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South Western Sydney LHD BCE Program
NSW Refugee Health Service BCE Program
Family Planning NSW
Core Community Services
Advanced Diversity Services
Community Migrant Resource Centre
Chinese Australian Services Society
Co.As.It Italian Association of Assistance
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The National Bowel Cancer Screening Program (NBCSP) invites Australians aged 50–74 to screen for bowel cancer using a free, simple test at home. Bowel cancer screening saves lives because it’s the best way to detect bowel cancer early (before symptoms appear). Early diagnosis improves treatment options and chances of survival. For more information about the program, please visit the NBCSP website:
www.cancerscreening.gov.au/bowel

Statement of acknowledgement
We acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to the land, sea and community. We pay our respects to them and their cultures and to Elders past and present.
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**Bowel health and screening facilitator manual**

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About the Facilitator Manual

This Facilitator Manual was developed by Cancer Institute NSW as a tool to assist in providing information on bowel cancer and bowel cancer screening to women and men from different cultural backgrounds, particularly those eligible to participate in the National Bowel Cancer Screening Program (NBCSP), aged 50-74 years.

This Facilitator Manual should be used to support the delivery of community education using the flipchart ‘Bowel health and screening’.

The flipchart is available in a range of languages (including English, Traditional Chinese, Simplified Chinese, Arabic, Italian, Greek, Vietnamese, Korean, Assyrian and Macedonian). The translated flipcharts are for presentation by a bi-lingual facilitator.

The Facilitator Manual begins with some general advice and information about delivering the information session, followed by a guide to delivering each part of the flipchart, including:

- **Facilitator instruction**: Administrative guidance for the facilitator
- **Facilitator notes**: Suggested content and key messages for verbal delivery by the facilitator
- **Activities**: Optional activities and group discussion points

About the ‘Bowel health and screening’ flipchart

Objectives

The flipchart has been designed to:

- Improve knowledge about bowel cancer, bowel cancer screening and the National Bowel Cancer Screening Program (NBCSP).
- Improve accessibility of information and health literacy about bowel cancer and bowel cancer screening to people from a number of different cultural backgrounds.
- Address some common barriers to bowel cancer screening and encourage participation in the NBCSP.

Specifically, the flipchart covers:

- **Section 1**: How bowel cancer develops, the risk factors for bowel cancer, ways to reduce the risk of bowel cancer and the signs or symptoms of bowel cancer.
- **Section 2**: The NBCSP and the bowel screening test (why it’s important and how to do it).
Who is the information for?

- Men and women aged 50-74 years old (eligible for the NBCSP).
  - People 45-50 years of age may also benefit from information about bowel screening before they become eligible for the NBCSP.
  - The flipchart is currently translated in nine community languages. Other language groups may also benefit from the presentation of the flipchart in English by a bilingual facilitator.
- Community or health workers who are in regular direct contact with people aged 50-74 through their role. The information materials can improve their confidence in talking to clients about bowel screening.

Each group will have different needs. Facilitators are encouraged to use this as a guide and to tailor the information for the group’s specific needs to make sure it is appropriate and acceptable for various audiences.

Who can facilitate the information session?

The information can be delivered by anyone who has a strong interest in improving bowel screening participation rates within their community. However, facilitators will ideally have some or all of the following:

- Experience delivering training, community education or health/clinical education.
- A role which provides opportunities to train or support community members in the 50-74 year old age group.
- Experience in the multicultural health, community or education sector.
- Experience in working with people from culturally and linguistically diverse (CALD) backgrounds. A culturally competent facilitator will be aware of any sensitive subjects or cultural protocols for the participant group and lead an appropriate discussion of any cultural issues that participants may raise.

Time to deliver the information session

The flipchart is designed to be delivered during a 2 hour information session (with all activities and group discussion time included). Please see individual sections for an estimation of time to deliver each.

The flipchart contains a lot of information. You don’t need to use it all at once. You might want to use just a couple of pages or one section only. It’s designed to be used in whatever way suits you and your participants the best.

The session should allow time and a safe place for group discussion.
What else might you include in your session?

You may also want to allow time to include one or a number of the following elements.

- **Speakers** – you may wish to invite participants or speakers who are advocates for bowel screening, either from a personal or clinical perspective (i.e. a health professional or bowel cancer survivor/ family member).
- **‘Unpacking the kit’ session** – sample bowel screening kits can be used to show participants the kit contents, demonstrate how to do the test and run activities.

Other resources to support the session

NBCSP resources are available to download or order in up to 22 languages at [www.cancerscreening.gov.au/translations](http://www.cancerscreening.gov.au/translations). Resources that you may wish to display or provide to the participants to take home with them include:

- Home test kit instructions brochure
- How to do the test video
- Information booklet
- Letters (invitation and results)
- NBCSP poster and brochure

The Cancer Institute NSW website has information on bowel screening for people in NSW (including a tool for checking when your next kit is due to be sent out), and is translated in six community languages. Visit: [www.dothetest.com.au](http://www.dothetest.com.au).

You can also order sample bowel screening kits (for demonstration purposes only) by emailing [nbcsp@health.gov.au](mailto:nbcsp@health.gov.au).

The Participant Details Form is not included in sample kits. If you wish to download/print some sample copies, they can be accessed in English only under the Publications and Resources section of the NBCSP website: [www.cancerscreening.gov.au/bowel](http://www.cancerscreening.gov.au/bowel).


Sensitivities

When facilitating a session about bowel health and cancer, it is important to be aware of the possible experiences of people in your group and also their different responses. Some may have close friends or family who have experienced this disease or they may have experienced it themselves. You may wish to have a plan to support a participant who becomes upset.
Common barriers to cancer screening

You may also need to be sensitive to possible fears and anxieties of participants in your group. Make sure you are aware of some of the barriers that could have prevented participants from taking part in bowel cancer (and other) screening programs in the past. When planning these sessions consider the following perceptions, beliefs and experiences:

- A belief that cancer is incurable (a death sentence).
- A perception of cancer as a topic that should not be discussed (and as a source of shame and stigma for the individual and the family).
- A belief that cancer is predetermined (by God, fate or karma) and nothing can be done to prevent it or improve the outcome after diagnosis.
- The idea that talking/thinking about cancer or feeling too much stress may cause cancer or worsen the outcome for those with cancer.
- Misconceptions around the significance of hereditary factors (leading to a perception that screening is only required for those with a family history).
- A perception that health checks and tests are only required in response to obvious physical symptoms.
- There may be language and literacy barriers preventing access to cancer screening services (due to complexity of existing written and other information resources, illiteracy in English and/or first language, limited health and/or cancer literacy).
- Older groups may also have limited digital literacy, reducing their ability to access information and in-language materials online.
- Particularly for new migrants, there may be a large number of other urgent priorities. For this reason, health (and particularly preventative health measures) may not be considered a priority.

In regards to bowel cancer screening, it is common to find:

- Low awareness of bowel cancer as a priority and of the NBCSP test (the immunochemical faecal occult blood testing or iFOBT).
- A misconception that colonoscopy is the only appropriate screening test for bowel cancer.
- In regards to completing the test kit, a perception that the process is unpleasant, concerns about hygiene and privacy (i.e. completing and handling samples, storing samples in household fridge) and a lack of confidence to self-administer the test.

The information is designed to address many of these barriers, improve health literacy and provide participants with the information, motivation and confidence they need to do the test.

Delivery mode

The session content is delivered via either:

- A printed A3 flipchart with inbuilt stand (available to order free of charge from the Cancer Institute NSW by emailing CINSW-bowelscreening@health.nsw.gov.au).
- A PowerPoint or PDF slide presentation available online at www.cancer.nsw.gov.au/bowel-screening/resources.
Support and feedback

Questions can be emailed to the Cancer Institute NSW at CINSW-bowelscreening@health.nsw.gov.au.

To help us evaluate the success of the resource, we would like to hear from you regarding your experience of facilitating the session, the flipchart and this Facilitator Manual. Feedback may include:

- Reactions from the facilitators or participants about the materials.
- Comments about how useful the information session is in improving the participant’s knowledge and confidence about bowel cancer and bowel screening.
- How likely the participants are to complete the bowel screening test after the session.

An Evaluation Form is included at the end of this resource which you may wish to photocopy and complete at your information session.

Glossary

<table>
<thead>
<tr>
<th>Word/term</th>
<th>Meaning</th>
<th>Facilitator notes</th>
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<tbody>
<tr>
<td>Cancer screening</td>
<td>Cancer screening is the use of simple tests to look for early signs of cancer, or the conditions that cause cancer in people without signs or symptoms.</td>
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<tr>
<td>Colonoscopy</td>
<td>A medical procedure in which a flexible camera is inserted through the anus to examine the inside of the bowel.</td>
<td></td>
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<tr>
<td>Ziplock bag</td>
<td>A sealable plastic bag that can be easily closed and reopened.</td>
<td></td>
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<tr>
<td>Haemorrhoids</td>
<td>A medical condition that describes enlarged veins in the walls of the anus and rectum.</td>
<td></td>
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<tr>
<td>Sedation</td>
<td>The administration of a drug that produces a state of calm or sleep.</td>
<td></td>
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<tr>
<td>Toilet liner</td>
<td>A thin paper sheet that is to be dropped into the toilet bowl, floating on top of the water in the toilet.</td>
<td></td>
</tr>
<tr>
<td>Bowel perforation</td>
<td>A bowel perforation is a hole in the wall of the bowel. It is a serious condition requiring immediate treatment.</td>
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## Planning for the information session

### Information session checklist

<table>
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<th>Facilitator</th>
<th>Select date and time</th>
<th>Book the venue</th>
<th>Promote</th>
<th>Travel</th>
<th>Catering</th>
<th>Resources</th>
<th>Other resources to consider</th>
<th>Evaluation</th>
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<td></td>
<td>• Organise the facilitator and any other speakers/contributors you wish to invite</td>
<td>• Consider participant availability</td>
<td>• Consider number of participants, accessibility of location i.e. proximity to public transport and parking availability</td>
<td>• Promote the session to the community (i.e. using a bilingual promotional flyer distributed by your existing networks or more broadly on community noticeboards etc.)</td>
<td>• Consider travel issues including organising travel for participants or changing location if travel is an issue</td>
<td>• Organise catering if required</td>
<td>• ‘Bowel health and screening’ flipchart in appropriate language (either printed or PowerPoint files)</td>
<td>(depending on your plans for the information session):</td>
<td>• Photocopy and complete the Evaluation Form at the end of this resource</td>
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Information session content

Welcome and introduction (10 Minutes)

Facilitator instruction

- Welcome the group to the bowel health and screening information session.
- Introduce yourself and any other speakers or contributors at the information session.
- Provide an Acknowledgement of Country (e.g. “I’d like to begin by acknowledging the Traditional Owners of the land on which we meet today, the (people) of the (nation) and pay my respects to Elders past and present”).
- Explain any housekeeping information e.g. evacuation procedures, location of bathrooms, break times and finish time.
- Make sure everyone has signed in if required/received any handouts.
- Explain that if there are questions that you can’t answer, you will refer them to a service or person who can help. Questions can be emailed to CINSW-bowelscreening@health.nsw.gov.au.
- Explain that if anyone is uncomfortable with the information presented they are welcome to excuse themselves.

Facilitator notes

The information session aims to increase awareness of the risk factors and signs and symptoms of bowel cancer, and the importance of regular bowel screening in maintaining a healthy bowel.

After attending the information session, participants will have a better understanding of:

- **Section 1:** How bowel cancer develops, the risk factors for bowel cancer, ways to reduce the risk of bowel cancer and the signs or symptoms of bowel cancer.
- **Section 2:** The National Bowel Cancer Screening Program and the bowel screening test (why it’s important and how to do it).

Activity – Introductions (5 minutes)

Invite the participants to introduce themselves to the group. Ask the group members “what does looking after your bowel health mean to you?” (you may want to do a round table or have participants write their responses on a post it note which can be stuck to butchers paper or a wall).
Section 1

Slide 1: About bowel cancer (2 minutes)

Facilitator notes

Bowel cancer is the third most common cancer worldwide (after lung and breast cancers).

- In Australia, bowel cancer is the second most common cancer in both men and women.
- Bowel cancer often develops without any early signs or symptoms – you can have bowel cancer without knowing it.
- Bowel cancer is one of the most treatable types of cancer if found early. It can be successfully treated in 9 out of 10 cases if detected in the early stages.
- There is a simple, free test you can do at home to find bowel cancer early, which could save your life.

Activity – Talking about the bowel (5 minutes)

Explain that the session will involve talking about the bowel (and even about having bowel movements). Discuss how the group wants to refer to ‘faeces’ and ‘having a bowel movement’ in-language and determine some words they are comfortable with to use throughout the session.
Slide 2: What is the bowel? (2 minutes)

Facilitator notes

The bowel connects your stomach to your rectum where waste material (faeces) is stored until passed out from the anus.

- The bowel has 3 main parts:
  - The small bowel – takes in the nutrients (goodness) from our food.
  - The large bowel (colon) – takes in water and salt.
  - The rectum – stores the waste material (faeces).
- The bowel helps digest the food we eat.
- Digestion is when our food and drink are broken down into nutrients for our body to use for energy and to build and support our cells.
Slide 3: What is bowel cancer? (2 minutes)

Facilitator notes

Bowel cancer can take many years to develop and may not show any signs or symptoms in the early stages.

How does bowel cancer develop?

- The bowel is made up of cells.
- For our bowel to stay healthy, old cells are constantly replaced by new cells.
- Sometimes things can go wrong during this process.
- Unlike normal cells, cancer cells don’t stop growing. So the cells keep doubling, forming a lump that continues to grow.
- In the bowel, some of these lumps can grow into polyps.
- Polyps are small growths on the lining of the bowel that look a bit like a cherry on a stalk.
- Many polyps are harmless, but some can grow into cancer.
- If polyps are removed, the risk of bowel cancer is reduced.
- If cancerous polyps are not found and removed early, there is a risk that they could grow and eventually spread cancer cells to other parts of the body.
Who is at risk?

Bowel cancer risk factors for both men and women include:

- Age – being over 50
- Family history of bowel cancer
- Existing bowel diseases
- Having type 2 diabetes
- An unhealthy lifestyle

The biggest bowel cancer risk factor for both men and women is being aged 50 years and over. 9 out of 10 bowel cancers are diagnosed in people over the age of 50.

The risk of bowel cancer is also higher for people who have:

- A strong family history. This means having a close family member (such as a parent, sibling or child) who developed bowel cancer under the age of 55, or having more than one close family member who developed bowel cancer at any age.
  
  **Note:** Most (8 out of 10) people who get bowel cancer have no family history of the disease.
- Bowel diseases which cause ongoing inflammation of the bowel.
- Type 2 diabetes.
- Unhealthy lifestyle behaviours (shown in the next slide).
Lifestyle risk factors

Nearly half of bowel cancers in Australia may be caused by unhealthy lifestyle factors, including:

- Smoking
- Poor diet
- Drinking alcohol
- Being physically inactive
- Being overweight or obese

You can reduce your risk of bowel cancer by making healthy lifestyle choices.

Nearly half of all bowel cancers in Australia can be attributed to lifestyle factors, including:

- Smoking.
- What we eat – i.e. eating foods which are highly processed (like white bread, biscuits and chips), eating red meat and processed meats (like bacon, ham and salami), and not having enough fibre (fibre is found in fruit and vegetables).
- Drinking alcohol.
- Being physically inactive.
- Being overweight or obese.
You can reduce your risk of bowel cancer by making healthy changes to your lifestyle.

Here are some changes you can make to reduce your risk:

- Quit smoking.
- Eat a healthy diet of wholegrain, wholemeal and high fibre foods such as wholemeal bread, brown rice and porridge. Aim for 2 serves of fruit and 5 serves of vegetables each day.
- Eat less red meat and avoid processed meats (like bacon, ham and salami), as well as highly processed foods like white bread, biscuits and chips.
- Avoid alcohol or reduce the amount you drink.
- Be physically active every day.
- Maintain a healthy weight.
- If you are aged 50-74, do a bowel screening test every 2 years.

Optional group discussion – Common questions about staying healthy
(5 minutes)

**How much physical activity should I be doing to reduce my risk of bowel cancer?**
Aim for 5 hours of moderate intensity physical activity (like a brisk walk) each week, or 2.5 hours of vigorous intensity physical activity (like jogging) each week. If you are 65 years or older, aim for at least 30 mins of moderate intensity physical activity on most, preferably all, days of the week.

**What is a healthy body weight?**
A healthy body weight is a Body Mass Index (BMI) of 18.5-24.9. A BMI of 25-29.9 is classified as overweight and a BMI of 30 or over is classified as obese. You can calculate your BMI by dividing your weight in kilograms by your height in metres squared.
Slide 7: Are there any signs and symptoms?

(2 minutes)

Facilitator notes

Bowel cancer usually has no signs or symptoms in the early stages. This is why regular bowel screening is essential, even if you feel well and everything seems normal.

However, in some cases signs and symptoms of bowel cancer can include:

- Blood in your bowel movements - there might be blood on the toilet paper or in the water after a bowel movement.
- Unexplained tiredness.
- Stomach pain.
- A sudden and persistent change in toilet habits. For example, a person might notice they have looser bowel movements (diarrhoea) or are straining to have a bowel movement (constipation).
- Unexplained weight loss.
- An iron deficiency (anaemia).

If you have any of these symptoms, it does not necessarily mean that you have bowel cancer, but you should follow up with your doctor.
Facilitator notes

The National Bowel Cancer Screening Program (the Program) mails out free kits to eligible people aged 50 to 74 for them to complete at home.

- Medicare provides the Program with a list of people who are aged 50 to 74, so that kits can be mailed out to them every 2 years close to their birthday.
- The National Bowel Cancer Screening Program has been funded by the Australian Government since 2006. The Program aims to reduce deaths from bowel cancer through early detection.
- It is one of the most life-saving public health programs in Australia.
Slide 9: What is a bowel screening test?
(2 minutes)

Facilitator notes

A bowel screening test can detect changes in the bowel long before you would notice any signs or symptoms. If you’re aged 50 to 74 and eligible you will be sent a free test kit from the National Bowel Cancer Screening Program every 2 years.

- A bowel screening test involves taking 2 small stool samples in the privacy of your own home and posting them away for testing.
- Bowel cancer or polyps can grow on the inside of the bowel and can leak tiny amounts of blood which are invisible to the eye.
- The test is looking for any tiny traces of blood in the stool samples which might indicate a growth inside the bowel.
- If found in the early stages, 9 out of 10 bowel cancers can be successfully treated.

Optional activity - Reasons to do the test (5 minutes)

Invite the group to brainstorm some reasons for doing the test. What are the benefits? You may wish to write these down on some butcher’s paper. Examples might include taking care of your health and wellbeing, achieving peace of mind (from receiving a negative test result), lowering your risk of bowel cancer, or finding bowel cancer early (which could save your life and make sure you’re around longer for your family and loved ones).
Who should do a bowel screening test?

Nearly all men and women aged 50 - 74 should do a test every 2 years.

Talk to your doctor instead if you:
- Have any signs or symptoms of bowel cancer
- Have a close family history of bowel cancer
- Had a recent colonoscopy

Facilitator notes

Nearly all men and women aged 50-74 should do a test every 2 years.

- However, if you have any signs or symptoms of bowel cancer or a strong family history (see page 14 of this manual for more detail) talk to your doctor as soon as possible as you may need to have some other tests.
- You also may not need to do the test if you have had a colonoscopy in the last 2 years or are seeing your doctor about bowel problems.

Questions about the age limit?

For people 75 and over who have been screened before, the benefits of screening reduce whilst the risks (associated with follow up tests like colonoscopies) increase. People 75 years or older who are concerned about bowel cancer should talk to their doctor about the need for future screening (please see the FAQs at the end of this Manual for further information on the age range for screening).
Slide 11: What’s in the kit? (3 minutes)

Facilitator instruction

- As you name each item, take them out of your sample bowel screening kit and show them to the group, explaining what they are for.
- Note: A new type of kit was introduced in January 2018. Participants may have previously received a kit that looked different.

Facilitator notes

In your kit you will find everything you need to do the test:

- 2 toilet liners (these are to catch your bowel movement so you can take 2 small samples). These are biodegradable and can be flushed down the toilet when you are done.
- 2 green top collection tubes with collection sticks inside (these tubes are to store your 2 samples and contain a preserving agent).
- 1 ziplock bag with 2 compartments (this is to store your collection tubes and further protect them from touching anything whilst being stored at home).
- 1 reply paid envelope (this is used to post your samples back to the Program’s pathology lab).
Slide 12: How to do the test (7 minutes)

Facilitator instruction

- Using the steps on the slide and a sample bowel screening kit, demonstrate how to do the test or show the ‘How to do the test’ video in the appropriate language. Explain that the video is from the National Bowel Cancer Screening Program website.
- Show the ‘Home test kit instructions’ brochure (in English or in another language) and indicate that each person has one to take home.
- Take care to keep any sample kits clean and complete (not missing any pieces) for your next session.

Facilitator notes

**STEP 1 – Prepare**
1. On one of the tube labels, write your name, date of birth and date the sample was taken.
2. Before collecting your sample, empty your bladder (do a wee) and flush the toilet.
3. Put the toilet liner over the water in the toilet bowl. The writing should be facing up. If the toilet liner sinks, it’s still ok to take the sample, or you can request a new kit.
STEP 2 – Collect
1. Do your bowel movement onto the toilet liner.
2. Open the collection tube by twisting the green cap.
3. Scrape the tip of the stick over different areas of the surface of the bowel movement. The sample only needs to be tiny – smaller than a grain of rice.
4. Put the stick back into the collection tube and click the lid shut. Shake the tube up and down several times. Do not remove the stick again.
5. Flush the toilet liner and bowel movement down the toilet. Wash your hands.

STEP 3 – Store and repeat
1. Place the tube into one compartment of the ziplock bag.
2. Put the sample in the fridge (do not freeze).

Repeat Steps 1 – 3 with the second collection tube when you have another bowel movement (on the same day, the next day, or as soon as you can).

Turn over for Step 4.
Slide 13: Posting the test (3 minutes)

Facilitator notes

**STEP 4 – Send**
1. Complete the Participant Details form.
2. Write your name and address on the back of the Reply Paid envelope and sign the front.
3. Put the Participant Details form and the 2 collection tubes (in the sealed ziplock bag) into the Reply Paid envelope and seal it.
4. Take the envelope to a post office **within 24 hours**, or put the envelope in a mail box in the late afternoon **(before 6pm)** using an Australia Post mail box.

**Keeping your samples safe**
The samples are sensitive to heat and time.
- The samples must remain cool, so do not leave them in a hot place such as a car.
- Store samples in the fridge but never freeze them.
- Post samples within 24hrs of taking your second sample.
- Post at the post office or, if you need to use a post box, do it in the late afternoon when it is cooler (but before 6pm mail collection).
Optional activity – ‘Unpacking the kit’ (15 minutes)

Practical exercise where participants can unpack and attempt ‘mock’ use of the bowel screening test kit, pretending to ‘use’ the kit in small groups and following the steps required to ‘complete’ the test. You may wish to use a large bowl to represent a toilet bowl during the activity.

After a short small group session, the facilitator may ask:
“What do you understand to be the first thing that you need to do to undertake the test? And the next? And the next?” (moving from one group to the next for each new step).

Guide participants to work through the steps making sure any difficulties encountered are clearly identified. Prompt the group to raise any questions or issues they want to talk about in relation to each step.


Optional activity – Participant Details Form (5 minutes)

Practical exercise taking participants through the questions on the Participant Details Form (see page 6 for where to obtain the form).

Explain the form is only available in English at the current time and discuss options for seeking help to complete the form (i.e. from a health or community worker, family member or friend).

Optional group discussion – Myth busting (10 minutes)

There are many reasons that participants may give for not wanting to do the bowel screening test. You may wish to explore any resistance amongst the group by asking them how they feel about the test and the steps involved. Below you will find some suggested encouraging responses to some of the most common reasons given for not doing the test:

“Collecting the sample is embarrassing, unpleasant or disgusting”
Response: Going to the bathroom is a part of life. Everyone does it. The test only takes a few minutes, it’s completely hygienic and it could save your life.

“Collecting the sample and storing it in the fridge is embarrassing or unhygienic”
Response: Doing the test is completely hygienic:
- You will never need to touch the sample – there is a collection stick.
- The sample is stored in a preserving agent inside the collection tube and then placed inside a secure storage bag before being placed in the fridge. It will not touch anything else in the fridge.
- Placed inside the storage bag, the collection tube will not be visible to other members of the household whilst being stored.
Slide 14: Before you do the test (2 minutes)

Facilitator notes

The test looks for blood in your bowel movement, so delay doing the test if:

- You have bleeding haemorrhoids
- You have your menstrual period
- There is blood in your urine or toilet bowl
- You are having treatment for bowel problems
- You are booked for a colonoscopy in the next few weeks or if you have had a colonoscopy in the last 2 years.

Note: There is no need to change your normal diet or stop taking any regular prescribed medications before doing the test.
Slide 15: What happens next? (2 minutes)

Facilitator notes

You will receive a results notification letter in the mail about 2 weeks after you post the samples.

A negative test result
- If your test is negative it means no blood was found. You don’t need to do anything, just do another test in 2 years’ time.
- But talk to your doctor if you have any symptoms before your next test. The test is very accurate but a negative result does not mean that you definitely don’t have bowel cancer or can never develop bowel cancer.

A positive test result
- If your test is positive it means blood was found. You will need to see a doctor for a check-up and maybe some more tests.
- **If the test is positive it does not necessarily mean you have cancer.**
- Bleeding may be caused by a number of conditions, including polyps, haemorrhoids or inflammation, and may not be cancer related.
- But it is important to find out why there is blood in your sample.
Facilitator notes

After a positive test result, it is important to see your doctor as soon as possible so you can receive a referral for another test, usually a colonoscopy.

- The aim of a colonoscopy is to look inside the bowel and find out why you have blood in your bowel movement.
- During a colonoscopy a doctor inserts a tiny camera into the rectum to look for polyps or cancerous growths.
- You will receive some sedation for the procedure so you won’t feel any pain.
- The day before the colonoscopy you will need to have a special drink to help empty your bowel. This will allow the camera a clear view of your bowel. You will need to be near a toilet all day.

Results
There are a number of possible things that a colonoscopy might find.

- **Nothing (clear)** – No polyps or cancer. You should do the home test kit again in around 4 years’ time. A kit will be sent to you by the National Bowel Cancer Screening Program.
- **Polyps** – The doctor will usually remove them when doing the colonoscopy. You will likely need another colonoscopy in 2-5 years.
- **Cancer** – May need surgery or other treatment (to be determined by a doctor). **If found early, the chance of successful treatment is very high.**
- **Other conditions** – The colonoscopy may find other bowel conditions. Your doctor will follow these up with you.
Slide 17: For more information (3 minutes)

Facilitator notes

- Find out when your test will be sent (based on your date of birth) by visiting [www.cancerscreening.gov.au/eligibility](http://www.cancerscreening.gov.au/eligibility).
- Call the Program Info Line on **1800 118 868**, where you can:
  - Check your eligibility for a free kit – confirm the Program has your correct details and find out when your next kit is coming out.
  - Order a new kit (for people who have received a kit in the last 12 months but lost or damaged it).
- If you need help in your language call the Translating and Interpreting Service on **13 14 50** (for help in your language).

When will I get my free bowel cancer screening test?

Another way for your participants to check when their next bowel screening test kit will arrive (in a range of languages):

2. Select from ‘Language options’ in the top right hand corner of the page (available in English, Arabic, Vietnamese, Traditional and Simplified Chinese, Greek and Italian).
3. Enter your date of birth to see when you’re due to receive your free bowel screening test.
Facilitator notes

So what are the important take home messages we have learnt today?
1. Bowel cancer can develop over a long period, without any obvious signs.
2. A screening test can detect changes in your bowel early.
3. If found early, 9 out of 10 bowel cancers can be successfully treated.
4. Do the test when it comes in the post.

Facilitator instruction

- Ask the group if there are any other things they have learnt that particularly stand out to them or that they might take home with them to share with friends or family.
- Check for any additional participant questions or requests for follow-up.
- Thank the participants for their contribution to the information session.
- Thank local organisations or people who have provided assistance with the information session e.g. organisation, venue as well as any other any other speakers or contributors at the information session.

Optional group discussion – What we’ve learnt and spreading the word

Photocopy and complete the Evaluation Form at the end of this Manual to allow for discussion about key learnings from the session, and intended actions as a result.

Ask participants what they can do to spread the word. Ask the group if they have any other friends or family members in the age range for screening (50-74) – what message might they pass on from today’s session?
Facilitator instruction

- You may wish to skip slides 19, 20 and 21 if all participants are male.
- Or re-frame the information as take home messages for female family and friends.

Facilitator notes

Cancer screening is the use of simple tests to look for early signs of cancer, or the conditions that cause cancer.

- Screening tests can find cancer before you can see or feel any changes to your body. When you find cancers early, they are easier to treat successfully.
- In Australia there are 3 national screening programs. These are for bowel, breast and cervical cancers.
- If you are unsure about doing a screening test, talk to your doctor to help you decide.
Slide 20: Breast screening (2 minutes)

Facilitator notes

Women aged 50-74 should have a mammogram every 2 years.

- Mammograms through BreastScreen NSW are free and a doctor’s referral is not needed.
- A mammogram (also called a breast x-ray) is the best way to find breast cancer early before it can be seen or felt.
- Almost all women who find their breast cancer in the early stages will get better and get back to their normal lives.
- Most women diagnosed with breast cancer do not have a family history.
- All staff at the breast screening appointment will be female.
- Call 13 20 50 to book a free BreastScreen appointment. There are many sites available so you can choose a date, time and location that suits you.
- Call 13 14 50 if you need someone who speaks your language to help you book the appointment.
Slide 21: Cervical screening (2 minutes)

Facilitator notes

- Women aged 25-74 should have cervical screening every 5 years.
- You can book a Cervical Screening Test with your local doctor or nurse. You don’t need to go to a specialist doctor.
- Some doctors provide this for free. You can ask about the cost when you book an appointment.
- You can ask for a female doctor or nurse to perform the test.
- Cervical cancer can be prevented by having the Cervical Screening Test, because it looks for an infection which causes cervical cancer.
- **Book an appointment with your doctor or nurse.**

**Note:** If it’s been more than 2 years since your last Pap test or you have never had a test before, you should book an appointment as soon as possible. If the result is normal you will then be due for your next test in 5 years’ time.

Optional group discussion - What is a Cervical Screening Test? (2 minutes)

- The cervix is part of the female reproductive system, it connects the vagina to the uterus.
- In a private room, the doctor or nurse will ask you to remove your clothing from below the waist, and lie down on the bed with your knees apart.
- The doctor/nurse will gently insert a speculum into your vagina – this holds your vagina open and makes it easier to see the cervix.
- The doctor or nurse will use a swab to collect cells from your cervix, which will be sent to a laboratory for testing.
- Collecting the cells may feel uncomfortable, but it shouldn’t hurt.
- Your doctor or nurse will explain how you will get the results of your test.
- Most women will receive a normal result – this means their next Cervical Screening Test will be in 5 years.
Frequently asked questions

1. I’m under 50. Why can’t I participate in the Program?
The risk of bowel cancer increases sharply from age 50. 93% of bowel cancers are diagnosed in people over the age of 50. However, if you are not eligible to be sent a free screening kit through the Program you can speak with your doctor or pharmacist about how to obtain a screening kit (see question 3).

2. I’m over 74. Why can’t I participate in the Program?
In Australia, screening in the National Bowel Cancer Screening Program is offered to eligible people aged between 50 and 74. This is consistent with other international bowel cancer screening programs. The upper age limit of the Program is based on consideration of the risk of bowel cancer in people aged over 74, with no symptoms of the disease and the risk to these individuals associated with screening – particularly from follow-up diagnostic procedures (usually a colonoscopy).

Despite the increasing incidence of bowel cancer with age, the benefits gained from screening in persons aged 75 to 85 who have been previously screened appear to be small compared to the risks. Serious complications from colonoscopy are uncommon. Perforation of the bowel is, however, one of the potential serious complications, and the risk appears to be increased in the elderly.

If you’re aged 75 years or older, and are concerned about bowel cancer, you should talk to your doctor about the need for future screening.

3. Do people screen for bowel cancer outside of the National Bowel Cancer Screening Program?
Yes. Other screening initiatives available include BowelScreen Australia, a Bowel Cancer Australia initiative which makes Colovantage screening kits available for purchase to members of the public, GP practices and community pharmacies (for $39.95). GP’s may also provide patients with a bowel screening test kit during a consultation. Medicare provides a rebate for this test so it may be free to the patient but only if the GP bulk bills.

Participation data does not include people who undertake screening outside of the National Program.

The National Bowel Cancer Screening Program test is the only test guaranteed to come free of cost to eligible people, automatically at regular intervals between the ages of 50 and 74.
Evaluation Form: Bowel health and screening information session

Thank you for holding a bowel health and screening information session. Please let us know if the information session has been useful for your participants by photocopying this Evaluation Form and recording their feedback in response to the questions below.

Please provide any completed Evaluation Forms or other feedback to the Cancer Institute NSW at CINSW-bowelscreening@health.nsw.gov.au.

Date: / /                      Venue: ________________________________

Language: _________________________________________________________________

Type of participants:
☐ Community members   ☐ Community or health workers

**Question 1**: What is one important thing you have learnt about bowel cancer and/or bowel screening today?

**One important thing I have learnt:**
Participant 1: ..............................................................................................................
Participant 2: ..............................................................................................................
Participant 3: ..............................................................................................................
Participant 4: ..............................................................................................................
Participant 5: ..............................................................................................................
Participant 6: ..............................................................................................................
Participant 7: ..............................................................................................................
Participant 8: ..............................................................................................................
Please continue on back of page if you have more than 8 participant responses.

**Question 2**: What is one new thing you would do as a result of coming to the session?

**One new thing I would do:**
Participant 1: ..............................................................................................................
Participant 2: ..............................................................................................................
Participant 3: ..............................................................................................................
Participant 4: ..............................................................................................................
Participant 5: ..............................................................................................................
Participant 6: ..............................................................................................................
Participant 7: ..............................................................................................................
Participant 8: ..............................................................................................................
Please continue on back of page if you have more than 8 participant responses.