# Colorectal cancer prevention, early detection and management guidelines

<table>
<thead>
<tr>
<th>Where does your patient fit?</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| NO PERSONAL HISTORY & NO SYMPTOMS OF BOWEL DISEASE | • Categorise according to family history (see next page)  
• If previous colonoscopy – refer to appropriate guidelines for surveillance |
| PERSONAL HISTORY OF BOWEL CANCER, ADENOMA or IBD, BUT NO SYMPTOMS | Arrange follow-up according to NHMRC *Clinical practice guidelines for the prevention, early detection and management of colorectal cancer.*  
• Include family history risk assessment in clinical referral.  
• If previous colonoscopy – refer to appropriate guidelines for surveillance. |

### SYMPTOMS

#### POSITIVE FOBT

Eg Bowel Screen Australia  
Rotary Bowel Scan  
In-Sure (Enterix)  
Other pathology providers

Refer for Colonoscopy

Better patient outcomes will be achieved at triage if all evidence and risk factors are documented in the clinical referral.  
If available, utilise local facility's referral templates.  
Refer to appropriate specialist/s – gastroenterologist/colorectal surgeon.

**Details to include in clinical referral**

**Current patient contact details** (home, mobile, address, postal)

**Significant symptoms/ findings**

• Abdominal pain/mass  
• Proven iron deficiency anaemia  
• Relevant change of bowel habits  
• PR bleeding  
• Positive FOBT result  
• Progressive unexplained weight loss  
• Results of investigations – bloods/scans/DRE  
• Past colonoscopy/endoscopy results  
• Family history risk assessment

**Other factors/considerations**

• Barriers to screening/procedures (co-morbidities/health issues)  
• Barriers to access (social, cultural, language)  
• Current medications/recent relevant investigations/results

**For National Bowel Cancer Screening Program (NBCSP) participants – also see below**

### NATIONAL BOWEL CANCER SCREENING PROGRAM (NBCSP) participant with positive FOBT result

**Requires**

• Clinical referral letter as above  
• NBCSP GP Assessment Report  
**Ensure the clinical referral states that the patient is a NBCSP participant, to facilitate patient care pathway, data collection and safety net functionality.**

If referring to Public Facility

Check local protocols for access to public colonoscopy for NBCSP participants.  
In Queensland, refer to a Qld Bowel Cancer Screening Program (QBCSP) designated facility.

For Gold Coast QBCSP referrals:

Jenny Harvey  
QBCSP Gastroenterology Nurse Coordinator  
Ph: 07 5687 4947  
Fax: 07 5687 7815  
Email: jenny_harvey@health.qld.gov.au

OR

If referring to Private Facility

Manage according to usual care pathway

**The National Bowel Cancer Screening Program (NBCSP) is a national initiative that is being implemented by the Australian Government in collaboration with states and territories. For more information or current eligible age cohorts, phone the NBCSP Information Line on 1800 118 868.**

**For National Bowel Cancer Screening Program (NBCSP) participants – also see below**
<table>
<thead>
<tr>
<th>NO FAMILY HISTORY</th>
<th>FAMILY HISTORY PRESENT – DETERMINE RISK CATEGORY (see below) If unsure about the significance of the family history, consult a familial cancer service for advice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>At or slightly above average risk (cat 1) Around 98% of population</td>
<td>Moderately increased risk (cat 2) Around 1-2% of the population</td>
</tr>
<tr>
<td>Potentially high risk (cat 3) Less than 1% of the population</td>
<td></td>
</tr>
</tbody>
</table>

**Average risk**
- No personal history of bowel cancer, colorectal adenomas or chronic inflammatory bowel disease; and
- No confirmed close family history of bowel cancer

**Slightly above average risk**
- One 1° or 2° relative with bowel cancer diagnosed before age 55 (without potentially high risk features as in category 3)
- Two 1° or one 1° and one 2° relative/s on the same side of the family with bowel cancer diagnosed at any age.

*If unsure about the significance of the family history, seek advice from a familial cancer service regarding referral.*

For contact details of FAMILIAL CANCER SERVICES, GENETIC COUNSELLING SERVICES & HEREDITARY BOWEL CANCER REGISTERS in your state/territory phone the Cancer Council Helpline on 13 11 20.

**RECOMMENDATIONS**

For those aged 50 or over:
- Offer faecal occult blood testing (FOBT) at least every two years from the age of 50. Inform that a positive test will require a further investigation. In addition, it is acceptable to offer flexible sigmoidoscopy every five years.

**RECOMMENDATIONS**

- Offer colonoscopy every 5 years starting at age 50, or at an age 10 years younger than the age of the first diagnosis of bowel cancer in the family, whichever comes first. Flexible sigmoidoscopy plus double contrast barium enema or CT colonography may be offered if colonoscopy is contraindicated for some reason.
- Consider offering FOBT in the intervening years. Patients should be informed that a positive test result will require further investigation.

**RECOMMENDATIONS**

- Consider referral to a familial clinic for further risk assessment and possible genetic testing.
- Refer to a bowel cancer specialist to plan appropriate surveillance and management. This may include:
  - **FAP:** Flexible sigmoidoscopy yearly or second yearly starting from age 12-15 years until polyposis develops, then prophylactic surgery. If family genetic testing is inconclusive and no polyposis develops, reduce sigmoidoscopy to every three years after the age of 35, then change to population screening examinations are normal to age 55.
  - **HNPCC:** Colonoscopy every one to two years from age 25, or five years earlier than the youngest diagnosis in the family (whichever comes first). FOBT may be offered in alternate years or to subjects unwilling to accept colonoscopy.

References