were provided by the NBCSP Register maintained by Medicare Australia, and are presented as measures of program activity, performance and outcome.

Phase 1 of the NBCSP was implemented in August 2006 by the Australian Government, in partnership with state and territory governments. Phase 2, which was introduced mid-2008, continued the phase 1 target ages of 55 and 65 years, and added people aged 50. Therefore, this report on participants invited in 2008 includes data from both phases of the NBCSP.

Of the participants screened by the NBCSP in this period, less than 1% were found to have bowel cancer; however, this represents a partial picture of outcomes due to incomplete reporting.

## Participation

Of the 685,915 people invited into the NBCSP in 2008, an estimated 39.3% agreed to participate. This proportion was lower than previous years, mainly due to the later inclusion of invitees aged 50 years – many of whom may not have had time to complete and return the kit. Participation of those aged 55 (39.3%) and 65 years (48.1%) was similar to previous years.

## Faecal occult blood test outcomes

The proportion of positive screening test results for the 248,475 participants who correctly completed a faecal occult blood test (FOBT) was 6.6%. This was statistically significantly lower than in 2007, mainly due to the inclusion of invitees aged 50 years from 1 July 2008 who generally had lower positivity rates than the older target ages.

Male (7.7%) participants had a higher FOBT positivity rate than females (5.7%), which correlated with known bowel cancer incidence patterns between the sexes.

FOBT positivity rates increased with increasing disadvantage, from 5.5% for participants with the highest socioeconomic status to 7.8% for those with the lowest socioeconomic status.

## Follow-up of positive faecal occult blood test results

Of the 16,436 people who returned a positive FOBT, 42.9% had a primary health care practitioner visit recorded, and 64.5% had been recorded as undergoing a colonoscopy to investigate the positive FOBT result.

Of the participants who visited the primary health care practitioner after their positive FOBT result, 83.7% reported having experienced no symptoms beforehand.

## Cancer detection

Of the 7,042 people who returned a positive FOBT and had valid follow-up data, 63 confirmed and 239 suspected cancers were found. Pre-cancerous adenomas were found in a further 979 participants. The 239 suspected cancers, plus 2,467 polyp specimens, were awaiting a final histopathology diagnosis. Outcomes for a further 9,394 participants with a positive FOBT result were unknown as follow-up data was not available.