

# Lowering of the bowel cancer screening age eligibility and what this means for your patients.

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From 1 July 2024 the eligible screening age for the National Bowel Cancer Screening Program lowered from 50 to 45 years of age.

As a general practitioner, you have the opportunity to motivate people who have never screened or are overdue for bowel screening to take part in this life-saving program.

## What's the evidence behind the change?

- Bowel cancer incidence and mortality have been reducing since the introduction of the National Bowel Cancer Screening Program (NBCSP) in 2006.<sup>1</sup>
- The risk of bowel cancer increases with age. However, the prevalence of early on-set bowel cancer (in those aged under 50 years) is increasing and often their cancer is more advanced and aggressive.<sup>2</sup>
- Five year relative survival is very high (more than 90 percent) if cancer is found at an early stage.<sup>3</sup> Modelling indicates that expanding the NBCSP to include 45–49 year olds is a cost-effective initiative that balances the health benefits, burdens and potential harms.<sup>4,5</sup>

Early onset bowel cancer makes up approximately eight percent of new cases in Australia. Bowel cancer has been increasing since the mid-2000s in younger age groups, whereas the incidence in over 50 year olds is declining.<sup>4</sup>

Increasing incidence of bowel cancer in younger people could be due to increased risk factors associated with bowel cancer, such as alcohol use, red and processed

meat consumption, low fibre intake, excess weight and low exercise.<sup>4</sup> People can reduce their risk of bowel cancer by eating a diet rich in vegetables, fruit, cereals and wholegrains, maintaining a healthy weight and being physically active.

The Daffodil Centre, a joint-venture between Cancer Council and the University of Sydney, used the *Policy1-Bowel* modelling platform to estimate the effect of expanding the age range of the NBCSP.

They found that starting screening at 40 years of age had health benefits. However, when considering the balance of benefits, burdens and harms and the cost effectiveness, starting screening at age 40 was not recommended. The best balance of health benefits to burden and potential harm from the program, plus cost effectiveness for the healthcare system, is found in the 45–74 year age range.<sup>5</sup>

The Clinical Practice Guidelines now recommend that the age range for organised population screening of bowel cancer is 45–74 years of age.<sup>5</sup>

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### What will this mean for my patients?

- Eligible people aged 50 to 74 will continue to receive a bowel cancer screening kit in the mail every two years automatically. Those aged 45 to 49 will need to request a kit on the first occasion and will automatically receive them every two years thereafter.
- Eligible people aged 45 to 74 years can request a kit at [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest), by calling 1800 627 701 or by asking their doctor to provide a National Bowel Cancer Screening Program kit.
- Healthcare providers can bulk order program kits and issue them to eligible patients.

Patients are more likely to do the test when it has been discussed with a trusted healthcare professional. You are in a unique position to encourage people who have never screened or are overdue for screening to participate in bowel cancer screening. Offering an eligible patient a program kit means they are supported by the automated functions of the National Cancer Screening Register, including invitations and reminders to screen. Visit the link below to do the training and bulk order program kits for your practice.

Order kits from the NBCSP:  
[www.health.gov.au/nbcsp-kit-access](http://www.health.gov.au/nbcsp-kit-access)

### How can I support Aboriginal and Torres Strait Islander patients to participate in screening?

The Clinical Guidelines<sup>5</sup> highlight the need to provide local access to culturally safe, targeted advice and support for bowel cancer screening to improve equity. The focus continues to be on improving participation in the NBCSP among the Aboriginal and Torres Strait Islander community, in which participation is notably lower (34% vs 41% in non-Indigenous Australians).<sup>6</sup>

Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians are also:

- up to 10 years younger at diagnosis of bowel cancer (mean age 61 vs 70 years)

- more likely to have bowel cancer diagnosed at advanced or unknown stage (64% vs 54%)
- are less likely to survive five years after their initial bowel cancer diagnosis (57% vs 67%).<sup>6</sup>

The Cancer Institute NSW's Helping Mob Live Healthy and Prevent Cancer Toolkit is an online resource that provides culturally tailored, strengths-based information on cancer screening and prevention for the Aboriginal health workforce.

Screening rates in culturally and linguistically diverse communities are also lower due to a range of barriers. The Cancer Institute NSW has created flipcharts in multiple languages that can assist you to explain how bowel cancer develops, risk factors, signs and symptoms of bowel cancer and the importance of joining the screening program.

### Further resources for clinicians:

- National Bowel Cancer Screening Program – [www.health.gov.au/nbcsp](http://www.health.gov.au/nbcsp)
- Cancer Institute NSW website – [www.cancer.nsw.gov.au](http://www.cancer.nsw.gov.au)
- You can find the following sections on our website:
  - *Bowel cancer screening*
  - *Direct Access Colonoscopy services*
  - *Bowel Screening QI Module for primary care*
  - *Helping Mob Live Healthy and Prevent Cancer Toolkit*
  - *Bowel screening multicultural educational resources*

### Resources for patients:

- Do the test – [www.cancer.nsw.gov.au/dothetest](http://www.cancer.nsw.gov.au/dothetest)
- Translated resources – [www.health.gov.au/nbcsp-translations](http://www.health.gov.au/nbcsp-translations)
- Order a kit – [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest)
- Visit the Cancer Institute NSW website for cancer prevention advice – [www.cancer.nsw.gov.au](http://www.cancer.nsw.gov.au)

## References

1. Australian Institute of Health and Welfare (2024) National bowel cancer screening program monitoring report 2024, CAN 160, AIHW, Australian Government.
2. Garrett C, Steffens D, Solomon M, Koh C. Early-onset colorectal cancer: why it should be high on our list of differentials. *ANZ J Surg.* 2022 Jul;92(7-8):1638-1643. doi: 10.1111/ans.17698.
3. Cancer Australia (2019) National Cancer Control Indicators: Relative survival by stage at diagnosis (colorectal cancer).
4. Australian Government.
5. Feletto E, Yu XQ, Lew JB, St John DJB, Jenkins MA, Macrae FA, Mahady SE & Canfell K. Trends in colon and rectal cancer incidence in Australia from 1982 to 2014: Analysis of data on over 375,000 cases. *Cancer Epidemiology Biomarkers and Prevention*, 2019, 28(1), 83–90.
6. Cancer Council Australia Colorectal Cancer Screening Working Party. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer: Population screening. Sept 2023. Sydney: Cancer Council Australia.
6. Lew JB, Feletto E, Worthington J, Roder D, Canuto K, Miller C, D'Onise K, Canfell K. The potential for tailored screening to reduce bowel cancer mortality for Aboriginal and Torres Strait Islander peoples in Australia: Modelling study. *Journal of Cancer Policy.* 2022 Jun 1;32:100325.