



Australian Government

**NATIONAL
BOWELCANCER**
SCREENING PROGRAM

National Bowel Cancer Screening Program Colonoscopy referral checklist

When referring a patient with a positive National Bowel Cancer Screening Program (NBCSP) test result for a colonoscopy, ensure you:

Include 'NBCSP participant with a positive result'.

This ensures the patient is triaged as category 1 AND is a cue for the receiving clinician to complete program reporting.

Include relevant clinical information, medical history, any family history, and current medications.

Submit the NBCSP GP assessment form.

This advises the National Cancer Screening Register (NCSR) of patient referral to colonoscopy. The form can be submitted via the NCSR healthcare provider portal, integrated clinical software, or accessed in hardcopy at www.health.gov.au/nbcsp-hcp-forms.



If you are NOT referring the patient for colonoscopy

Also submit the NBCSP GP assessment form to advise the National Cancer Screening Register the patient was not referred for colonoscopy.

The Australian Commission on Safety and Quality in Health Care Colonoscopy Clinical Care Standards states that when a patient is referred for colonoscopy, the referral document should provide sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation.

Screening strategies for people with a family history of bowel cancer

This document provides guidance about recommended strategies to enable the early detection of bowel cancer for people at risk of developing bowel cancer based on family history.

When assessing your patient's family history of bowel cancer and risk category:

Include both sides of the family in your assessment

Consider 1st-degree relatives (parent, sibling or child) and 2nd-degree relatives (aunt, uncle, niece, nephew or grandparent)

Review and update their family history regularly, as knowledge of family history may change over time

Family history of colorectal cancer	Risk category*		Recommended approach
No first- or second-degree relative	1	Near average risk	✓ Encourage screening with the National Bowel Cancer Screening Program iFOBT every 2 years from the age of 45 to age 74
1 first-degree relative diagnosed age 60 or older		Above average risk but less than twice the risk	
1 first-degree relative diagnosed before age 60 or 1 first-degree relative AND 1 or more second-degree relatives diagnosed at any age or 2 first-degree relatives diagnosed at any age	2	Moderate risk	✓ Offer colonoscopy every 5 years ✓ Start monitoring 10 years younger than the earliest age of diagnosis in a first-degree relative OR at age 50 – whichever is earlier ✓ Continue monitoring up to age 74 ✓ CT colonography may be offered if clinically indicated
2 first-degree relatives AND 1 second-degree relative, with at least 1 diagnosed before age 50 or 2 first-degree relatives AND 2 or more second-degree relatives diagnosed at any age or 3 or more first-degree relatives diagnosed at any age	3	High risk	✓ Offer colonoscopy every 5 years ✓ Start monitoring 10 years younger than the earliest age of diagnosis in a first-degree relative OR at age 40 – whichever is earlier ✓ Continue monitoring up to age 74 ✓ CT colonography may be offered if clinically indicated ✓ Consider referral to a family cancer clinic. Prioritise referral if all diagnosed relatives are from the same side of the family

*Risk category excludes an individual known to have, or known to be related to someone with, a genetic predisposition to colorectal cancer. For more, refer to eviQ resources on colorectal cancer risk management.

Moderately increased risk: www.eviq.org.au/cancer-genetics/adult/risk-management/1425-colorectal-cancer-moderately-increased-risk

High risk: www.eviq.org.au/cancer-genetics/adult/risk-management/3597-colorectal-cancer-high-risk-risk-manageme

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For more information:

health.gov.au/nbcsp

or call the National Cancer Screening

Register on **1800 627 701**

