

# Facilitator Manual

## Bowel Health and Screening



# Acknowledgements

This manual draws on earlier work by Queensland Health, Menzies School of Health Research (on behalf of the Australian Government Department of Health), the South Western Sydney and Western Sydney Local Health District Bilingual Community Education Programs (Breast Care Flipchart) and the Illawarra Shoalhaven Local Health District Multicultural Health Service and University of Wollongong (Cancer Good News Project).

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Cultural Support Program - Central and Eastern Sydney  
South Western Sydney LHD BCE Program  
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Family Planning NSW  
Core Community Services  
Advanced Diversity Services  
Community Migrant Resource Centre  
Chinese Australian Services Society  
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Australian Government

**NATIONAL  
BOWELCANCER**  
SCREENING PROGRAM

The National Bowel Cancer Screening Program (NBCSP) invites Australians aged 45–74 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.health.gov.au/nbcsp](http://www.health.gov.au/nbcsp)

## 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.

# Contents

## Bowel health and screening facilitator manual

About the Facilitator Manual	4
About the 'Bowel Health and Screening' flipchart	4
Objectives	4
Who is the information for?	5
Who can facilitate the information session?	5
Time to deliver the information session	5
What else might you include in your session?	6
Other resources to support the session	6
Sensitivities	6
Common barriers to cancer screening	7
Delivery mode	7
Support and feedback	8
Glossary	8
Planning for the information session	9
Information session content	10
Welcome and introduction	10
Section 1: About bowel cancer	11
Section 2: About the National Bowel Cancer Screening Program	18
Other national screening programs	30
Frequently asked questions	34
Evaluation Form	35

# 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 people from different cultural backgrounds, particularly those eligible to participate in the National Bowel Cancer Screening Program (NBCSP), aged 45–74 years.

This Facilitator Manual should be used to support the delivery of community education using the flipchart 'Bowel health and screening': [www.cancer.nsw.gov.au/bowel-screening/resources](http://www.cancer.nsw.gov.au/bowel-screening/resources).

The flipchart is available in a range of languages (including English, Traditional Chinese, Simplified Chinese, Arabic, Italian, Greek, Vietnamese, Korean, Assyrian, Hindi, Indonesian, Tibetan, Macedonian, Punjabi, Spanish, Lao and Farsi). 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

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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 and 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?

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- People aged 45–74 years old (eligible for the NBCSP).
  - People 40–44 years of age may also benefit from information about bowel screening before they become eligible for the NBCSP.
  - The flipchart is currently translated to a number of community languages. Other language groups may also benefit from the presentation of the flipchart in English by a bi-lingual facilitator.
- Community or health workers who are in regular direct contact with people aged 45–74 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.

## Who can facilitate the information session?

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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 45–74 year old age group.
- Experience in the multicultural health, community or education sectors.
- 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

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The information is designed to be delivered as a 2 hour information session (with all activities and group discussion time included). Please see individual sections for an estimation of the time required 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?

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You may also want to allow time to include one or more 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

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

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

Visit the Cancer Institute NSW website to access cancer prevention and screening information, and resources for people with cancer in over 45 languages: [www.cancer.nsw.gov.au/what-we-do/supporting-cancer-care/translated-cancer-resources](http://www.cancer.nsw.gov.au/what-we-do/supporting-cancer-care/translated-cancer-resources).

The Cancer Institute NSW’s Do the Test website is translated in a range of community languages: [www.dothetest.com.au](http://www.dothetest.com.au).

You can also order sample bowel screening kits (for demonstration purposes only) at [www.health.gov.au/nbcsp-demo-kit](http://www.health.gov.au/nbcsp-demo-kit).

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 Forms section of the NBCSP website: [www.health.gov.au/resources/collections/national-bowel-cancer-screening-program-forms](http://www.health.gov.au/resources/collections/national-bowel-cancer-screening-program-forms). A 2-page shortened and simplified form was released in 2025.

The Cancer Institute NSW also have other community education flipcharts available on the following topics:

- Breast screening flipchart - [www.breastscreen.nsw.gov.au](http://www.breastscreen.nsw.gov.au)
- Cervical screening flipchart - [www.cancer.nsw.gov.au/cervical-screening-nsw](http://www.cancer.nsw.gov.au/cervical-screening-nsw)
- Staying well and preventing cancer flipchart – [www.cancer.nsw.gov.au/healthy-living/english](http://www.cancer.nsw.gov.au/healthy-living/english)

## Sensitivities

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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 lived experience of bowel cancer, or have close friends or family who have experienced it. You may wish to have a plan to support a participant who becomes upset.

## Common barriers to cancer screening

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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.
- Language and literacy barriers may limit access to cancer screening services. These barriers can include complexity of existing written and other informational resources, limited proficiency in English and a first language and low health 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 many 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

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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](mailto:CINSW-bowelscreening@health.nsw.gov.au)).
- A PowerPoint or PDF slide presentation available online at [www.cancer.nsw.gov.au/bowel-screening/resources](http://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](mailto:CINSW-bowelscreening@health.nsw.gov.au).

To help us evaluate the effectiveness 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 for information session participants is included at the end of this resource which you may wish to photocopy and ask participants to complete at your information session.

## Glossary

Word/term	Meaning	Facilitator notes
<b>Cancer screening</b>	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.	
<b>Colonoscopy</b>	A medical procedure in which a flexible camera is inserted through the anus to examine the inside of the bowel.	
<b>Ziplock bag</b>	A sealable plastic bag that can be easily closed and reopened.	
<b>Haemorrhoids</b>	A medical condition that describes enlarged veins in the walls of the anus and rectum.	
<b>Sedation</b>	The administration of a drug that produces a state of calm or sleep.	
<b>Toilet liner</b>	A thin paper sheet that is placed into the toilet bowl, floating on top of the water.	
<b>Bowel perforation</b>	A bowel perforation is a hole in the wall of the bowel. It is a serious condition requiring immediate treatment.	



# Planning for the information session

## Information session checklist

<b>Activity</b>	✓
<b>Facilitator</b> <ul style="list-style-type: none"> <li>Organise the facilitator and any other speakers/contributors you wish to invite</li> </ul>	
<b>Select date and time</b> <ul style="list-style-type: none"> <li>Consider participant availability</li> <li>Consider whether there is an existing community event or group that could incorporate the bowel information session</li> <li>Consider the time of the session – some participants may have family responsibilities to drop off/pick up grandchildren from school</li> <li>Consider the gender make up - is there a preference for male only or female only groups?</li> <li>Are there any religious observances when the session is being planned, i.e. is it a fasting period?</li> </ul>	
<b>Book the venue</b> <ul style="list-style-type: none"> <li>Consider number of participants, accessibility of location i.e. proximity to public transport and parking availability</li> <li>Consider availability of AV resources, internet connection, laptop and data projector if required, as well as access to a kitchen</li> </ul>	
<b>Promote</b> <ul style="list-style-type: none"> <li>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.)</li> </ul>	
<b>Travel</b> <ul style="list-style-type: none"> <li>Consider travel issues including organising travel for participants or changing location if travel is an issue</li> </ul>	
<b>Catering</b> <ul style="list-style-type: none"> <li>Organise catering if required</li> </ul>	
<b>Resources</b> <ul style="list-style-type: none"> <li>'Bowel health and screening' flipchart in appropriate language (either printed or PowerPoint files)</li> <li>Handouts translated in appropriate languages (see page 6). Order or print resources to provide in take home packs</li> <li>Internet access to the National Bowel Cancer Screening Program videos on 'How to do the test' and screen or projector to show the video (if required)</li> <li>Sample bowel screening kits for demonstrations. Order free from <a href="mailto:health@nationalmailing.com.au">health@nationalmailing.com.au</a></li> </ul>	
<b>Other resources to consider (depending on your plans for the information session):</b> <ul style="list-style-type: none"> <li>Whiteboard and/or butchers paper</li> <li>Whiteboard marker/eraser, markers, pens</li> <li>Blue Tac</li> <li>Name tags</li> <li>Post it notes</li> <li>Paper for notes</li> <li>Sign in sheet to collect names and contact details of participants</li> </ul>	
<b>Evaluation</b> <ul style="list-style-type: none"> <li>Photocopy and complete the Evaluation Form at the end of this resource</li> <li>Provide any completed Evaluation Forms, feedback or community insights to the Cancer Institute NSW at <a href="mailto:CINSW-bowelscreening@health.nsw.gov.au">CINSW-bowelscreening@health.nsw.gov.au</a></li> </ul>	

# 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](mailto:CINSW-bowelscreening@health.nsw.gov.au).
- Explain that if anyone is uncomfortable with the information being 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

## Section 1

About bowel cancer



Bowel cancer is the **3rd** most common cancer worldwide

Bowel health and screening - Community education flipchart      Section 1 | Slide 1

## Slide 1: About bowel cancer (2 minutes)

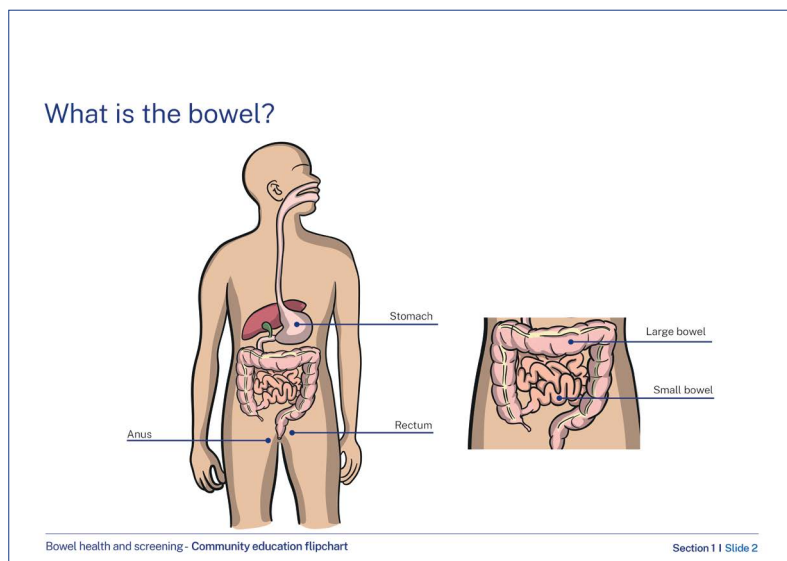
### Facilitator notes

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

- Australia has one of the highest rates of bowel cancer in the world.
- 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.

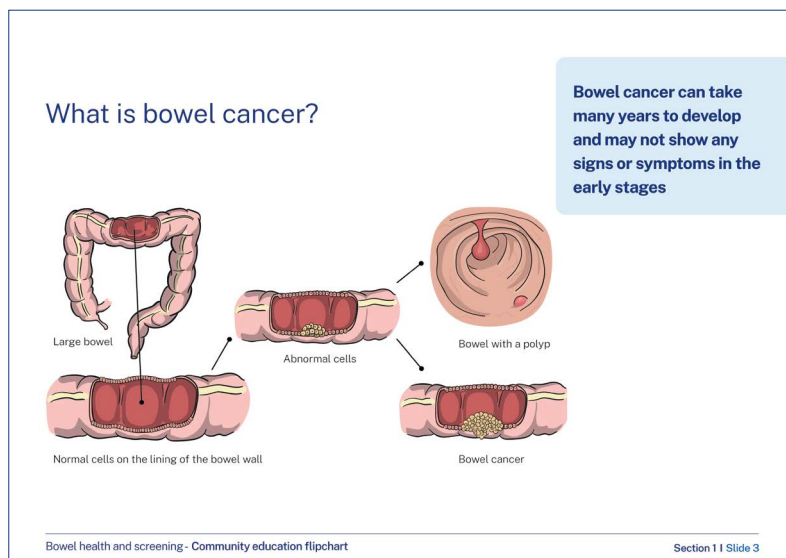


## Slide 2: What is the bowel? (2 minutes)

### 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. Cells are the basic building blocks of our body that make up tissues and organs.
- 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?

**Risk factors for bowel cancer include:**

- Age – being over 45
- A family history of bowel cancer
- Existing bowel diseases
- Having type 2 diabetes
- An unhealthy lifestyle

**The biggest risk factor is being aged over 45**



Bowel health and screening - Community education flipchart

Section 11 Slide 4

## Slide 4: Who is at risk? (2 minutes)

### Facilitator notes

**For most people the biggest bowel cancer risk factor is ageing. 9 out of 10 bowel cancers are diagnosed in people over the age of 45.**

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

- A family history of bowel cancer. Talk to your doctor about your risk of getting bowel cancer and what testing is right if you have:
  - One close family member who developed bowel cancer under the age of 60 (for example, a parent, brother, or sister); or
  - More than one close family member who had bowel cancer at any age.
- Bowel diseases which cause ongoing inflammation of the bowel.
- Type 2 diabetes.
- Unhealthy lifestyle behaviours (shown in the next slide).

**Notes:** Most people (9 out of 10) **do not** have a higher-than-average risk based on their family history of bowel cancer.

### Bowel cancer risk in younger people

The risk of bowel cancer increases with age. However, early-onset bowel cancer in people under 50 years of age has increased in Australia and worldwide.

In 2024 the National Bowel Cancer Screening Program reduced the eligible age for bowel screening from 50 to 45 in response to these trends.

Whatever your participant's age – it is important they look out for any changes in their bowel habits such as pain, discomfort, or blood in their faeces. They should talk to a doctor if they notice any of these changes.

### Lifestyle risk factors

One in four 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

Bowel health and screening - Community education flipchart

Section 1 | Slide 5

## Slide 5: Lifestyle risk factors (2 minutes)

### Facilitator notes

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

One in four bowel cancers in Australia can be attributed to lifestyle factors, and men are at higher risk. Lifestyle factors that can increase risk of bowel cancer include:

- 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.

### What can you do to reduce your risk?

- Quit smoking
- Eat a diet high in fibre
- Eat less red and processed meats
- Drink less alcohol
- Be physically active every day
- Maintain a healthy weight
- If you are 45–74, do a bowel screening test every 2 years



Bowel health and screening - Community education flipchart

Section 11 Slide 6

## Slide 6: What can you do to reduce your risk? (2 minutes)

### Facilitator notes

#### **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:

- Avoid smoking and other tobacco products such as shisha and quit or don't start vaping.
- Eat a healthy balanced 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 body weight for you.
- If you are aged 45–74, 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 minutes of moderate intensity physical activity on most, preferably all, days of the week.

#### **What is a healthy body weight?**

It's important to understand what a healthy weight is for you, as this can differ greatly from person to person. Your body weight and waist measurement can provide some insight, but don't always give a complete picture. Things like your lifestyle, ethnicity, genetics and your health history all influence what a healthy weight range for you is.



## Are there any signs and symptoms?

**Bowel cancer usually has no signs or symptoms in the early stages.**

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



Blood in your bowel movements



Feeling tired for no reason



Stomach pain  
Changes in normal bowel habits



Losing weight for no reason

Bowel health and screening - Community education flipchart

Section 11 Slide 7

## 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 faeces - 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, having looser bowel movements (diarrhoea) or 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.**

## Section 2

### Section 2

About the  
National Bowel  
Cancer Screening  
Program



Section 2 | Slide 8

## Slide 8: About the National Bowel Cancer Screening Program (2 minutes)

### Facilitator notes

**The National Bowel Cancer Screening Program (the Program) provides free kits to eligible people aged 45 to 74 for them to complete at home.**

- The Program has been funded by the Australian Government since 2006.
- The Program aims to reduce deaths from bowel cancer through early detection and is one of the most life-saving public health programs in Australia.
- People aged 45–49 can request their first kit be sent to them at [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest), or by calling **1800 627 701**. After screening for the first time, future test kits will be mailed to them automatically.
- People aged 50–74 will automatically be mailed a kit every 2 years to their address recorded with Medicare. First time screeners will get a kit within 6 months of their 50th birthday.
- Those who don't do the test will be invited again every 2 years. Those who do the test and get a negative result will be invited again 2 years from the date of their test result.

### What is a bowel screening test?

- The test can detect changes in your bowel long before any signs or symptoms appear
- People aged 45–74 are eligible for a free test kit every 2 years

If found early, 9 out of 10 bowel cancers can be treated successfully

Bowel health and screening - Community education flipchart

Section 2 | Slide 9

## 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.**

- A bowel screening test involves taking 2 small stool (faeces) samples in the privacy of your own home and posting them for testing in the supplied reply paid envelope.
- 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 group discussion – 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 people aged 45–74 should do a test every 2 years.**

Talk to your doctor instead if you:

- Have any signs or symptoms of bowel cancer
- Have a family history of bowel cancer
- Had a recent colonoscopy



Bowel health and screening - Community education flipchart

Section 2 | Slide 10

## Slide 10: Who should do a bowel screening test? (2 minutes)

### Facilitator notes

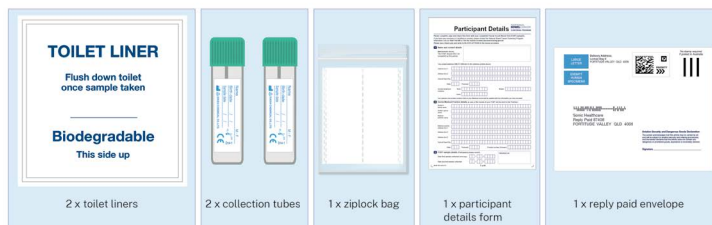
**Nearly all people aged 45–74 should do a test every 2 years.**

- However, if you have any signs or symptoms of bowel cancer or a higher-than-average risk of bowel cancer due to your 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 a different test.
- You also may not need to do the test if you have had a recent colonoscopy or are seeing your doctor about bowel problems.

### Questions about the age limit?

For people outside the age range of 45 to 74, clinical guidance does not recommend a 'one-size-fits-all' approach to screening. Instead, clinical guidance recommends talking with your doctor about screening options. Your doctor is best placed to explain the benefits and potential risks of bowel screening based on your individual situation. Your doctor may still recommend bowel screening which can be partially subsidised by Medicare. Bowel screening kits are also available for purchase at pharmacies or online. Please see the FAQs at the end of this Manual for further information on the age range for screening.

What's in the kit?



Bowel health and screening - Community education flipchart

Section 2 | Slide 11

## Slide 11: What's in the kit? (3 minutes)

### Facilitator instructions

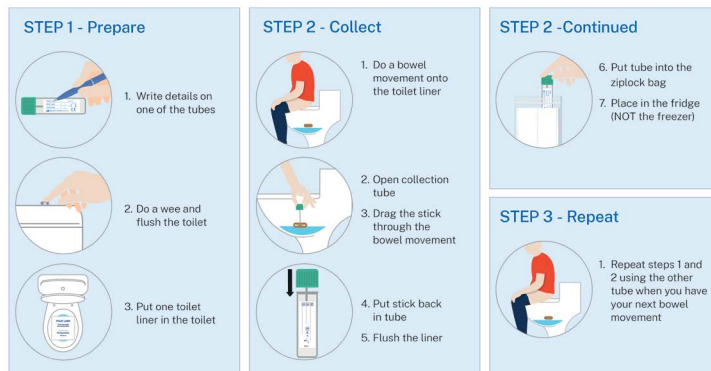
- As you name each item, take them out of your sample bowel screening kit and show them to the group, explaining what they are for.

### 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 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).
- Participant details form (to be completed and submitted with your samples).
- 1 reply paid envelope (this is used to post your samples back to the pathology lab).

## How to do the test



Bowel health and screening - Community education flipchart

Section 2 | Slide 12

## Slide 12: How to do the test (7 minutes)

### Facilitator instructions

- 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.
- Show the 'Home test kit instructions' resource (in English or in language) and provide one to each person to take home if possible.
- Take care to keep any sample kits clean and complete (not missing any pieces) for your next session.

### Facilitator notes

#### STEP 1 – Prepare

1. Write your name, date of birth and date you do the test on one of the tubes.
2. Do a wee and flush the toilet.
3. Put one toilet liner in the toilet with the writing facing up. It's ok if it gets wet.

#### STEP 2 – Collect

1. Do your bowel movement onto the toilet liner.
2. Twist open the collection tube.
3. Drag the tip of the stick through the bowel movement. The sample only needs to be tiny.
4. Put the stick back into the tube and click it shut.
5. Flush the biodegradable liner down the toilet.
6. Put the tube into the ziplock bag.
7. Put the bag somewhere cool, such as a fridge (don't freeze).

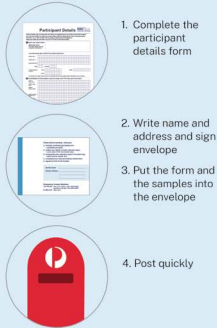
#### STEP 3 – Repeat

1. Repeat steps 1 and 2 using the other tube when you have your next bowel movement. Ideally, try to collect both samples within 3 days of each other.

### Turn over for step 4

## Posting the test

### STEP 4 - Send



### Keeping your samples safe

- Keep in the fridge - don't leave them in a hot place
- Send them as soon as possible
- Place it in a mailbox in the cooler part of the day or take it to the post office

Bowel health and screening - Community education flipchart

Section 2 | Slide 13

## Slide 13: Posting the test (3 minutes)

### Facilitator notes

#### STEP 4 – Send

2. Complete the participant details form (write the dates your samples were taken and sign the form).
3. On the envelope, sign the front and write your name and address on the back.
4. Put the form and the samples in the envelope.
5. Mail the envelope.

#### Keeping your samples safe

- The samples are sensitive to heat and time.
- The samples need to stay cool for as long as possible, so do not leave them in a hot place such as a car.
- Store samples in the fridge but never freeze them.
- Mail your samples as soon as possible (within 24hrs of taking your second sample if possible).
- Place it in a mailbox in the cooler part of the day or take it to the post office.

### 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 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.

*Phillipson L, Pitts L, Hall J, Tubaro T. Factors contributing to low readiness and capacity of culturally diverse participants to utilise the Australian National Bowel Screening Kit. Public Health Research Practice. Forthcoming 2018.*

### 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). Note a 2-page shortened and simplified form is now available.

Explain the form is only available in English and discuss options for seeking help to complete the form (i.e. from a healthcare professional or registered personal representative: [www.ncsr.gov.au/Tests/bowel-screening---request-to-nominate-a-personal-representative](http://www.ncsr.gov.au/Tests/bowel-screening---request-to-nominate-a-personal-representative)).

### Optional group discussion – myth busting (10 minutes)

There are many reasons that participants may have 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.



## When not to do the test

The test looks for blood in your bowel movement so don't do 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 soon
- You have had a recent colonoscopy

## Slide 14: When not to do the test (2 minutes)

### Facilitator notes

The test looks for blood in the stool sample, so don't do the test if:

- You have haemorrhoids which are bleeding. If this happens, see your doctor.
- You have your menstrual period. Wait for 3 days after your period before doing the test.
- There is blood in your urine or blood in the toilet bowl. If this happens, see your doctor.
- You are having treatment for bowel problems.
- You are booked for a colonoscopy in the next few weeks or if you have had a recent colonoscopy.


**Note:** There is no need to change your normal diet or stop taking any regular prescribed medications before doing the test.

### Questions about screening again after a colonoscopy?


If polyps or other growths **ARE** found during a colonoscopy, the treating doctor will advise on further testing and treatment and whether continuing bowel cancer screening is right in the circumstances.


If **NO** polyps or other growths are found during a colonoscopy, participants will be notified they can skip their next screening round and instead start screening again four years after their last colonoscopy.

What happens next?



**Test results – what they mean:**

 A negative test means no blood was found. Do the test again in 2 years.

 A positive test means blood was found. It does not necessarily mean you have cancer. But you need to see your doctor to find out why there is blood in your bowel movement.

Bowel health and screening - Community education flipchart Section 2 | Slide 15

## Slide 15: What happens next? (2 minutes)

### Facilitator notes

**You will receive a result notification letter in the mail within 4 weeks of posting 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.
- 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.

### After a positive test result



Bowel health and screening - Community education flipchart

Section 2 | Slide 16

## Slide 16: After a positive test result (3 minutes)

### 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.
- Some areas in NSW have a free, fast-track referral service for people with a positive bowel screening test (called Direct Access Colonoscopy). If you need a colonoscopy your GP should discuss referral options with you. You or your GP can find out more at the following website: [www.cancer.nsw.gov.au/dac](http://www.cancer.nsw.gov.au/dac).

### Results

There are a number of possible findings of a colonoscopy:

- **Nothing (clear)** – No polyps or cancer. You should do the home test kit again in around 4 years. 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 may need another colonoscopy in 2–5 years (discuss this with your doctor).
- **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 discuss these with you.

### Accessing Direct Access Colonoscopy (DAC) via interpreter

A key advantage of DAC is that it allows most patients to be assessed during a free telephone appointment with a trained nurse. Where patients need in language assistance, the Translating and Interpreting Service will be used to facilitate this appointment.

## For more information and where to get a kit

Visit the National Bowel Cancer Screening Program website: [www.health.gov.au/nbcsp](http://www.health.gov.au/nbcsp)

Access translated materials:

[www.health.gov.au/nbcsp-translations](http://www.health.gov.au/nbcsp-translations)

[www.dothetest.com.au](http://www.dothetest.com.au)

Order a kit online at [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest) or by scanning the QR code below

For other enquiries (or to order a kit), contact the National Cancer Screening Register on **1800 627 701** or call the Translating and Interpreting Service on **13 14 50** (for help in your language)

Ask your doctor about getting a bowel screening kit



Bowel health and screening - Community education flipchart

Section 2 | Slide 17

## Slide 17: For more information and where to get a kit (3 minutes)

### Facilitator notes

- Visit the Program website at [www.health.gov.au/nbcsp](http://www.health.gov.au/nbcsp).
- Access a range of translated materials by visiting [www.health.gov.au/nbcsp-translations](http://www.health.gov.au/nbcsp-translations) (including test kit instructions, an information booklet and invitation/result letters).
- Visit [www.dothetest.com.au](http://www.dothetest.com.au) for web information in a number of languages (select from 'Language options' in the top right hand corner to change language).
- Order a kit online at [www.ncsr.gov.au/boweltest](http://www.ncsr.gov.au/boweltest) or by scanning the QR code. Use this form if:
  - You are aged 45–49 and would like to request your first kit
  - You are 45–74 and haven't received your last kit or if your last kit is damaged, lost or expired
- Check your eligibility, find out when you will get your next kit, update your contact details or order a kit by:
  - Logging into the National Cancer Screening Register Participant Portal at [www.ncsr.gov.au/information-for-participants](http://www.ncsr.gov.au/information-for-participants)
  - Calling the National Cancer Screening Register on **1800 627 701** (or calling the Translating and Interpreting Service on **13 14 50** for help in your language)
- You can also ask your doctor about getting a bowel screening kit.

### Discussion – Steps for using the TIS line

How to call the National Cancer Screening Register for those requiring interpreter assistance:

- Call **13 14 50** and state your preferred language (which must be stated in English)
- Wait on the line to be connected to a interpreter
- Once connected, request to be put through to **1800 627 701**

## Summary

### 4 things to remember

- Bowel cancer can develop over a long period, without any obvious signs
- A screening test can find changes in your bowel early
- If found early, 9 out of 10 bowel cancers can be successfully treated
- Do the test when it comes in the post



Bowel health and screening - Community education flipchart

Section 2 | Slide 18

## Slide 18: Summary (5 minutes)

### 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 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 friends or family members in the age range for screening (45–74) – what message might they pass on from today's session?

National cancer screening programs

Early detection through screening saves lives



Bowel health and screening - Community education flipchart

Section 2 | Slide 19

## Slide 19: National cancer screening programs (2 minutes)

### Facilitator notes

**Cancer screening is the use of simple tests to look for early signs of cancer, or conditions that may 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 has been 3 national screening programs for many years. These are for bowel, breast and cervical cancers.
- A National Lung Cancer Screening Program is being established and will commence from July 2025. The program will target people aged 50–70 who are at high risk of lung cancer, and who have no symptoms.
- If you are unsure about doing a screening test, talk to your doctor to help you decide.

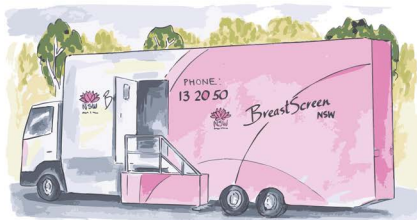
## Breast screening

BreastScreen NSW is free and a doctor's referral is not needed.

All women aged 40+ are eligible for breast screening with BreastScreen NSW.

Call **13 20 50** or book online at [www.breastscreen.nsw.gov.au](http://www.breastscreen.nsw.gov.au).

Call **13 14 50** to use an interpreter.



Women aged 50–74 are invited to have a breast screen every 2 years

Bowel health and screening - Community education flipchart

Section 2 | Slide 20

## Slide 20: Breast screening (2 minutes)

### Facilitator notes

**All women aged 40 or over are eligible for breast screening with BreastScreen NSW. Women aged 50–74 should have a breast screen (mammogram) every 2 years.**

- A mammogram (also called a breast x-ray) is the best way to find breast cancer early before you can notice any changes.
- Mammograms through BreastScreen NSW are free and a doctor's referral is not needed.
- 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.
- The breast screen is done in private by a female radiographer.
- Call **13 20 50** or visit the BreastScreen NSW website to book a free breast screen. 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.
- More information is available in 25+ different languages on the BreastScreen NSW website.

## Cervical screening

Cervical screening prevents cervical cancer by finding an HPV infection which causes it.

You have two options for having a Cervical Screening Test:

- You can collect your own sample from your vagina using a swab
- Your doctor or nurse can collect your sample with a speculum

Book an appointment with your doctor or nurse to talk about your two options.

Women aged 25–74  
should have cervical  
screening every 5 years



Bowel health and screening - Community education flipchart

Section 2 | Slide 21

## Slide 21: Cervical screening (2 minutes)

### Facilitator notes

- Cervical cancer can be prevented by having the Cervical Screening Test, because it looks for an infection called Human Papillomavirus (HPV) which causes almost all cervical cancers.
- Women aged 25–74 who have ever been sexually active -even if you have had the HPV vaccine -should have a Cervical Screening Test 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.
- There are two options for having a Cervical Screening Test: to take your own sample from your vagina using a swab or have a doctor or nurse collect your sample with a speculum. Speak to your doctor or nurse to discuss your options.
- The Cervical Screening Test is free when you're due but your doctor may charge a consultation fee.
- You can ask for a female doctor or nurse to perform the test.
- Most people will be asked to have another Cervical Screening Test in 5 years. This means the result is normal and no HPV infection was found.
- **Book an appointment with your doctor or nurse.**

**Note:** If it's been more than 5 years since your last test or you have never had a test before, you should book an appointment as soon as possible.

### Questions about cervical screening?

- Visit [www.cancer.nsw.gov.au/cervical-screening-for-multicultural-women](http://www.cancer.nsw.gov.au/cervical-screening-for-multicultural-women) for cervical screening information in at least 10 languages.
- Select the language from the drop down at the top of the page.
- If needed, download the information as fact sheet to hand out or send to community members as a take home resource.



## Lung screening

A National Lung Cancer Screening Program commences in Australia in July 2025.

The program will use low-dose CT (computed tomography) scans to look for lung cancer in people aged 50–70 who:

- Have no symptoms of lung cancer
- Have a '30-pack year' history of smoking cigarettes and still smoke or have stopped smoking in the last 10 years.

Smoking history is calculated by multiplying the number of cigarette packs smoked per day by the number of years the person has smoked. For example, 30 'pack-years' is equal to smoking 20 cigarettes (1 pack) per day for 30 years.

A doctor can check if you are eligible by asking your age and smoking history.

For help to stop smoking or vaping call NSW Quitline on **13 7848**.



Bowel health and screening - Community education flipchart

Section 2 | Slide 22

## Slide 22: Lung screening (2 minutes)

### Facilitator notes

- A National Lung Cancer Screening Program commences in Australia in July 2025.
- The program aims to increase early diagnosis and improve survival from lung cancer.
- The program will use low-dose CT (computed tomography) scans to look for lung cancer in people aged 50–70 who:
  - Have no symptoms of lung cancer
  - Have a '30-pack year' history of smoking and still smoke cigarettes or have stopped smoking in the last 10 years.
- The term 'pack-year' is a way of measuring the number of cigarettes a person has smoked in their lifetime. Pack-years are calculated by multiplying the number of cigarette packs smoked per day by the number of years the person has smoked. For example, 30 pack-years is equal to smoking 20 cigarettes (1 pack) per day for 30 years.
- A doctor can check eligibility based on your age and smoking history.
- For more information visit [www.health.gov.au/nlcsp](http://www.health.gov.au/nlcsp).
- For help to stop smoking or vaping call NSW Quitline on **13 7848**.

**Note on symptoms:** Whether they smoke or not, participants should speak to a doctor as soon as possible if they have a cough or chest infection that won't go away, breathlessness, a change in their voice or are coughing up blood.

### Help to stop smoking

Those who smoke cigarettes, or vape, can call NSW Quitline on **13 7848**. Quitline is a free telephone information and counselling service. Quitline can give advice on different ways to stop smoking, tips on getting ready to stop smoking and products and strategies to help manage cravings.

Quitline has a service for culturally and linguistically diverse communities with bilingual counsellors who speak a number of different languages. Callers who speak other languages can call the Quitline and the counsellor will arrange for an interpreter.

# Frequently asked questions

## **1. 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 45 and 74. This is in accordance with the National Health and Medical Research Council-endorsed 'Clinical practice guidelines for the prevention, early detection and management of colorectal cancer' and 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). Serious complications from colonoscopy are uncommon. However, perforation of the bowel is one of the potential serious complications, and the risk is 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 your options.

## **2. I'm under 45. Why can't I participate in the Program?**

The risk of bowel cancer increases sharply from age 45. 93% of bowel cancers are diagnosed in people over the age of 45. However, if you are not eligible to be sent a free screening kit through the Program you can speak with your doctor about whether screening is right for you.

## **3. Do people screen for bowel cancer outside of the National Bowel Cancer Screening Program?**

Yes. GPs may provide patients with a bowel screening test kit which may be partly or fully covered by Medicare.

Participation data does not include people who undertake screening outside of the National Program, and participants will not have the benefit of result reminder letters or the Participant Follow Up Function who seek to ensure that patients with a positive test are progressing to colonoscopy.

The National Bowel Cancer Screening Program test is the only test guaranteed to come free of charge to eligible people, automatically at regular intervals between the ages of 50 and 74 (and to those aged 45–49 once they have ordered their first kit).

# 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](mailto:CINSW-bowelscreening@health.nsw.gov.au).

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Venue:** \_\_\_\_\_

**Language:** \_\_\_\_\_

**Type of participant:** ☐ 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: \_\_\_\_\_

**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: \_\_\_\_\_

# Notes

# Notes

# Notes



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W: [cancer.nsw.gov.au](http://cancer.nsw.gov.au)