References


Appendix A: The screening pathway

The Screening Pathway has been taken from the Australian Government Department of Health and Ageing web site. The Screening Pathway and other information about the Bowel Cancer Screening Pilot Project can be found at http://www.cancerscreening.gov.au.
Screening Pathway

Represents GP involvement points

Bowel Cancer Screening Pilot Register identifies target population 55 - 74 years as at 1 January 2003

- Invitations staggered
- Invitations/FOBT type clustered by household
- At least two FOBTs in use

Register invites target population to screening, sends invitation materials including FOBT kit

Participants with family history and/or symptoms are encouraged to visit their GP

Pilot participant
- Visits GP/Specialist
  - Follow-up as per NHMRC guidelines
  - May opt out of Pilot
  - Already under treatment

Notify Register

Path Lab sends results of FOBT to:
- Participant
- Nominated GP
- Register

Negative FOBT result

- Participant advised to see GP if they have, or develop symptoms
- Register will re-invite to screening in 2 years

Participant with interim symptoms/concerns visits GP

Notify Register

Negative FOBT result, but participant indicates symptoms or family history

No GP consult or follow-up apparent to Register within 1 month

Register sends reminder letter to participant and GP

No further activity apparent to Register:
- GP visit
- Diagnostic follow-up

Register implements further safety-net protocol

Positive FOBT result

Participant visits GP
- Identify symptoms, take family history
- Referral to colonoscopy
- Other clinical management

Notify Register

Colonoscopy performed

- Negative colonoscopy
- Register will re-invite to screen in 5 years

- Positive colonoscopy
- Follow-up as per NHMRC guidelines

BOWEL CANCER SCREENING PILOT HELPLINE - 1800 999 332
Appendix B: Adenoma Classifications

Adenoma classifications are listed below from highest risk (advanced) to lowest risk (diminutive). Where a person has multiple adenomas, he or she is classified according to the adenoma having the highest risk.

**Advanced adenoma**

If any of the Indicators of Higher Risk listed below are present then the adenoma is classified as advanced.

*Indicators of Higher Risk*

- Adenoma multiplicity—three or more adenomas present at examination, regardless of histopathology or size.
- Adenoma size—a size of 10mm or greater. The measurement of size is subject to certain issues of accuracy. Where colonoscopy and pathology reports differ in their recording of size, the larger size has been used.
- High grade dysplasia.
- Significant villous change or serrated—adenomas recorded as Serrated, Tubulovillous or Villous on pathology reports.

**Small adenoma**

A tubular or mixed adenoma between 5 and 9mm in size.

**Diminutive adenoma**

A tubular or mixed adenoma smaller than 5mm