



NACCHO's Bowel Cancer Screening Initiative Information for ACCHOs

Screening methods for bowel cancer

There are currently three primary pathways for screening community members for bowel cancer. These may be used based on both individual patient and ACCHO circumstances. This document provides detail on each of these pathways, as well as important information on two sample collections. It is important for ACCHOs to understand the process across each of these screening methods, including their respective benefits and limitations.

Mail kits (two samples)

The National Bowel Cancer Screening Program (NBCSP) primarily operates through a mailed kit model. People aged 45-74 are eligible to receive a free bowel screening kit. People aged 45-49 can request a free kit by calling the National Cancer Screening Register or by requesting a kit online. People aged 50-74 years are automatically sent a free screening kit to their home every two years using their Medicare-registered address. The kit contains all necessary materials, including:

- instructions,
- collection tubes,
- toilet liners, and
- reply-paid envelope.

How this model works

The person completes the test at home by collecting small samples from two separate bowel movements using the provided kit. After collecting the samples, they are packaged according to the instructions and mailed to a pathology laboratory using the prepaid envelope. The laboratory analyses the samples for traces of blood that may indicate bowel cancer or pre-cancerous changes, with results then communicated to the participant (and their nominated healthcare provider if applicable). This process is designed to be convenient, private, and easy to complete at home, encouraging regular participation in biennial screening.

Table 1 | Benefits and limitations of the Mail Kit model

Benefits	Limitations
• Directly sent to patient address.	• Community distrust of government mail system.
• Results linked to the National Cancer Screening Register.	• Lack of community consultation prior to delivery.
• Pre-paid envelope for sending samples to pathology.	• Two-sample collection (and connected concerns around hygiene).
	• Kits may be missed for transient populations.



Alternative Access Model (two samples)

Alongside the mailed kit system, the Australian Government has introduced an Alternative Access Model (AAM) that allows healthcare providers (such as GPs) to directly issue bowel screening kits to eligible patients during consultations.

How this model works

Under this model, healthcare providers can bulk order kits through the National Cancer Screening Register Healthcare Provider Portal, ready to issue to patients who are due or overdue for screening. The model is available for patients aged 45-74 years. When a patient attends an appointment, the clinician can:

- assess eligibility,
- explain the importance of screening,
- demonstrate how to use the kit, and
- issue it on the spot.

IMPORTANT: The issuance must then be recorded in the National Cancer Screening Register so that the patient's test can be processed and results delivered appropriately.

This model runs in parallel with the mail-out system and is intended to improve participation, particularly among people who are less likely to engage with mailed invitations, by leveraging direct clinician engagement and reducing access barriers.

Table 2 | *Benefits and limitations of the Alternative Access Model*

Benefits	Limitations
• Accessible for those aged 45-50 years.	• Two-sample collection (and connected concerns around hygiene).
• Increases healthcare professional engagement with patients to provide culturally safe health education.	• Increased amount of administrative work for ACCHO staff.
• Results linked to National Cancer Screening Register.	• Only certain staff have access to the National Cancer Screening Register HPP.

Pathology iFOBT (typically one sample)

Some ACCHOs are currently using direct pathology slips for bowel cancer screening to patients. This involves identifying which patients are eligible for bowel cancer screening and writing a pathology slip for an Immunochemical Faecal Occult Blood Test (iFOBT) to a private pathology service.

How this model works: The patient then receives a test kit from the pathology service (either at the clinic, via the mail or from a pathology collection service). The patient completes the test and returns the sample to the pathology service, which may involve mail delivery or in-person drop-off to the service. Results are sent back directly to the ACCHO, and the healthcare professional can discuss the results with the patient.



Table 3 | Benefits and limitations of Pathology iFOBT

Benefits	Limitations
Can be ordered quickly if screening eligibility is discovered opportunistically.	No linkage to the National Cancer Screening Register.
May involve only one-sample collection.	Only certain staff have access to the National Cancer Screening Register HPP.
Does not require additional steps of logging into the NCSR HPP.	
Reduces barrier of distrust in government mail system.	May require patient payment for mail service delivery of sample.
May be more suitable for patients that are transient (i.e. if unable to receive mail kit).	

Important Message for Two-Sample Collection within the National Bowel Cancer Screening Program

Bowel cancer screening saves lives, and how samples are collected plays an important role in how effective screening is. The National Bowel Cancer Screening Program, including both the mail kits and the Alternative Access Model, requires the collection of **two** faecal samples. This section provides a summary of the importance of collecting **both** samples, rather than submitting one.

Why some people are only collecting one sample

Some community members are currently submitting one sample within either mail kits or through the Alternative Access Model. There are several potential reasons for this:

- There may be a lack of understanding that two samples are required for collection.
- Some community members may prefer not to collect two samples for various reasons
- Equipment for the second sample may be lost or damaged.

Risks of collecting only one sample with mail kits and the AAM

If a single sample is submitted, it is less reliable. **A single test can miss up to 30% of positive cases**, meaning some cancers or pre-cancerous changes may go undetected.

Misinformation around submitting only one sample

There is some misinformation around submitting one sample through the National Bowel Cancer Screening Program. This includes that samples are discarded if only one is submitted.

This is not true.

Instead, if the NBCSP Pathology provider (Sonic) receive one sample, it is tested and if the single tube returns;

- A negative result, the overall result is deemed “**Inconclusive**” and a replacement kit will be sent by the NCSR.



- A positive result, the overall result is deemed “**Positive**” and the participant is notified as such.

Summary of benefits for collecting two samples

Using **two samples**, either through mailed kits or the Alternative Access Model, provides important advantages:

- **Higher accuracy:** Two samples improve the chance of detecting bleeding, and consequently potentially cancerous lesions.
- **Earlier detection:** Better accuracy supports earlier diagnosis and improved outcomes.
- **National recording:** Results are automatically recorded in the **NCSR**, ensuring participation is recognised and helping improve national screening data.

Key message

Collecting two samples may take a little more effort, but it significantly improves the chance of detecting bowel cancer early. Where it is feasible and culturally appropriate, supporting and educating community members around completing both samples, whether through mailed kits or ACCHO distribution, can lead to better health outcomes for individuals and communities.