



No Australians dying of Bowel Cancer

What is the challenge?

Biennial screening for bowel cancer is a cost-effective approach to reduce colorectal cancer (CRC) mortality through the detection of earlier stage disease.

However, patients participating in the free National Bowel Cancer Screening Program (NBCSP) experience significant variation in availability (timeliness), affordability (private or public) and practitioner ability of follow-up diagnostic (colonoscopy) assessment of an initial positive bowel screen test (faecal immunochemical test, +FIT). This variation leads to a reduced impact and effectiveness of bowel cancer screening in terms of reducing the number of deaths from CRC.

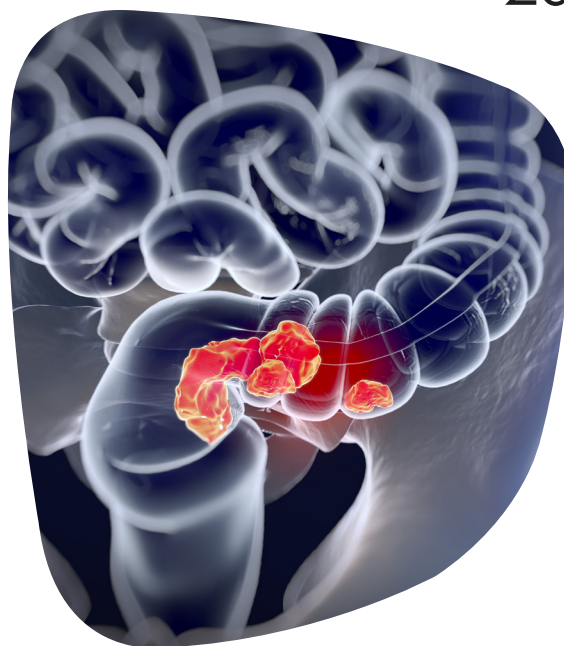
About this research translation project

The NBCSP, will save Australian lives and money, through the detection and treatment of earlier stage CRC and advanced polyps. The NBCSP benefits, however, rely on better participation and diagnostic (colonoscopy) follow-up if needed: of those invited, only about two in five (41%) do the test and of those returning a positive screening test (+FIT), less than three-quarters (70%) have a colonoscopy. Furthermore, excessively long public sector waiting times from a +FIT to colonoscopy, erode the very premise of an early detection program: South Australian patients experience a median time of 63 days (vs national median of 54 days) and about a third of eligible patients will complete a diagnostic assessment longer than the Australian recommendation of 120 days from GP (+FIT) referral to diagnostic colonoscopy.

This project builds on a body of earlier work and aims to improve the efficiency of CRC screening through timely and excellent follow-up of a positive screening test (+FIT).

To achieve our aim, we will work with front-line health services including general practitioners (GPs) and the four major Adelaide public hospitals. We will measure and manage the patient's journey from +FIT to colonoscopy specifically

i) measure geographic +FIT to colonoscopy waiting time variation in South Australia;



ii) test a new, computer-assisted GP +FIT referral system that aids NHMRC-guideline adherence, helping GPs to refer well and efficiently;

iii) implement solutions recommended by the Colonoscopy Lead Committee to provide equitable, excellent and affordable colonoscopy for all South Australians.

What will be the impact?

It is anticipated that this project will support ongoing work to significantly enhance patient care, and return public confidence, in the provision of equitable, excellent and affordable colonoscopy services for all South Australians. Findings are also expected to be transferrable across Australia and will help us get closer to our target of eradicating bowel cancer death in Australia.

Project contact details

Project Title: Improving wait times between a positive faecal immunochemical test (+FIT) and diagnostic colonoscopy: <120 days for all.

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