

# CANCER SCREENING IN AUSTRALIA

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## About Cancer Screening Programs in Australia

The aim of population based screening for a disease, or a risk marker for a disease, is to reduce the burden (incidence, morbidity and mortality) of the disease in the community. This is achieved by intervening to reduce an individual's risk of the disease or detecting the disease earlier than is usually the case in the absence of screening. Earlier identification and delivery of treatment improves disease outcomes.

The Australian Population Screening Framework for cancer and other chronic diseases has been adapted from the World Health Organisation's criteria and also takes into account:<sup>10</sup>

- the need for a strong evidence base when deciding to introduce a screening program, including evidence of the safety, reproducibility and accuracy of the screening test to be performed and the efficacy of treatment(s)
- the requirement for a screening program to offer more benefit than harm to the target population.

### Who is eligible for the National Cancer Screening Programs?

Table 1: Eligibility criteria for the national cancer screening programs

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PROGRAM	WHO SHOULD CONSIDER SCREENING?	TEST TYPE & FREQUENCY
<b>National Bowel Cancer Screening Program (NBCSP)</b>	Available to all people aged between 50 and 74	FOBT every 2 years
<b>National BreastScreen Program</b>	Recommended for women between 50 and 74 years. Women in this age range are actively invited to screen.  Women aged between 40 and 49, or 75 and older should talk to their GP about whether they should have a free screening mammogram.	Mammogram every 2 years
<b>National Cervical Screening Program (NCSP)</b>	All women between 25 and 70 years of age with an intact cervix who have engaged in sexual activity.  Women aged 70 to 74 will be invited to have an exit test.	HPV test every 5 years

## The National Cancer Screening Register

The launch of Australia's first National Cancer Screening Register (the Register) occurred in September 2018. The Register has been designed to:

- create a single electronic record for each Australian participating in cervical and bowel cancer screening; meaning, for the first time, one participant = one record
- enable invitations to be sent to women when they turn 25 years to participate in cervical screening, along with reminders. From early 2019 under screened women and women who have never been screened will also receive invitations
- enable follow-up with health care providers and patients if required
- be capable of supporting additional population screening programs into the future
- record and report screening data in a nationally consistent manner and inform timely clinical decisions.

There are a range of patient benefits for being part of The Register, including:

- Patient information is automatically obtained from Medicare, so there is no paperwork
- Patients receive invitations and reminders to screen when due
- Test results are recorded and monitored to ensure patients receive appropriate follow up and treatment, as needed
- Participation is easy to manage wherever patients are located in Australia, including the ability to update personal information, check dates of previous and next tests, change the date of the next test and to choose a healthcare provider to receive their results.

The Register will eventually replace the existing National Bowel Cancer Screening Register currently managed by the Department of Human Services.

- To access the register, make an enquiry, access forms, or request a document or other information, please use this link:  
<https://www.ncsr.gov.au/content/ncsr/en/forms-and-guidelines.html>
- To access a quick start guide on the Register for health care providers, please use this link:  
<https://www.ncsr.gov.au/content/ncsr/en/quickstart-guide.html>
- To access an individual's national record, please call: 1800 627 701



## About Bowel Cancer Screening in Australia

Australia's NBCSP involves inviting eligible Australians, aged 50 to 74 years, to complete a FOBT in their own homes and mailing it to the pathology laboratory for analysis. Participant details are obtained from either Medicare or Department of Veterans' Affairs, therefore it is important patients keep their address up to date. Since the beginning of the NBCSP (2006) to June 2017 over 4.3 million Australians have been screened<sup>11</sup>.

People diagnosed through the NBCSP have a 59% lower risk of dying from bowel cancer compared to people who have never been invited to screen. However, Australia has one of the highest rates of bowel cancer in the world. Around one in 23 Australians will develop bowel cancer during their lifetime.

### Why focus on bowel cancer screening?

The age standardised incidence rates (per 100,000 persons) for bowel cancer between 2009-2013 were as follows:

- Murray PHN - **68**
- North Western Melbourne PHN - **58**
- Western Victoria PHN - **66**

In 2015-2016, the bowel cancer screening participation rate was lower among males (39.0%) than females (42.9%).

The screening participation rate among eligible persons living in very remote areas was 28.0%.

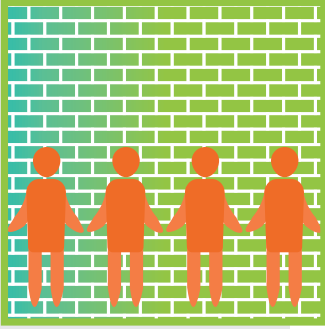


For national statistics relating to bowel cancer screening, please use this link:  
<https://ncci.canceraustralia.gov.au/screening/colorectal-screening-rates/colorectal-screening-rate-participation>

'Australian National Bowel Cancer Screening Program reports found lower participation rates among men and socioeconomically disadvantaged, Indigenous and non-English-speaking populations'

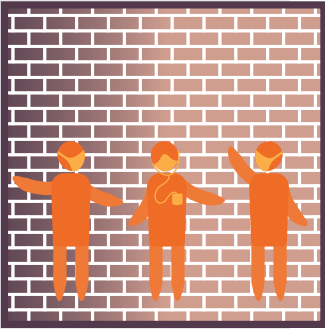


<sup>11</sup> Australian Institute of Health and Welfare, 2018, Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia, available:  
<https://www.aihw.gov.au/reports/cancer-screening/cancer-outcomes-screening-behaviour-programs/contents/table-of-contents>



### Participant barriers to bowel cancer screening

- Lack of knowledge about the test
- The FOBT is difficult to schedule into busy lives
- People feel uncomfortable about sampling and/or storing their own waste
- Lack of symptoms, no family history of cancer and doubt about test accuracy
- Language barriers and belief systems
- Fear of a cancer diagnosis
- Some Aboriginal and/or Torres Strait Islander peoples and culturally and linguistically diverse (CALD) people lack privacy in their own homes



### Health Service barriers to bowel cancer screening

- Perception of screening as for those assessed at higher risk rather than for the asymptomatic population to enable prevention and early detection of bowel cancer
- Concerns re: the accuracy of the FOBT, particularly about the number of false positives

## About Breast Cancer Screening in Australia

BreastScreen Australia invites women aged 50-74 to have free two-yearly screening mammograms. Women in this age bracket are targeted because the risk of breast cancer has been found to increase with age, and screening mammography is known to be effective in reducing breast cancer deaths in this age group. Women aged 40-49, and 75 and over, are also eligible to attend.

### Why focus on breast cancer screening?

The age standardised incidence rates (per 100,00 persons) for breast cancer between 2009-2013 were as follows:

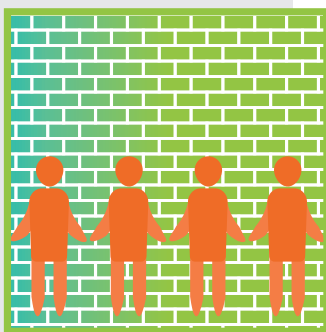
- Murray PHN - **188**
- North Western Melbourne PHN - **110**
- Western Victoria PHN - **119**

In 2015-2016, the age-standardised breast screening participation rate for Indigenous females aged 50-74 years (39.1%) was lower than for non-Indigenous females (54.3%).

The screening participation rate among eligible women living in very remote areas was 44.1%, followed by residents of remote areas (53.0%), major cities (53.3%), inner regional areas (56.5%) and outer regional areas (56.9%).

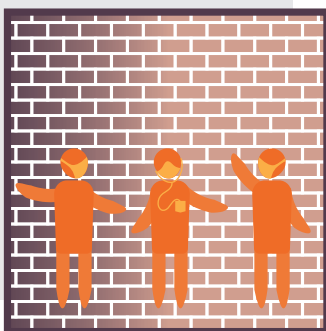


For national statistics relating to breast cancer screening, please use this link:  
<https://ncci.canceraustralia.gov.au/screening/breast-screening-rates/breast-screening-rates>



### Participant barriers to breast cancer screening

- Low knowledge, awareness or understanding of mammography
- Self-consciousness and embarrassment, especially among Aboriginal and/or Torres Strait Islander and CALD women
- Complacency among women e.g. "it won't happen to me" or "I live a healthy active lifestyle" or "I have no family history"
- Underlying fear of what may be found
- Perceived or experienced pain of the mammogram
- Scheduling issues for full time working women
- Transport and/or access issues
- BreastScreen bus timetabling



### Service barriers to breast cancer screening

- Reluctance by some groups, e.g. CALD women to discuss breast cancer screening
- BreastScreen bus timetabling limiting access
- Inaccurate contact details for postal reminders

## About Cervical Cancer Screening in Australia

Australia's NCSP was revised on 1 December 2017, based on recommendations by the Medical Services Advisory Committee. The Pap test was replaced by the Cervical Screening Test, which detects infection with human papillomavirus (HPV).

Other changes included:

- the age at which testing commences, which was raised to 25 years
- the test interval increased from two years to five years
- the introduction of an exit test for women aged 70 to 74 years
- updating of MBS item numbers
- submission of new HPV vaccinations to the AIR site.

### Why focus on cervical cancer screening?

The incidence of cervical cancer has halved since the National Cervical Cancer Screening Program began in 1991<sup>12</sup>



The age standardised incidence rates (per 100,000 persons) for cervical cancer between 2009-2013 were as follows:

- Murray PHN - **6.8**
- North Western Melbourne PHN - **7.1**
- Western Victoria PHN - **6.7**



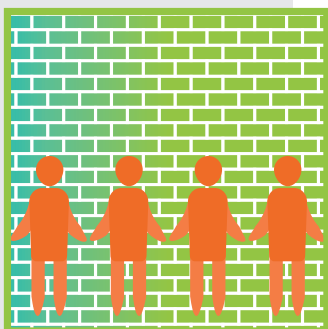
For national statistics relating to cervical cancer screening, please use this link:  
<https://ncci.canceraustralia.gov.au/screening/cervical-screening-rates/cervical-screening-rates>

In 2015-2016, 56.3% (age-standardised) of eligible women aged 20-69 years participated in the NCSP.

The screening participation rates were lower in very remote areas (51.8%), and in the lowest socioeconomic status areas (SES 1, 51.4%).

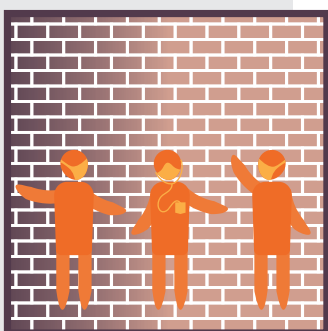
2-year participation rates were more than 20 percentage points lower for Indigenous women than for non-Indigenous women.

<sup>12</sup> Emery J, Trevena L, Mazza D, Fallon-Ferguson J, Shaw K, Williams B & Varlow M, 2012, The role of primary and community-based healthcare professionals in early detection and follow-up in cancer care: a rapid review of best practice models, commissioned by the Sax Institute on behalf of the Cancer Institute NSW, [https://www.saxinstitute.org.au/wp-content/uploads/REPORT\\_Role-of-PHC-cancer-early-detection-2smallpdf.com\\_.pdf](https://www.saxinstitute.org.au/wp-content/uploads/REPORT_Role-of-PHC-cancer-early-detection-2smallpdf.com_.pdf)



### Participant barriers to cervical cancer screening

- Lack of knowledge about the test
- Lack of understanding who needs to be screened e.g. "I have had the cervical cancer vaccination" or "I am no longer sexually active" or "I've only had one partner"
- Lack of culturally appropriate screening services
- Shame and embarrassment, especially among Aboriginal and/or Torres Strait Islander and CALD women
- Lack of services for homeless women
- Access issues for women with a disability
- Fear, especially for women who have experienced a history of sexual violence
- Anxiety about the possible results
- Busy lifestyles
- Financial constraints



### Service barriers to cervical cancer screening

- Lack of knowledge of when and where women have been screened
- Lack of understanding of culturally appropriate screening services
- Lack of access to a female GP or Practice Nurse