

## Bowel screening recall and reminder labels/codes

Recall/ reminder labels (codes)	Screening recommendations from clinical guidelines	Practice actions	Details
<b>iFOBT - negative</b>	iFOBT every 2 years from age 50 to age 74. <sup>1</sup>	<ul style="list-style-type: none"> <li>Advise patient of result, as per process for normal results.</li> <li>Set an iFOBT reminder for 2 years from the negative result date. (The National Bowel Screening Program sends out next bowel screening test 2 years from the previous negative test result date) an important motivator for patients to use the test).</li> </ul> <p>GPs to remind individuals to re-present if they develop <a href="#">symptoms of colorectal cancer</a>.</p>	<p><b>This label is for a negative iFOBT result for a Category 1 patient: Those near average risk<sup>1</sup></b></p> <p>Category 1 patients<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>No first- or second-degree relative with colorectal cancer. OR</li> <li>One first-degree relative with colorectal cancer diagnosed at 55 years or older. OR</li> <li>One first-degree and one second-degree relative with colorectal cancer diagnosed at 55 years or older.</li> </ul> <p>In some instances, familial risk for Category 1 patients may need further consideration. Refer to <a href="#">clinical guidelines</a> for more information.</p>
<b>iFOBT - positive</b>	<p>The result of the diagnostic procedure (colonoscopy) following the positive iFOBT result will determine the next step in the patient pathway</p> <ul style="list-style-type: none"> <li>Return to iFOBT screening</li> <li>Further surveillance colonoscopy</li> <li>Referral for treatment</li> </ul>	<ul style="list-style-type: none"> <li>Recall patient, as per practice recall policy.</li> <li>Refer for colonoscopy or other bowel examination, as per clinical guidelines.</li> <li>Systematically check patient attendance at follow-up examinations (colonoscopy or other bowel examination).</li> <li>Notify the Program Register of referral/non-referral for colonoscopy or other bowel examination for participants with a positive result by returning the GP Assessment form by fax, post or electronically through the <a href="#">NCSR Health Provider Portal</a>.</li> <li>You can download the PDF version of the GP assessment form from the <a href="#">National Bowel Cancer Screening website</a> or visit <a href="#">NCSR Health Provider Portal</a>.</li> </ul>	<p>Consider having information relevant to your local area available to support discussion with patients about choosing follow-up examination in the public or private health system.</p> <p>HealthPathways may provide useful information.</p> <p>Your PHN can provide HealthPathways login information.</p>

# Identifying and managing patients with a family history of colorectal cancer

## Key points:

- A portion of the population has a higher risk of developing bowel cancer due to their family history.
- These patients fall under 'Category 2' (those at moderately increased risk) or 'Category 3' (those at potentially high risk) of the Clinical practice guidelines for the prevention, early detection and management of colorectal cancer.
- Your practice should have a process for taking a patient's family history to identify their colorectal cancer family history.
- The clinical practice guidelines provide screening strategies for people with a family history of colorectal cancer, which are summarised in the table below.
- Category 2 and 3 patients should be managed via clinical surveillance and should opt-out of the National Bowel Cancer Screening Program by calling 1800 627 701
- GPs should assess Category 2 and 3 patients' eligibility for, and interest in, the NSW/ACT Hereditary Cancer Registry

Recommended screening for asymptomatic patients	Details
<b>Guideline recommendation for Category 2 screening<sup>1</sup>:</b> <ul style="list-style-type: none"><li>• iFOBT every 2 years from age 40 to age 49.</li><li>• Colonoscopy every five years from age 50 to age 74.</li></ul>	<b>Category 2: Those at moderately increased risk (3 to 6-fold increased risk)</b> Category 2 patients <sup>1</sup> : <ul style="list-style-type: none"><li>• One first-degree relative with colorectal cancer diagnosed under 55 years. OR</li><li>• Two first-degree relatives with colorectal cancer diagnosed at any age. OR</li><li>• One first-degree relative and at least two second-degree relatives with colorectal cancer diagnosed at any age.</li><li>• Refer to clinical guidelines for further information.</li></ul>
<b>Guideline recommendation for Category 3 screening<sup>1</sup>:</b> <ul style="list-style-type: none"><li>• iFOBT every 2 years from age 35 to age 44.</li><li>• Colonoscopy every five years from age 45 to age 74.</li></ul> However, Category 3 patients must be referred to a bowel cancer specialist to confirm surveillance intervals.  Referral to a genetic centre for hereditary cancer syndromes should be considered. <sup>1</sup>	<b>Category 3: Those at potentially high risk (7 to 10-fold increased risk)<sup>1</sup></b> Category 3 patients <sup>1</sup> : <ul style="list-style-type: none"><li>• At least three first-degree or second-degree relatives with colorectal cancer, with at least one diagnosed under 55 years. OR</li><li>• At least three first-degree relatives with colorectal cancer diagnosed at any age.</li></ul> Refer to clinical guidelines for further information.

1. Jenkins M, Driss A, Boussioutas A, et al. Colorectal Cancer Guidelines Working Party: Screening based on family history. Cancer Council Australia, 2018. Available at [https://wiki.cancer.org.au/australia/Guidelines:Colorectal\\_cancer/Screening\\_based\\_on\\_family\\_history](https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer/Screening_based_on_family_history) (accessed 21 Feb 2019).