Cancer Institute NSW

Cancer screening recall and reminder labels/codes

Bowel screening

Recall/ reminder labels (codes)	Screening recommendations from clinical guidelines	Practice actions	Details
iFOBT - negative	iFOBT every 2 years from age 50 to age 74.[1]	• Advise patient of result, as per process for normal results. • Set an iFOBT reminder for 2 years from the negative result date. (The National Bowel Screening Program sends out next bowel screening test 2 years from the previous negative test result date) an important motivator for patients to use the test). GPs to remind individuals to re-present if they develop symptoms of colorectal cancer.	**This label is for a negative iFOBT result for a Category 1 patient: Those near average risk**[1] Category 1 patients[1]: • No first- or second-degree relative with colorectal cancer. OR • One first-degree relative with colorectal cancer diagnosed at 55 years or older. OR • One first-degree and one second-degree relative with colorectal cancer diagnosed at 55 years or older. In some instances, familial risk for Category 1 patients may need further consideration. Refer to clinical guidelines for more information.
iFOBT - positive	The result of the diagnostic procedure (colonoscopy) following the positive iFOBT result will determine the next step in the patient pathway • Return to iFOBT screening • Further surveillance colonoscopy • Referral for treatment	• Recall patient, as per practice recall policy. • Refer for colonoscopy or other bowel examination, as per clinical guidelines. • Systematically check patient attendance at follow-up examinations (colonoscopy or other bowel examination). • Notify the Program Register of referral/non-referral for colonoscopy or other bowel examination for participants with a positive result by returning the GP Assessment form by fax, post or electronically through the NCSR Health Provider Portal. • You can download the PDF version of the GP assessment form from the National Bowel Cancer Screening website or visit NCSR Health Provider Portal.	Consider having information relevant to your local area available to support discussion with patients about choosing follow-up examination in the public or private health system. HealthPathways may provide useful information. Your PHN can provide HealthPathways login information.

Bowel screening (continued)

Identifying and managing patients with a family history of colorectal cancer

Key points:

- A portion of the population has a higher risk of developing bowel cancer due to their family history.
- These patients fall under 'Category 2' (those at moderately increased risk) or 'Category 3' (those at potentially high risk) of the Clinical practice guidelines for the prevention, early detection and management of colorectal cancer.
- Your practice should have a process for taking a patient's family history to identify their colorectal cancer family history.
- The clinical practice guidelines provide screening strategies for people with a family history of colorectal cancer, which are summarised in the table below.
- Category 2 and 3 patients should be managed via clinical surveillance and should opt-out of the National Bowel Cancer Screening Program by calling 1800 627 701
- GPs should assess Category 2 and 3 patients' eligibility for, and interest in, the NSW/ACT Hereditary Cancer Registry

Recommended screening for asymptomatic patients	Details
Guideline recommendation for Category 2 screening[1]: • iFOBT every 2 years from age 40 to age 49. • Colonoscopy every five years from age 50 to age 74.	**Category 2: Those at moderately increased risk (3 to 6-fold increased risk)** Category 2 patients[1]: • One first-degree relative with colorectal cancer diagnosed under 55 years. OR • Two first-degree relatives with colorectal cancer diagnosed at any age. OR • One first-degree relative and at least two second-degree relatives with colorectal cancer diagnosed at any age. • Refer to clinical guidelines for further information.
Guideline recommendation for Category 3 screening[1]: • iFOBT every 2 years from age 35 to age 44. • Colonoscopy every five years from age 45 to age 74. However, Category 3 patients must be referred to a bowel cancer specialist to confirm surveillance intervals. Referral to a genetic centre for hereditary cancer syndromes should be considered.[1]	**Category 3: Those at potentially high risk (7 to 10-fold increased risk)[1]** Category 3 patients[1]: • At least three first-degree or second-degree relatives with colorectal cancer, with at least one diagnosed under 55 years. OR • At least three first-degree relatives with colorectal cancer diagnosed at any age. Refer to clinical guidelines for further information.

1. Jenkins M, Driss A, Boussioutas A, et al. Colorectal Cancer Guidelines Working Party: Screening based on family history. Cancer Council Australia, 2018. Available at https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer/Screening_based_on_family_history (accessed 21 Feb 2019).

Cervical screening

Information provided in the table below is adapted from the *National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities,* screening in specific population and investigation of abnormal vaginal bleeding.

Women at any age with symptoms suggestive of cervical cancer require diagnostic testing (co-test and usually a gynaecological assessment) and not 'cervical screening'. A co-test is where the laboratory performs both the human papillomavirus (HPV) test and the liquid-based cytology (LBC) test at the same time, and on the same specimen. This means that the LBC test is performed irrespective of the HPV test result.

Reminder label (codes)	Next screen	HPV test result	Reflex LBC Result	Practice actions	Details*
Cervical: Low	5 years	No HPV detected	N/A	Advise as per process for normal result. Set a reminder for 5 yrs after screening date.	Oncogenic HPV was not detected. Patients at low risk can safely return for a Cervical Screening Test in five years.
Cervical: Intermediate	1 year	HPV (not 16/18) detected	Negative, possible LSIL or LSIL	Doctor/nurse to advise result via phone or, as per practice policy for an abnormal result. If the patient is concerned, invite them to see a doctor. Use A guide to understanding your cervical screening test results to support plain English explanation of the result. Manage screening reminder via practice **recall** policy. Ensure systematic follow-up of referral compliance.	**This result means:** **HPV is detected, but not types 16/18** A reflex LBC conducted on the same sample showed that the patient has negative or possible low-grade squamous intraepithelial lesion (LSIL), or LSIL abnormal cervical cells. These patients will be invited to return for a repeat HPV test in 12 months. This is to check if the body has cleared the HPV infection. **12 months after an intermediate result:** • If HPV (any type) is not detected at 12 months, the patient can now safely return to five-yearly screening. • If HPV (not 16/18) is detected and a reflex LBC conducted on the same sample shows a negative or possible LSIL, or LSIL abnormal cells, the patient will be invited to return for a repeat HPV test in 12 months. If HPV (any type) is still present after this repeat test, the patient should be referred to a specialist for colposcopic assessment. • However, there are some exceptions. Women who may be at higher risk of harbouring a high-grade abnormality should be referred to colposcopy if HPV is detected at 12 months, regardless of the result of reflex cytology. This includes the following groups: – Women two or more years overdue for screening at the time of the initial screen – Women who identify as being of Aboriginal or Torres Strait Islander descent – Women aged 50 years or older

Cervical screening (continued)

Reminder label (codes)	Next screen	HPV test result	Reflex LBC Result	Practice actions	Details*
Cervical: Higher	N/A – refer to specialist	HPV (not 16/18) detected	Possible HSIL or HSIL	**Recall** the patient as per practice policy for abnormal results. Use A guide to understanding your cervical screening test results to support plain English explanation of the result. Ensure systematic follow-up of referral compliance.	This is the first of **two** reasons why a patient would receive a higher-risk result. **This result means the patient has received the following results:** • **HPV is detected, but not types 16/18** • A reflex LBC conducted on the same sample showed that the patient had possible high-grade squamous intraepithelial lesion (HSIL) or HSIL on cytology. • The patient should be referred to a specialist to have a colposcopic assessment because they are at a higher risk of cervical cancer. • A colposcopy will determine if treatment is required.
Cervical: Higher	N/A – refer to specialist	HPV 16/18 detected	Any LBC result	**Recall** the patient as per practice policy for abnormal results. Use A guide to understanding your cervical screening test results to support plain English explanation of result. Ensure systematic follow up of referral compliance.	This is the second of **two** reasons why a patient would receive a higher-risk result. **This result means the patient has received the following result:** **HPV types 16/18 have been detected** HPV types 16/18 are associated with approximately 70% of cervical cancers. These HPV types are more likely to progress to cervical cancer than other oncogenic HPV types. Regardless of the reflex LBC test result, the patient should be referred to a specialist to have a colposcopic assessment because they are at a higher risk of cervical cancer.
Cervical: Un-satisfactory	6–12 Weeks	Un-satisfactory for HPV	Un-satisfactory for LBC	Recall for re-test within 6–12 weeks. Use A guide to understanding your cervical screening test results' to support plain English explanation of the result.	This result means the sample collected was unsatisfactory for either HPV or LBC. If the HPV test was unsatisfactory, the patient should return within 6–12 weeks for a repeat HPV test. If the LBC test was unsatisfactory, the patient should return within 6–12 weeks for a repeat LBC test.

* Information provided in the table above is adapted from the National Cervical Screening Program's resource, Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers. Available at http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/C2058A7D155867ACCA2581C400082790/$File/CAN174-Understanding-the-National-Cervical-Screening-Program-Management-Pathway.pdf (accessed 26 Feb 2019).

Breast screening

Recall/ reminder labels (codes)	Screening recommendations from clinical guidelines	Practice actions	Criteria	Details
Breast Screen: 2 years	2 years	Set a reminder for 2 years after screening data	Normal result: No evidence of breast cancer detected.	BreastScreen NSW will advise patient of result. Women should be reminded to screen every two years from age 50–74.
Breast Screen: 1 year	1 year	Set a reminder for 1 years after screening data	BreastScreen NSW has advised that your patient should screen annually because she has met criteria that puts her at increased risk.	BreastScreen NSW will explain the reason for annual recall to the patient. For further information on screening intervals, please visit the BreastScreen NSW website.
Breast screen: Recall	To be determined	Recall patient, as per practice policy	1. Symptomatic normal result: No visible evidence of breast cancer detected through the screening/ assessment process, but a breast change was reported. GP to follow up – see Symptomatic Breast pathway in HealthPathways (speak to your PHN). 2. A BreastScreen NSW Assessment Clinic has determined referral to a surgeon is required. BreastScreen NSW will liaise with the client's GP in relation to the client's assessment outcome.	BreastScreen NSW will send your patient a letter advising them: To visit their GP to discuss further investigations. Assessment Outcome Reports for clients who have undergone biopsy or who require surgical management will be delivered via post/fax or electronically.

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