COUNTIES MANUKAU HEALTH

National Bowel Screening Programme

Bowel Screening
Check Yourself Out

Case(s) for Bower cancer screening

SZE-LIN PENG
FRACS, FCSSANZ

AUCKLAND COLORECTAL CENTRE

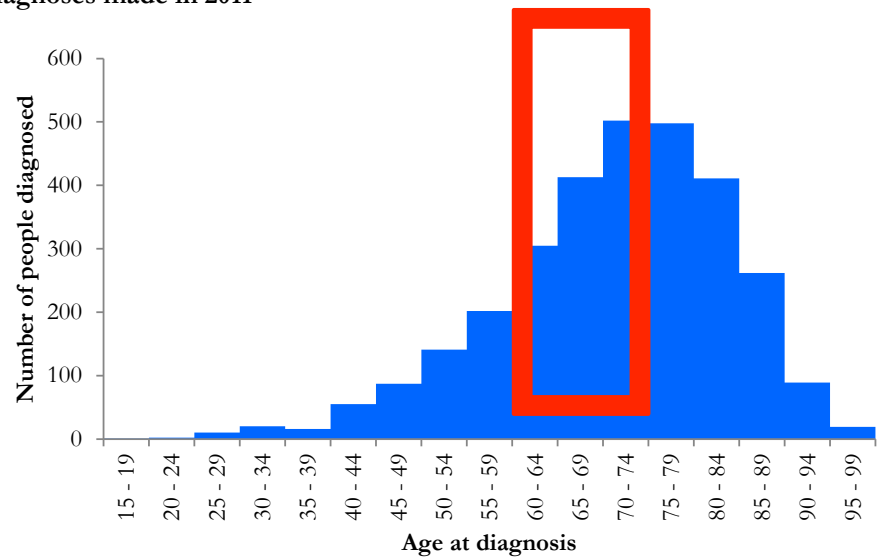
Bowel cancer in NZ

- 3000 cases per year, 2nd highest cause of cancer mortality
- 25% present as emergencies
- 20-25% present at Stage IV
- Higher incidence + more advanced stage in younger Maori and Pacific

National bowel Screening program

- Waitemata DHB, pilot centre 2012 aged 50-74 yrs (NBSP from Jan 2018)
- Counties-Manukau July 2018
- Auckland early 2020
- Aged 60-74 yrs
  - invited every 2 yrs around birthday

Figure 1 Distribution of age at diagnosis for bowel cancer in New Zealand – diagnoses made in 2011



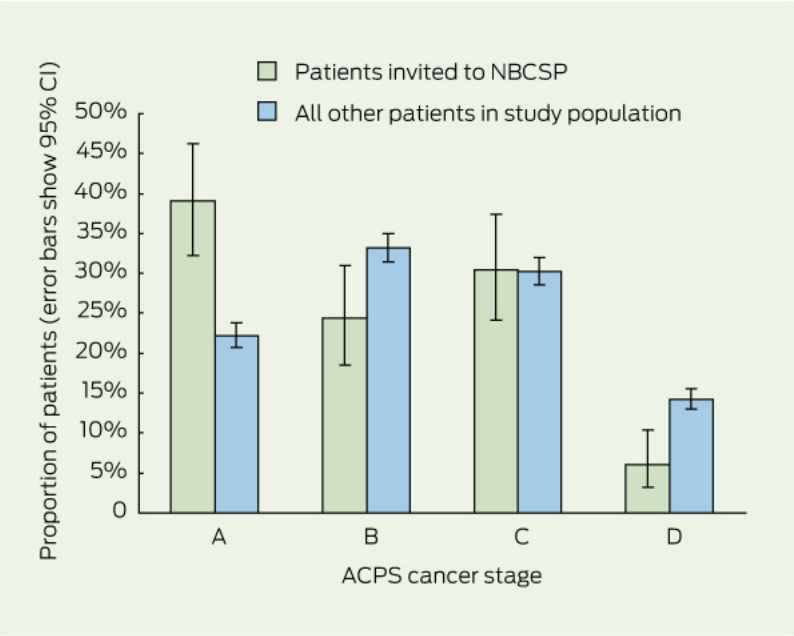
Counties-Manukau BSP to date

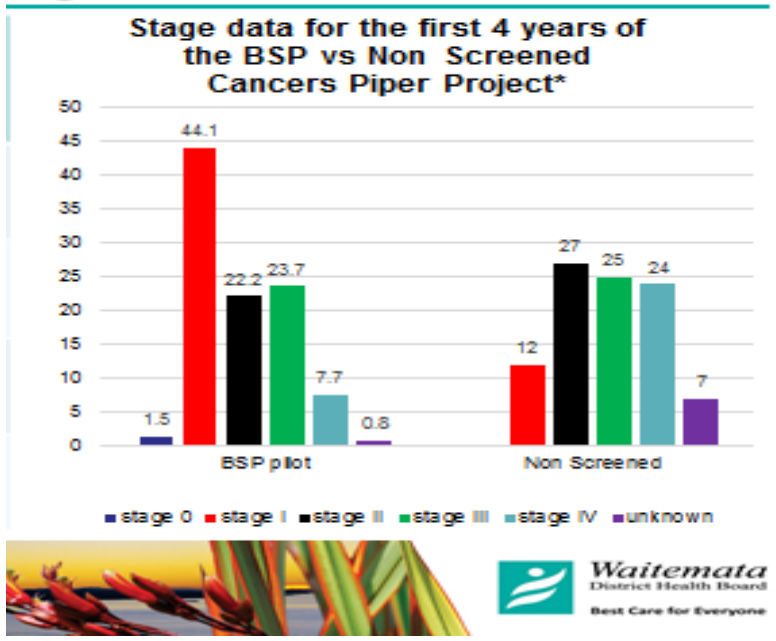
- 50% participation rate
  - Maori 45%, Pacific 33%
  - If CMDHB Maori or Pacific pt who is 60-74 wants to be tested GP can contact the NCC (national co-ordination centre) directly to get a kit sent out, no need to wait until birthday
- 50% require interpreter
- Higher cancer detection rate 9% (cf 7%)

National Co-ordination Centre
0800 924 432

Goals

- Prevention
- Early stage shift





FIT

- Human specific antibody-based detection of globin
- Less likely to detect upper GI blood
- New Zealand's FIT threshold is 40 ug Hb/g faeces (expect 7% positivity)

- https://www.timetoscreen.nz/bowel-screening/doing-the-bowel-screening-test/

- What about 'at risk' patients or those aged 40-49yrs?
  - Labtest – threshold is 75ng Hb/g
    - Free if > 50yrs old, otherwise $30

Positive FIT? Be positive!

Screening FIT: Positive A
This is a result from the National Bowel Screening Programme.

Please discuss this result with your patient and refer for colonoscopy within 10 days.

For further information contact the National Bowel Screening Coordination Centre on Freephone 0800 924 432
Reference Guide:
https://www.nsu.govt.nz/system/files/resources/national-bowel-screening-programme-quick-reference-gps-may17.pdf
or visit the website www.bowelscreening.health.govt.nz

- $60 + GST payment to GP practice for doing the referral and cover the cost of the consult
- Crucial role in patient communication and assessment– implications of result, colonoscopy or other, fitness for further investigation or treatment

70% polyps
7% cancer

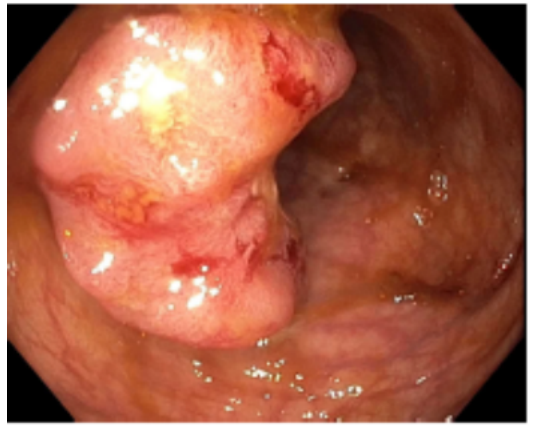
Case #1

COMPLETED WITH OUTCOME PRIORITY Not Set DHB Counties Manukau DHB SERVICE Bowel Screening ELAPSED TIME 18 hours

CMDHB Endoscopy Referral for Outpatient Appointment

Attachments

This referral has no attachments



- 71 yr old woman
- Type II DM, Rheumatoid arthritis, bilateral TKJR, BMI 41
- Aqua jogging, manages home business
- Positive FIT 8th August→ e-referral 21st August → scope 3rd September → CA sigmoid + 5 tubular adenomas with LGD + 2 sessile serrated polyps→ laparoscopic high anterior resection 25th Sept → T2 N0M0 Stage I sigmoid adenocarcinoma, normal MMR, BRAF wild type
- Follow up
  - Colon cancer protocol
  - Polyps?

Surveillance for people at increased risk of colorectal cancer

A primary care practitioner resource

January 2012

- WHO definition of serrated polyposis syndrome 2010

1. At least five serrated polyps proximal to the sigmoid colon, two of which are >10 mm in diameter

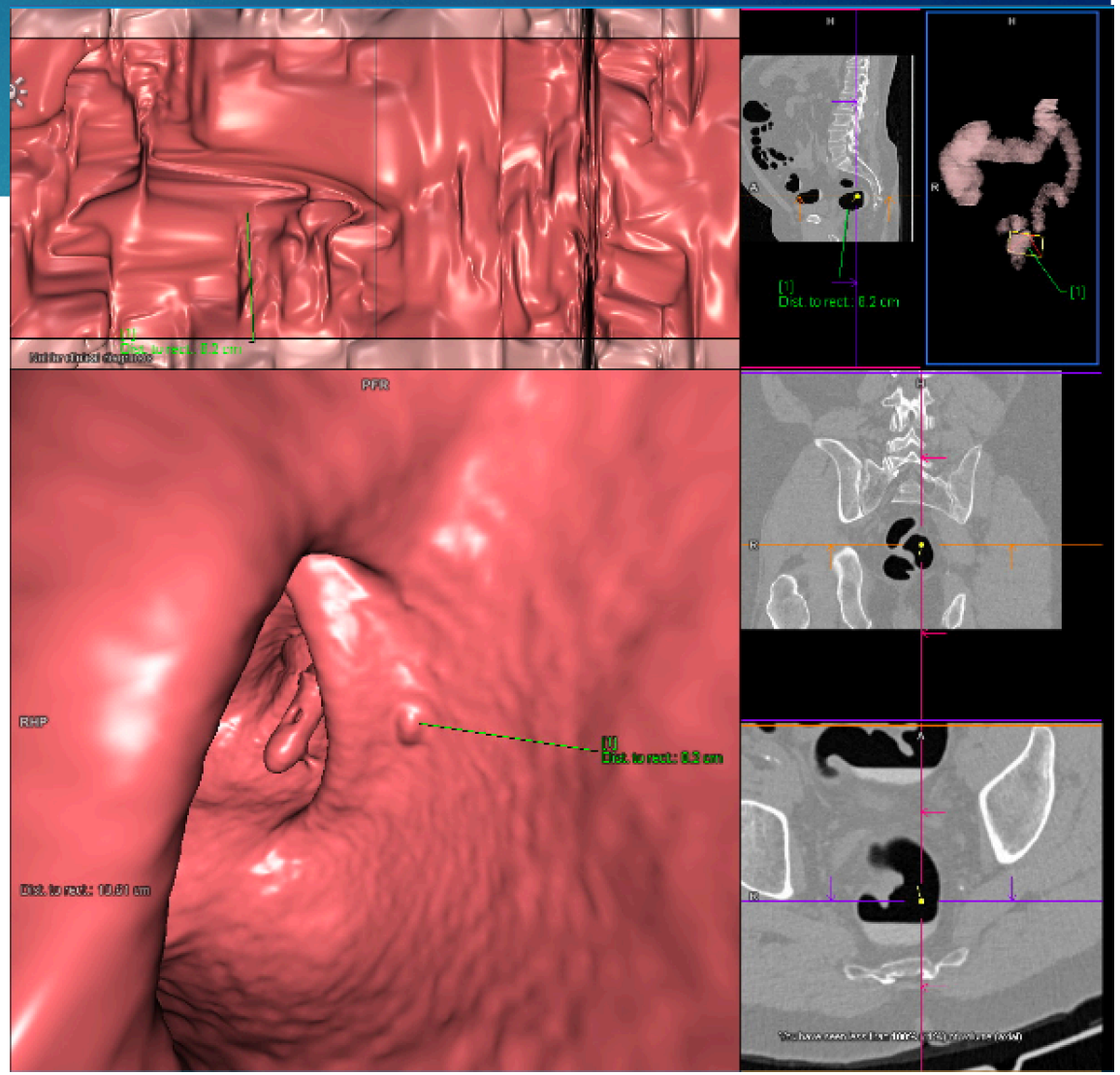
2. Any number of serrated polyps occurring proximal to the sigmoid colon in an individual who has a first-degree relative with serrated polyposis

3. More than 20 serrated polyps of any size distributed throughout the colon

- https://www.health.govt.nz/system/files/documents/publications/brochure-primary-care-colorectal-cancer.pdf

Case #2

- 68 yr old man
- NSTEMI August 2018, drug-eluting stent November 2018, Ticagrelor for 1 year, BMI 34
- Positive FIT 24th November → e-referral 30th November → CT colon 8th Jan → 7mm mid rectal polyp → for flexible sigmoidoscopy in Nov 2019



Who to screen?

However, bowel screening is not right for everyone. You should not take part if you:

- have symptoms of bowel cancer
- have had a colonoscopy within the last five years
- are on a bowel polyp or bowel cancer surveillance programme
- have had, or are currently being treated for, bowel cancer
- have had your large bowel removed
- have ulcerative colitis or Crohn's disease that is currently active
- are seeing your doctor about bowel problems.

Final points

- Bowel cancer screening has commenced
- Prevention and early detection is key
- Considerable resources utilized but uptake is around 50-55%
- The majority patients with bowel cancer will be diagnosed aged 60-74yrs
- Patients may be significantly co-morbid and risk:benefit of screening and treatment needs to be carefully considered
- GPs have a vital role in encouraging, assessing and referring in positive FITs
- Patients with complex polyps and cancer will have extensive MDM input, clear and synoptic documentation of plan crucial

THANK YOU