

# Glossary

**Age-standardised rate:** a method of removing the influence of age when comparing populations with different age structures. This is usually necessary because the rates of many diseases vary strongly (usually increasing) with age. The age structures of the different populations are converted to the same 'standard' structure, which allows comparison of disease rates (AIHW 2006).

**Asymptomatic:** without symptoms.

**Benign:** not malignant.

**Bowel cancer:** comprises cancer of the colon and cancer of the rectum, collectively known as colorectal cancer.

**Cancer death:** a death where the underlying cause of death is indicated as cancer. Persons with cancer who die of other causes are not counted in the mortality statistics in this publication.

**Cancer (malignant neoplasm):** a large range of diseases in which some of the body's cells become defective, and begin to multiply out of control. These cells can invade and damage the area around them, and can also spread to other parts of the body to cause further damage (AIHW 2006).

**Confidence interval:** a range determined by variability in data, within which there is a specified (usually 95%) chance that the true value of a calculated parameter lies.

**Colonoscopy:** procedure to examine the bowel using a special scope (colonoscope) usually carried out in a hospital or day clinic.

**Colonoscopy follow-up rate:** the proportion of people with a positive FOBT who subsequently had a colonoscopy.

**CT colonography:** a procedure that produces computed tomography (CT) pictures of the bowel by X-raying from many different angles.

**Double contrast barium enema:** a type of bowel X-ray in which barium sulphate and air are added into the bowel to assist in visualising the outline of the bowel and detecting abnormal growths.

**Eligible population:** for this report monitoring people invited in 2008, Australians turning 50, 55 and 65 years of age between 1 January 2008 and 31 December 2008 who have not opted off or suspended participation in the Program.

**False-positive:** a test result that incorrectly indicates a person has the condition being tested when they do not have the condition.

**FOBT:** immunochemical faecal occult blood test – a self-administered test to detect blood in bowel motions, but not bowel cancer itself. The FOBT is analysed by a pathology laboratory, and results forwarded to the register participant and primary health care practitioner (if nominated). Pathologists categorise the returned FOBT into one of three groups:

1. correctly completed
2. incorrectly completed
3. unsatisfactory.

Participants are provided with specific instructions on how to complete the FOBT. Any tests not completed according to these instructions are classified as incorrectly completed. Unsatisfactory tests refer to those tests that could not be processed due to a problem with the kit (for example, an expired kit, kit samples that have been taken more than 2 weeks apart, or a kit that has taken over 1 month in transit to arrive). Participants with FOBTs that are not correctly completed are requested to complete another FOBT. See Appendix B for details of the participant screening pathway.

**FOBT result:** FOBT results are classified by pathologists as either:

1. positive (blood is detected in at least one of two samples)
2. negative (blood is not detected)
3. inconclusive (the participant is asked to complete another kit).

**Histopathology:** the microscopic study of the structure and composition of tissues and associated disease.

**Incidence:** the number of new cases (for example, of an illness or event) occurring during a given period (AIHW 2006).

**Indigenous Australian:** a person of Aboriginal and/or Torres Strait Islander descent who identifies as Aboriginal and/or Torres Strait Islander.

**Invitee:** a person who has been invited to participate in the National Bowel Cancer Screening Program.

**Lymph node:** mass of lymphatic tissue, often bean-shaped, that produces lymphocytes and through which lymph filters. These are located throughout the body.

**Malignant:** abnormal changes consistent with cancer.

**Metastasis:** the process by which cancerous cells are transferred from one part of the body to another to form a secondary cancer; for example, via the lymphatic system or the bloodstream.

**Mortality:** see *Cancer death*.

**Opt off:** invitees who do not wish to participate in the National Bowel Cancer Screening Program now or in the future may opt off the Program. Invitees will not be contacted again. Invitees may elect to opt back on at a later date.

**Participant:** a person who has agreed to participate in the National Bowel Cancer Screening Program by returning a completed FOBT kit and Participant Details form.

**Positive predictive value:** proportion of people with a positive FOBT who have adenomas or cancer detected at colonoscopy and confirmed by histopathology.

**Positivity rate:** number of positive FOBT results as a percentage of the total number of valid FOBT results.

**Primary health care practitioner:** classified by Medicare Australia as a general practitioner or other primary health care provider. This may include remote health clinics or other specialists providing general practitioner services.

**Primary health care practitioner follow-up rate:** the proportion of people who were sent a positive FOBT result and who subsequently visit a primary health care practitioner.

**Radiation therapy:** the treatment of disease with any type of radiation, most commonly with ionising radiation, such as X-rays, beta rays and gamma rays.

**Register:** National Bowel Cancer Screening Program Register maintained by Medicare Australia.

**Screening:** repeated testing, at regular intervals, of apparently well people to detect a medical condition at an earlier stage than would otherwise be the case.

**Sigmoidoscopy:** inspection of last portion of the bowel through either a rigid or flexible hollow tube.

**Significant difference:** where rates are referred to as significantly different, or one rate is deemed significantly higher or lower than another, these differences are statistically significant. Rates are deemed statistically significantly different when their confidence intervals do not overlap, since their difference is greater than what could be explained by chance. See Confidence intervals in Appendix D for more information.

**Socioeconomic status:** see Appendix C for details.

**Suspend:** invitees who would like to participate in the National Bowel Cancer Screening Program but are unable to do so at this time. Invitees will be contacted once the nominated suspension period has elapsed.

**Target population:** For the NBCSP, Australians turning 55 or 65 years of age between 1 May 2006 and 31 December 2008 (Phase 1), or Australians turning 50, 55 or 65 years of age between 1 January 2008 and 31 December 2010 (Phase 2).

**Tumour:** an abnormal growth of tissue. Can be benign (not a cancer) or malignant (a cancer) (AIHW 2006).

**Underlying cause of death:** the condition, disease or injury initiating the sequence of events leading directly to death; that is, the primary, chief, main or principal cause (AIHW 2006).

**Valid results:** only FOBT results that are either positive or negative are classified as valid results. Inconclusive results are excluded.

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# List of tables

NBCSP phases and target populations .....	5
National Bowel Cancer Screening Program phase 1 rollout schedule, states and territories.....	5
Table 1.1: Crude participation, by state and territory: 2008.....	12
Table 1.2: Kaplan-Meier estimated participation rates at 26 and 52 weeks since invitation, by state and territory: 2008 .....	13
Table 1.3: Trends in participation, by state and territory: 2006–2008 .....	14
Table 1.4: Kaplan-Meier estimated participation rates at 26 and 52 weeks since invitation, by age: 2008.....	15
Table 1.5: Kaplan-Meier estimated participation rates at 26 and 52 weeks since invitation, by sex: 2008 .....	16
Table 1.6: Crude participation, by geographic region: 2008 .....	17
Table 1.7: Crude participation, by socioeconomic status: 2008 .....	19
Table 1.8: Crude participation, by Aboriginal and Torres Strait Islander status: 2008 .....	21
Table 1.9: Crude participation, by language spoken at home: 2008 .....	22
Table 1.10: Crude participation, by disability status: 2008.....	23
Table 2.1: FOBT results, by age and sex: 2008.....	28
Table 2.2: FOBT positivity rates, by age and sex: 2008 .....	29
Table 2.3: Trends in FOBT positivity rates, by age and sex: 2006–2008.....	29
Table 2.4: FOBT positivity rates, by state and territory: 2008 .....	30
Table 2.5: FOBT positivity rates, by geographic region: 2008.....	31
Table 2.6: FOBT positivity rates, by socioeconomic status: 2008.....	32
Table 2.7: FOBT positivity rates, by Aboriginal and Torres Strait Islander status: 2008.....	33
Table 2.8: FOBT positivity rates, by language spoken at home: 2008.....	34
Table 2.9: FOBT positivity rates, by disability status: 2008 .....	35
Table 3.1: Crude follow-up by primary health care practitioners following a positive FOBT result, by state and territory: 2008.....	41
Table 3.2: Kaplan-Meier documented primary health care practitioner follow-up per 100 positive FOBTs at 26 weeks since positive FOBT, by state and territory: 2008.....	42
Table 3.3: Trends in primary health care practitioner follow-up, by state and territory: 2006–2008.....	44
Table 3.4: Crude follow-up by primary health care practitioners following a positive FOBT result, by geographic region: 2008 .....	45
Table 3.5: Crude follow-up by primary health care practitioners following a positive FOBT result, by socioeconomic status: 2008 .....	46
Table 3.6: Crude follow-up by primary health care practitioners following a positive FOBT result, by Aboriginal and Torres Strait Islander status: 2008 .....	47
Table 3.7: Crude follow-up by primary health care practitioners following a positive FOBT result, by language spoken at home: 2008 .....	48

Table 3.8:	Crude follow-up by primary health care practitioners following a positive FOBT result, by disability status: 2008 .....	49
Table 3.9:	Symptoms reported to primary health care practitioners following a positive FOBT result: 2008 .....	50
Table 3.10:	Referrals for colonoscopy or other outcomes following a positive FOBT result and subsequent consultation with primary health care practitioner: 2008 .....	51
Table 3.11:	Referrals for colonoscopy or other examination following a positive FOBT result, by geographic location: 2008 .....	52
Table 3.12:	Reason for non-referrals for colonoscopy by primary health care practitioners: 2008 .....	53
Table 3.13:	Crude colonoscopy follow-up following a positive FOBT result, by state and territory: 2008 .....	59
Table 3.14:	Kaplan-Meier documented colonoscopy follow-up per 100 positive FOBTs at 26 weeks since positive FOBT, by state and territory: 2008.....	60
Table 3.15:	Trends in colonoscopy follow-up, by state and territory: 2006–2008.....	62
Table 3.16:	Crude colonoscopy follow-up following a positive FOBT result, by geographic location: 2008 .....	63
Table 3.17:	Crude colonoscopy follow-up following a positive FOBT result, by socioeconomic status: 2008 .....	64
Table 3.18:	Crude colonoscopy follow-up following a positive FOBT result, by Aboriginal and Torres Strait Islander status: 2008 .....	65
Table 3.19:	Crude colonoscopy follow-up following a positive FOBT result, by language spoken at home: 2008.....	66
Table 3.20:	Documented colonoscopy follow-up following a positive FOBT result, by disability status: 2008 .....	67
Table 4.1:	Colonoscopic diagnoses recorded on Colonoscopy Report forms (excludes histopathology): 2008 .....	72
Table 4.2:	Preliminary overall participant summary outcomes, by state and territory: 2008 .....	73
Table 4.3:	Preliminary overall participant summary outcomes, by age and sex: 2008.....	74
Table 4.4:	Cancer spread status, by age and sex: 2008 .....	76
Table 5.1:	Adverse outcomes following investigation of positive FOBT by colonoscopy: 2008 .....	78
Table 5.2:	Trends in adverse outcomes following investigation of positive FOBT by colonoscopy: 2007–2008 .....	78
Table A.1a:	Number of new cases of bowel cancer, by age, Australia: 1992–2006, males .....	88
Table A.1b:	Number of new cases of bowel cancer, by age, Australia: 1992–2006, females .....	89
Table A.1c:	Number of new cases of bowel cancer, by age, Australia: 1992–2006, persons.....	90
Table A.2a:	Age-specific and age-standardised incidence rates for bowel cancer, Australia: 1992–2006, males .....	91
Table A.2b:	Age-specific and age-standardised incidence rates for bowel cancer, Australia: 1992–2006, females.....	92
Table A.2c:	Age-specific and age-standardised incidence rates for bowel cancer, Australia: 1992–2006, persons.....	93

Table A.3a:	Number of new cases of bowel cancer, by age, states and territories: 2002–2006, males .....	94
Table A.3b:	Number of new cases of bowel cancer, by age, states and territories: 2002–2006, females .....	95
Table A.3c:	Number of new cases of bowel cancer, by age, states and territories: 2002–2006, persons.....	96
Table A.4a:	Age-specific and age-standardised incidence rates for bowel cancer, states and territories: 2002–2006, males.....	97
Table A.4b:	Age-specific and age-standardised incidence rates for bowel cancer, states and territories: 2002–2006, females .....	98
Table A.4c:	Age-specific and age-standardised incidence rates for bowel cancer, states and territories: 2002–2006, persons .....	99
Table A.5a:	Number of new cases of bowel cancer, by age and region: 2002–2006, males.....	100
Table A.5b:	Number of new cases of bowel cancer, by age and region: 2002–2006, females .....	101
Table A.5c:	Number of new cases of bowel cancer, by age and region: 2002–2006, persons .....	102
Table A.6a:	Age-specific and age-standardised incidence rates for bowel cancer, by region: 2002–2006, males.....	103
Table A.6b:	Age-specific and age-standardised incidence rates for bowel cancer, by region: 2002–2006, females .....	104
Table A.6c:	Age-specific and age-standardised incidence rates for bowel cancer, by region: 2002–2006, persons .....	105
Table A.7a:	Number of deaths from bowel cancer, Australia: 1992–2006, males.....	106
Table A.7b:	Number of deaths from bowel cancer, Australia: 1992–2006, females .....	107
Table A.7c:	Number of deaths from bowel cancer, Australia: 1992–2006, persons .....	108
Table A.8a:	Age-specific and age-standardised mortality rates for bowel cancer, Australia: 1992–2006, males .....	109
Table A.8b:	Age-specific and age-standardised mortality rates for bowel cancer, Australia: 1992–2006, females .....	110
Table A.8c:	Age-specific and age-standardised mortality rates for bowel cancer, Australia: 1992–2006, persons.....	111
Table A.9a:	Number of deaths from bowel cancer, by age, states and territories: 2002–2006, males .....	112
Table A.9b:	Number of deaths from bowel cancer, by age, states and territories: 2002–2006, females .....	113
Table A.9c:	Number of deaths from bowel cancer, by age, states and territories: 2002–2006, persons.....	114
Table A.10a:	Age-specific and age-standardised mortality rates for bowel cancer, states and territories: 2002–2006, males.....	115
Table A.10b:	Age-specific and age-standardised mortality rates for bowel cancer, states and territories: 2002–2006, females .....	116
Table A.10c:	Age-specific and age-standardised mortality rates for bowel cancer, states and territories: 2002–2006, persons .....	117
Table A.11a:	Number of deaths from bowel cancer, by age and region: 2002–2006, males .....	118
Table A.11b:	Number of deaths from bowel cancer, by age and region: 2002–2006, females .....	119

Table A.11c:	Number of deaths from bowel cancer, by age and region: 2002–2006, persons.....	120
Table A.12a:	Age-specific and age-standardised mortality rates for bowel cancer, by region: 2002–2006, males.....	121
Table A.12b:	Age-specific and age-standardised mortality rates for bowel cancer, by region: 2002–2006, females .....	122
Table A.12c:	Age-specific and age-standardised mortality rates for bowel cancer, by region: 2002–2006, persons .....	123
Table A.13a:	Number of deaths from bowel cancer, by age and Aboriginal and Torres Strait Islander status, Queensland, Western Australia, South Australia, Northern Territory: 2002–2006 .....	124
Table A.13b:	Age-standardised and age-specific mortality rates for bowel cancer, by Aboriginal and Torres Strait Islander status, Queensland, Western Australia, South Australia, Northern Territory: 2002–2006.....	125
Table B.1:	NBCSP phases and target populations .....	128
Table C.1:	Sources for data presented in this report .....	131
Table C.2:	Age- and sex-specific population percentages.....	132
Table C.3:	Remoteness areas for the Australian Standard Geographical Classification.....	134

# List of figures

The beginnings of bowel cancer .....	1
Figure 1.1: Crude participation, by age and sex: 2008 .....	10
Figure 1.2: Participation, by weeks since invitation using Kaplan-Meier estimates, by state and territory: 2008 .....	13
Figure 1.3: Trends in participation, by state and territory: 2006–2008 .....	14
Figure 1.4: Participation, by weeks since invitation using Kaplan-Meier estimates, by age: 2008 .....	15
Figure 1.5: Participation, by weeks since invitation using Kaplan-Meier estimates, by sex: 2008 .....	16
Figure 1.6: Crude participation, by geographic region: 2008 .....	18
Figure 1.7: Crude participation, by socioeconomic status: 2008 .....	20
Figure 2.1: FOBT positivity, by age and sex: 2008.....	26
Figure 3.1: Primary health care practitioner follow-up, by age and sex: 2008 .....	39
Figure 3.2a: Primary health care practitioner follow-up rate, by weeks since positive FOBT using Kaplan-Meier estimates, Australia: 2008.....	42
Figure 3.2b: Primary health care practitioner follow-up rate, by weeks since positive FOBT using Kaplan-Meier estimates, New South Wales, Victoria, Queensland and Western Australia: 2008.....	43
Figure 3.2c: Primary health care practitioner follow-up rate, by weeks since positive FOBT using Kaplan-Meier estimates, South Australia, Tasmania, Australian Capital Territory and Northern Territory: 2008.....	43
Figure 3.3: Trends in primary health care practitioner follow-up, by state and territory: 2006–2008.....	44
Figure 3.4: Sources of colonoscopy follow-up data: 2008 .....	55
Figure 3.5: Colonoscopy follow-up, by age and sex: 2008 .....	56
Figure 3.6a: Colonoscopy follow-up, by weeks since positive FOBT using Kaplan-Meier estimates, Australia: 2008.....	60
Figure 3.6b: Colonoscopy follow-up, by weeks since positive FOBT using Kaplan-Meier estimates, New South Wales, Victoria, Queensland and Western Australia: 2008.....	61
Figure 3.6c: Colonoscopy follow-up, by weeks since positive FOBT using Kaplan-Meier estimates, South Australia, Tasmania, Australian Capital Territory and Northern Territory: 2008.....	61
Figure 3.7: Trends in colonoscopy follow-up, by state and territory: 2006–2008.....	62
Figure 4.1: NBCSP participant outcomes: 2008 .....	71
Figure 6.1: Age-specific incidence rates of bowel cancer, Australia: 2006 .....	80
Figure 6.2: Incidence and age-standardised incidence rates of bowel cancer, Australia: 1982–2006.....	81
Figure 7.1: Age-specific mortality rates for bowel cancer (ICD-10 C18–C20), Australia: 2006 .....	83
Figure 7.2: Age-standardised mortality rates for bowel cancer, Australia: 1992–2006 .....	84
Figure 7.3: Trends in mortality : incidence ratios for bowel cancer, Australia: 1982–2006.....	85

Figure 8.1:	Overall NBCSP outcomes for all invitees aged 50, 55 and 65 years: 2006–2008 .....	86
Figure B.1:	The NBCSP participant’s screening pathway .....	126
Figure B.2:	The NBCSP phase 2 pre-invitation letter .....	127