

Information for GPs

Bowel screening and Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are less likely to develop bowel cancer than other Australians, but have lower five year survival rates.¹ Participation by eligible Aboriginal and Torres Strait Islander people in the National Bowel Cancer Screening Program is estimated at less than half that of other Australians (19.5% compared to 42.7%).²

An alternative role for primary health care

Research and consultations conducted in 2015-16 found many of the barriers to participation could be addressed if eligible Aboriginal and Torres Strait Islander people received the screening kit directly from a trusted health professional at their local primary health care service.³

The importance of a GP recommendation

Research shows recommendation by a GP can positively influence participation in bowel screening.

Some non-Indigenous health professionals, particularly those with limited experience of Aboriginal and Torres Strait Islander patients, have expressed concern about causing offence by bringing up sensitive subjects.

Consultations about the NBCSP found that many Aboriginal and Torres Strait Islander people would like their GP or Aboriginal and Torres Strait Islander health worker to raise the issue, and are more likely to complete an iFOBT if you recommend it.

Snapshot: The National Bowel Cancer Screening Program

Clinical guidelines recommend immunochemical faecal occult blood testing (iFOBT) every two years for most people aged 50-74.⁴

Australia's National Bowel Cancer Screening Program (NBCSP) mails free iFOBT kits to eligible people aged 50 and 74 to complete in their own home.

People who screen through the NBCSP have a lower risk of dying from bowel cancer and are more likely to have less-advanced bowel cancers diagnosed.⁵

Independent economic modelling predicts that at current rates of participation (for the whole population), the NBCSP will save 59,000 lives in the years 2015 to 2040, and

save around \$1.7 billion in the decade from 2030-2040.⁶

If participation increased from 41% to 60% of those invited to screen, more than 80,000 lives and at least \$2.1 billion could be saved.

More information

For information about the NBCSP go to: www.cancerscreening.gov.au/bowel

or call the Program Info Line: 1800 118 868 Free call (calls from mobiles may be charged)

For resources for talking about bowel screening with Aboriginal and Torres Strait Islander patients, go to:

www.indigenusbowelscreen.com.au



Social and cultural concerns

Like many other Australians, some Aboriginal and Torres Strait Islander people can be embarrassed talking about taking a poo sample.

Some patients may prefer to talk about bowel screening with a non-Indigenous doctor or nurse, because of the sensitivity of the subject.

Others may want to talk with an Aboriginal or Torres Strait Islander health professional. As with other sensitive matters, men may wish to talk to a male health professional and women may prefer to talk to a woman.

In some parts of Australia, Aboriginal and Torres Strait Islander patients may be worried that a sample could be used against them for harm. They may need reassurance that arrangements have been made for safe collection, storage and transport of the samples.

Talk with your co-workers and health centre management about the best way to organise and talk about bowel screening with your Aboriginal and Torres Strait Islander patients.

Finding the right words

Some messages that have tested well for talking about bowel screening with Aboriginal and Torres Strait Islander patients include:

- Bowel cancer can develop without any symptoms. But if found early, it can usually be treated successfully.
- There is a simple test to help find bowel changes early.
- The test can find tiny amounts of blood in your poo, long before you would notice any changes.
- I've done the test myself.
- It's not shame, it's a part of life.
- If blood is found, it doesn't necessarily mean you have cancer. There can be other reasons why you might have blood in your poo and we would need to find out why.
- Some people think doing a bowel screening test is shameful or embarrassing. The real shame is if you don't do the test and then later, you're not around for your family.
- Don't delay, do a bowel test today.

References

1. Australian Institute of Health and Welfare (AIHW) 2018a. Cancer in Aboriginal & Torres Strait Islander people of Australia. Web report. www.aihw.gov.au
2. AIHW 2018b. National Bowel Cancer Screening Program: monitoring report 2018. Cat. no. CAN 112. Canberra: AIHW.
3. Menzies School of Health Research, 2016. Report to the Australian Government Department of Health, unpublished.
4. Cancer Council Australia Colorectal Cancer Guidelines Working Party 2017. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Sydney: Cancer Council Australia.
5. AIHW 2018c. Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program: 2018. Cat. no. CAN 113. Canberra: AIHW
6. Lew, Jie-Bin et al. 2017. Long-term evaluation of benefits, harms, and cost-effectiveness of the National Bowel Cancer Screening Program in Australia: a modelling study. *The Lancet Public Health*, Volume 2, Issue 7, e331-e340.



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