



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Bowel cancer screening

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This folder provides information about the national bowel cancer screening programme and how it can benefit you.

Why screen for bowel cancer?

Bowel cancer (colorectal cancer) is a serious disease. It affects 4 or 5 people out of every 100 at some point during their lives. Statistically, men are at slightly greater risk than women. Every year, over 13,000 people are diagnosed with bowel cancer. In 2011, the disease claimed over 5,000 lives in the Netherlands alone. The national screening programme will help to detect bowel cancer at an early stage so that more effective treatment can be provided. When diagnosed early, treatment is not only less taxing for the patient but has a much greater chance of success. We believe that the national bowel cancer screening programme will help save some 2,400 lives every year.

Who should take part?

The screening programme is for all men and women aged 55 to 75. They will receive an invitation to take part every other year. The screening programme is to be introduced in phases, with nationwide coverage by 2019. Not everyone will receive an invitation straight away because it will take time to train enough medical staff to carry out the follow-up tests. Precisely when you receive your first invitation will depend on your year of birth.



The current schedule for sending out screening invitations can be found at:
www.bevolkingsonderzoekdarmkanker.nl



How does bowel cancer begin?

Bowel cancer often develops over a long period. It generally begins as a 'polyp', which is a small growth on the lining of the colon or large bowel. Polyps are relatively common in people aged over 55 and are not a cause for concern. They are usually benign (non-cancerous) and will remain so. However, some polyps go on to become a malignant tumour: bowel cancer.

Can bowel cancer be treated?

Polyps are easy to diagnose and relatively easy to treat. Doctors distinguish between 'early' polyps and 'advanced' polyps. Both types can be removed during a simple procedure known as a colonoscopy. Once removed, they pose no further risk. In certain cases, it is therefore possible to prevent bowel cancer altogether. If the colonoscopy reveals the presence of advanced polyps, some additional tests will be carried out. If bowel cancer is diagnosed, the treatment will depend on how advanced the disease is and on the general health of the patient. Usually, the initial treatment involves a surgical operation to remove part of the large colon, followed by a course of chemotherapy.



What does the screening programme involve?

The screening involves examining a stool sample (your faeces or ‘poop’) for traces of blood which might indicate the presence of a polyp or tumour in the large bowel. In most cases, blood in the stool cannot be seen with the naked eye. You must therefore send your sample to the laboratory for testing.

How does the screening programme work?

You will be sent a test kit: a special container into which you place a small sample of your faeces. An instruction leaflet comes with the container and you should read it carefully before you begin. There is also a form for you to complete. Having done so, you simply post the container and the form to the laboratory using the postage-paid envelope provided. Your sample will then be tested for traces of blood.

A video showing you how to use the test kit can be found at www.bevolkingsonderzoekdarmkanker.nl.

Is there any reason not to take part?

It is probably inadvisable to take part in the screening programme if your bowel movements are unusual in any way. The most common complaints include:

- Persistent constipation or diarrhoea (for which there is no obvious cause)
- Passing blood.

If you have symptoms like these, do not wait for the results of the screening but make an appointment with your family doctor (GP) as soon as possible.

You need not take part in the screening programme if you are already undergoing treatment for bowel cancer, or have done so in the past.

If you are unsure whether to take part in the screening programme, your GP can advise you. If you decide not to take part, you are nevertheless requested to complete the reverse of the reply form and return it using the envelope provided.



The results

You will receive a letter with the results of the test approximately two weeks after you return your sample. There are two possible outcomes:

1. No blood is found ('all clear').

There is no reason for any follow-up examination and you need take no further action. You will receive another invitation to take part in the screening programme in two years, unless you reach the age of 75 in the meantime.

2. Blood is found.

The test has revealed traces of blood in your stool sample. Please remember that this does not necessarily mean that you have bowel cancer: it could be due to benign polyps or any one of several other causes. Further testing is necessary, for which a hospital or clinic appointment will be made for you. Your GP will be informed of a positive test result unless you have specifically requested otherwise.





It is important to take part in the screening programme **every two years**. The risk of a polyp or tumour escaping detection is smaller if you have a sample checked **every two years**.

Follow-up tests

If follow-up testing is needed, the letter with your results will also include an invitation to an intake interview at the hospital or clinic. The follow-up procedure is in two parts: the intake interview and an internal examination called a colonoscopy. This is usually performed at a hospital. You will be sent a folder providing information about the interview and the colonoscopy itself. Further information is also available online at www.bevolkingsonderzoekdarmkanker.nl.

Costs

Participation in the screening programme itself is entirely free of charge. The intake interview and colonoscopy are not part of the screening programme and are therefore not funded directly by the government. However, the costs are covered by your (standard) health insurance policy. If your policy includes an 'excess' payment, you may be personally liable to pay costs up to that amount. Please contact your health insurance provider for further information.

Should I take part?

The bowel cancer screening programme has been initiated, and is funded, by the government. Research has shown that the advantages of screening far outweigh the disadvantages across the target group as a whole. This is not necessarily the case in your personal situation, and whether or not to take part in the screening programme remains entirely your own decision.

The likelihood of bowel cancer

Of every one thousand people who take part in the screening programme, fifty will go on to have a colonoscopy. Of these fifty people, four will be diagnosed with bowel cancer. Of the remainder, 21 will be found to have advanced polyps and 12 will have early-stage polyps, while 13 will have neither polyps nor bowel cancer.

What are the risk factors?

Age appears to be a significant risk factor; 90% of people diagnosed with bowel cancer are over 55. There are various other factors which may increase your risk of developing bowel cancer. For more information, go to:

- www.kanker.nl, (joint cancer research and support organizations; summary in English)
- www.darmkanker.info, (the Netherlands Stomach, Liver and Colon Foundation; website in Dutch)

Only you can decide whether you wish to take part in the screening programme or the follow-up tests where appropriate. To help you make that decision, we list the main benefits and disadvantages below.



Benefits

- The screening programme can identify polyps at an early stage, whereupon prompt treatment will be offered. In certain cases, this will prevent the development of bowel cancer altogether.
- The screening programme also makes it possible to diagnose actual bowel cancer at an early stage. Treatment will often be less taxing for the patient and will have a greater likelihood of success.
- The screening programme will save lives. Eventually, we expect it to reduce the number of deaths from bowel cancer by some 2,400 each year.
- The initial test is performed at home, at a time to suit you. You do not need to make an appointment with a health care professional.
- The screening programme is entirely free.
- The screening programme offers direct access to appropriate health care services. If follow-up tests are indicated, you will be offered an appointment as soon as possible.

Disadvantages

- The test can never offer complete certainty. It is possible that the signs of (early) bowel cancer are missed. Moreover, the test result is only a 'snapshot' relating to one moment in time. A negative result is no guarantee that bowel cancer will not develop later on.
- Some people find the colonoscopy (and the preparations for the procedure) unpleasant.
- If any polyps are found, they will generally be removed. Not all polyps go on to become malignant (cancerous). It is therefore possible that their removal was unnecessary.
- If any abnormalities are found during the colonoscopy, a further procedure is usually required. As with all surgical interventions, there are risks. Complications can occur. In practice, only 2 in every 1,000 colonoscopies result in (serious) complications. The risk of fatal complications is estimated to be between 1 in 10,000 and 1 in 400,000.
- A positive result can lead to anxiety. If traces of blood are detected in your stool sample, it will be some time before the exact cause is known.
- You may have to pay (part of) the costs of the follow-up tests, depending on whether your health insurance policy includes an 'excess'.

How do we find your personal details?

In order to send you an invitation to take part in the screening programme, we need your name, address and date of birth. This information is provided by the civil register of the municipality in which you live. By returning your stool sample for testing, you give us permission to use this information within the limits of the screening programme.

How do we handle your personal information?

Electronic information exchange

We comply with all data protection legislation. If you take part in the screening programme, it will be necessary to transfer some personal information electronically, i.e. from one computer system to another. For example, if blood is found in your stool sample, the laboratory will forward your personal details to the appropriate hospital or clinic so that an appointment for follow-up tests can be made. By taking part in the screening programme, you give your express consent for your personal details to be used in this way. Please be assured that security is at the highest possible level and that the information remains accessible only to authorized personnel. If you nevertheless object to your personal information being stored, processed and/or transferred by computer, we regret that you will be unable to take part in the screening programme.

Your GP

If traces of blood are found in your stool sample, your family doctor (GP) will be informed unless you have specifically requested otherwise. Your doctor will not be informed of a negative result (i.e. no blood is found) and neither will he or she be told whether or not you have taken part in the screening programme.

The hospital

If blood is found in your stool sample, the laboratory will forward the test results to the hospital at which any follow-up tests will be performed. Obviously, the hospital needs your personal details in order to schedule an appointment. If you do not respond to the hospital's invitation or fail to attend your appointment, your GP will be informed accordingly unless you have specifically requested otherwise.

What next?

If there is no reason to offer you follow-up tests, no further action is required. You will receive another invitation to take part in the screening programme in two years, unless you reach the age of 75 in the meantime. If you experience any complaints or symptoms before then, you should contact your GP. He or she may refer you for a colonoscopy. If so, the screening organization would like to be informed of the results, which may affect the timing of your next screening invitation.

The results of examinations and the treatment of patients with serious (bowel) complaints are used to improve the bowel cancer screening programme. Those results are provided by other health care professionals, such as hospital consultants. In certain exceptional circumstances, your information may be used in the interests of scientific research. Your privacy is fully protected; the information is anonymized and the researcher is unaware of your identity. Once again, all privacy and data protection legislation will be observed at all times.

Objection

If you object to your personal information or test results being used for research purposes or to improve the quality of the screening programme, you should inform us accordingly. An objection form is available from the screening organization and can also be downloaded from its website. Links to all regional screening organization websites can be found at www.bevolkingsonderzoekdarmkanker.nl. Your decision will not affect the manner in which you are treated before, during or after the screening itself. The website also includes further information about how we store, process and transfer your personal information and test results.

Further information?

The website www.bevolkingsonderzoekdarmkanker.nl includes the answers to frequently asked questions (FAQs), useful videos and downloadable copies of all relevant brochures.

Alternatively, you can contact the Information Line on 088 -248 2000 (Monday to Friday, 9:00 to 17:00). If you have any health concerns, you should consult your GP.

You can recognize the Bowel Cancer Screening Programme by this logo:

bevolkingsonderzoek

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