



CANCER SCREENING TOOLKIT

A toolkit to help your practice increase breast, bowel and cervical screening rates

Cancer screening programs aim to reduce illness and death resulting from cancer through an organised approach to screening. Australia has three cancer screening programs:

BreastScreen Australia

National Cervical Screening Program

National Bowel Cancer Screening Program

High participation in cancer screening programs is needed to reap the greatest benefits in terms of reducing illness and death from these cancers.¹ Screening programs are designed for asymptomatic patients at low or average risk of disease. If patients are symptomatic or high risk, follow the relevant guidelines or seek expert advice.



A customised approach for each cancer screening program

As delivery and access for each national cancer screening program is different, the extent to which your practice team can influence patients to participate in screening will vary. Your practice will need to develop a customised approach for each cancer screening program, remembering the following:

Cervical screening – performed **within the practice** or clinic itself, therefore the practice team can influence directly, e.g. opportunistic screening of an infrequent attender.

Bowel screening – usually performed **by the patient at home**, therefore the practice team can influence indirectly by encouraging the use of the testing kit when received in the mail, or perform at the practice if the patient is overdue or chooses not to use the mailed kit.

Breast screening – performed **in BreastScreen clinics or mobile units**, therefore the practice team can influence indirectly by encouraging patient to book and attend screening appointment.

This toolkit is divided into two main sections



INFORMATION

broad ideas, concepts and resources that relate to cancer screening programs

(pages 1 - 3)



PROGRAMS

specific information and resources for each of the three national cancer screening programs

(pages 4 - 6)





TIPS AND TOOLS TO HELP YOUR PRACTICE INCREASE CANCER SCREENING RATES

	<p>Record the patient's participation in screening (bowel, breast and cervical) and add a reminder for the next screening test. Primary Health Tasmania can provide training resources to help your practice implement an effective reminder system.</p>
	<p>Engage your practice team to develop a quality improvement activity to increase breast, bowel and cervical screening rates.</p>
	<p>Record your practice's activities to ensure you meet the quality improvement indicators for accreditation, criterion QI1.1.</p>
	<p>Use an audit tool, such as CAT4, to analyse your practice data to identify eligible patients never screened or under-screened. Use the results to update records and/or remind your patients to make an appointment for screening.</p>
	<p>Join the Primary Health Information Network (PHIN) to access quarterly summary reports for your practice and others, and gain access to Topbar, a decision support tool designed to work seamlessly with CAT4 and your practice software.</p>
	<p>If you have Topbar or a similar tool, create a prompt that will be shown when a patient's file is opened if they are overdue for screening.</p>
	<p>Develop a program to raise your patients' awareness of the importance of cancer screening. You may wish to:</p> <ul style="list-style-type: none"> ▶ check the Department of Health calendar for details of major health promotions, e.g. June is bowel cancer awareness month ▶ think about patient groups within your practice, e.g. Aboriginal and Torres Strait Islander people, people of diverse ethnic or cultural background, people with low levels of literacy ▶ create eye-catching displays in your waiting areas ▶ engage with your patients via your social media platform.

Since the introduction of the National Cervical Screening Program, the cervical cancer incidence has halved, with an approximate 60% decrease in mortality.²

More information and guides

PenCS tools available to Tasmanian practices		
 CAT4	A clinical audit tool that analyses and reports on clinical and MBS information from your practice software. It translates data into real statistical and graphical information that is easy to understand and action.	Go to link
Recipes	Designed to give new and experienced users a simple step-by-step guide to a particular problem or question.	Go to link
 Topbar	Designed to provide prompts and relevant information to all practice staff based on the patients being seen and also those who are on the waiting list for the day. Available to PHIN members only.	Go to link
PenCS	Information about PenCS products.	Go to link
Support	For assistance with installing or updating CAT4, contact the PenCS Support Team on 1800 762 993 or support@pencs.com.au	Email
Login	If you can't remember your CAT4 login details, contact Primary Health Tasmania on 1300 653 169 or providersupport@primaryhealthtas.com.au	Email
Links to information about quality improvement activities		
RACGP Standards for General Practice 5th edition		Go to link
Quality Improvement and Continuing Professional Development for GPs		Go to link
Clinical guidelines		
RACGP Guidelines for Preventive Activities in General Practice (the 'red book')		Go to link
RACGP Guidelines for the Implementation of Prevention in the General Practice Setting (the 'green book')		Go to link

NATIONAL BOWEL CANCER SCREENING PROGRAM

The National Bowel Cancer Screening Program began in 2006. It aims to reduce the morbidity and mortality from bowel cancer by actively recruiting and screening the eligible target population aged 50-74 for early detection or prevention of the disease.¹

By 2020 all Australians aged between 50 and 74 years will be offered free screening every two years, consistent with the recommendations endorsed by the National Health and Medical Research Council. The table below shows at what age people will be invited as the program moves towards two-yearly screening. These people will receive a kit in the mail within six months of their birthday.³

Year	Eligible ages
2018	50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
2019 onwards	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

Participation rate in National Bowel Cancer Screening Program, by Primary Health Network (PHN), 2014-2015 and 2015-2016¹

	2014-2015 Participation (%)	2015-2016 Participation (%)
Tasmania (PHN601)	44	46
Australia	39	41

Data tip *

To enable bowel screening participation to be recognised in data search queries, enter screening results as per these guides.

BP Premier

[Go to link](#)

Medical Director

[Go to link](#)

CAT4 Recipe ➔

Find patients who do not have an FOBT recorded

Note you can skip the Topbar section of the recipe if your practice doesn't have it installed.

[Go to link](#)

Letter templates *

There is strong evidence that a letter signed by a person's GP endorsing the Faecal Occult Blood Test (FOBT) is an effective method to increase participation in bowel cancer screening. Send this letter (in the format that suits you best) to your 49-year-old patients to encourage participation when they turn 50.³

Clinical software template

- for use in MD or BP

[Go to link](#)

OR Word document - use

your patient list to create a mail merge

[Go to link](#)

Helpful links ↗

Tasmanian Health Service Population Screening and Cancer Prevention

- Bowel Screening

[Go to link](#)

National Bowel Cancer Screening Program

[Go to link](#)

Tasmanian HealthPathways

- National Bowel Cancer Screening Program

[Go to link](#)

Clinical tip *

Check if your eligible patient has received the bowel cancer screening kit in the mail and encourage their participation or offer a test through your clinic.

BREASTSCREEN AUSTRALIA

BreastScreen Australia is the national breast cancer screening program. It aims to reduce illness and death from breast cancer through an organised approach to early detection by using screening mammography to detect unsuspected breast cancer in women. Detection at an early stage provides an opportunity for early treatment, which can reduce illness and death. Women aged 40 and over are eligible for free mammograms every two years.

More than half the cancers detected by BreastScreen Australia are small. Small breast cancers (≤ 15 mm in diameter) tend to be associated with more treatment options, lower morbidity and improved survival. In 2015, 48% of breast cancers detected in women attending their first screen, and 61% of breast cancers detected in women attending a subsequent screen, were small. In comparison, it has been shown just 28% of breast cancers detected outside BreastScreen Australia are small.¹

Participation rate in BreastScreen Australia, by Primary Health Network (PHN), 2014-2015 and 2015-2016¹

	2014-2015 Participation (%)	2015-2016 Participation (%)
Tasmania (PHN601)	58	58
Australia	54	55

Over 20 years, mortality from breast cancer has decreased by 32% in response to screening and treatment advances.²

CAT4 Recipe ➔

Find patients who have not had a mammogram recorded

Note you can skip the Topbar section of the recipe if your practice doesn't have it installed.

[Go to link](#)

Data tip *

To enable breast screening participation to be recognised in data search queries, enter screening results as per these guides.

BP Premier

[Go to link](#)

Medical Director

[Go to link](#)

Helpful links ↗

Tasmanian Health Service Population Screening and Cancer Prevention

[Go to link](#)

- Breast Screening

BreastScreen Tasmania

[Go to link](#)

- Mobile Units

BreastScreen Australia

[Go to link](#)

Tasmanian HealthPathways

[Go to link](#)

- Breast Imaging - Screening

Clinical tip *

Check if eligible women have participated in breast cancer screening during routine visits and encourage their participation.

NATIONAL CERVICAL SCREENING PROGRAM

Australia has a renewed cervical screening program based on recommendations from Australia's independent Medical Services Advisory Committee. The new Cervical Screening Test replaces the Pap test and is conducted every five years instead of every two for people aged 25 to 74 years.

Nearly all cervical cancers are caused by human papillomavirus (HPV). Cervical cancer is a rare outcome of persistent infection with oncogenic HPV types. The time from HPV infection to cervical cancer is usually 10 to 15 years. Cervical screening should focus on detecting HPV, in particular types 16 and 18 that have been associated with 70% to 80% of the cases in Australia. Evidence suggests that screening for HPV every five years is more effective than, and just as safe as, screening with a Pap test every two years.

Because Australia has an effective national vaccine program, the prevalence of HPV in young people 18-24 is very low.³

Participation rate in National Cervical Screening Program, by Primary Health Network (PHN), 2014-2015 and 2015-2016¹

	2014-2015 Participation (%)	2015-2016 Participation (%)
Tasmania (PHN601)	57	56
Australia	56	55

Published January 2019

While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

References

1. Based on Australian Institute of Health and Welfare material: **Cancer screening in Australia: participation data; BreastScreen Australia monitoring report 2014-2015; National Bowel Cancer Screening Program: monitoring report 2018**. Licensed under CC BY 3.0
2. From **History, development and future of cancer screening in Australia** by Ian Olver and David Roder, published in Public Health Research and Practice. Licensed under CC BY 4.0
3. Based on Australian Government Department of Health material: **National Cervical Screening Program: information for healthcare providers; National Bowel Cancer Screening Program: Fact sheet**. Used with permission

CAT4 Recipe ➔

Find female patients who have not had a cervical screening test (or who are under-screened)

Note you can skip the Topbar section of the recipe if your practice doesn't have it installed.

[Go to link](#)

Helpful links ↗

National Cervical Screening Program

[Go to link](#)

National Cancer Screening Register

[Go to link](#)

Tasmanian HealthPathways
- Cervical Screening

[Go to link](#)

The time from HPV infection to cervical cancer is usually 10 to 15 years³