

Colorectal Cancer Screening Pilot Programme



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Cue Card

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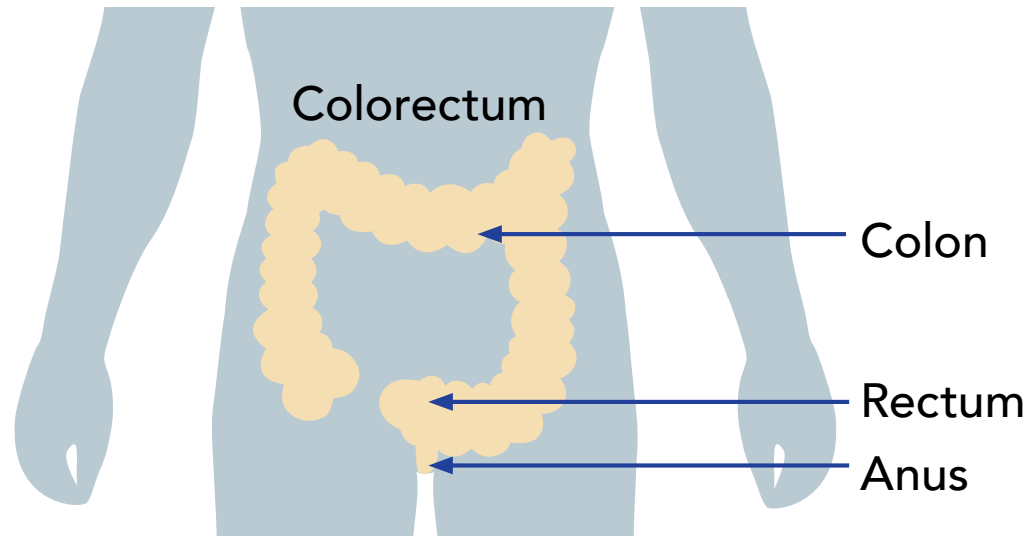
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Colorectal Cancer

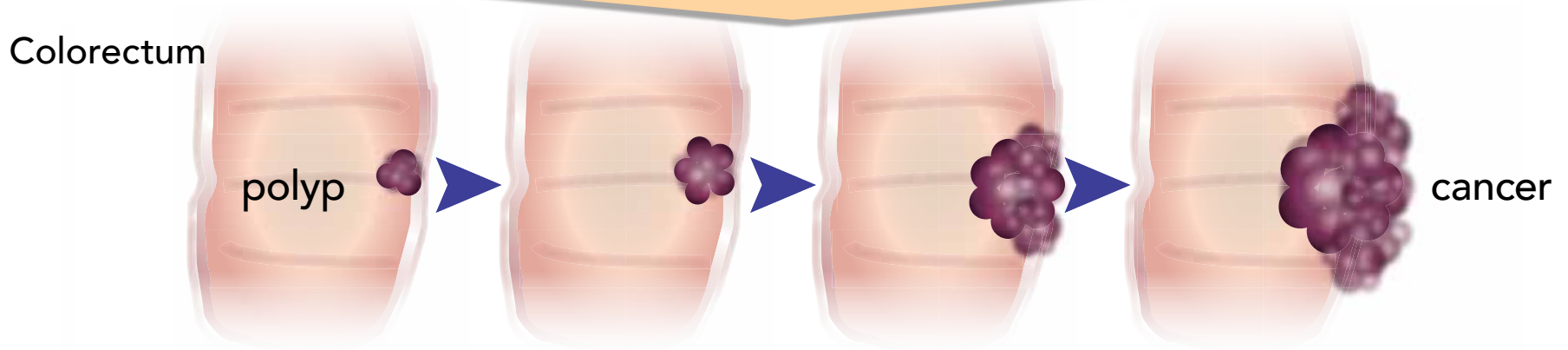
- Colorectum is the last portion of the digestive system. It consists of the colon, the rectum and the anus.
- Due to the ageing population and changes in lifestyle, colorectal cancer has become one of the most common cancers in Hong Kong.
- Most colorectal cancers begin as a small polyp. Polyps are usually benign, but some may progress into cancer. The development of a polyp into cancer may take more than 10 years.
- If not treated early, cancer cells may invade and damage nearby organs. They may also spread to other parts of the body via the bloodstream and lymphatic system.

Colorectal Cancer

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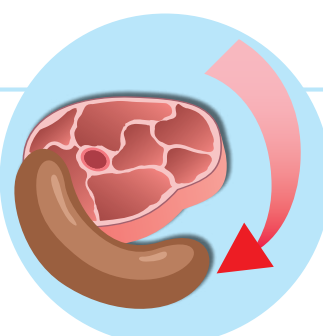
Prevention

- To prevent or lower your risk of getting colorectal cancer, you should:
 - ▲ Eat more food rich in fibre.
 - ▲ Eat less red meat and processed meat.
 - ▲ Perform at least 150 minutes of moderate intensity physical activity per week.
 - ▲ Maintain a body mass index (BMI) between 18.5 and 22.9.
 - ▲ Maintain a waist circumference of less than 90 cm (about 36 inches) for men and less than 80 cm (about 32 inches) for women.
 - ▲ Do not drink alcohol.
 - ▲ Do not smoke and avoid second hand smoke.

Prevention



Eat more food rich in fibre



Eat less red meat and processed meat



Perform at least 150 minutes of moderate intensity physical activity per week



Maintain a Body Mass Index between 18.5 and 22.9



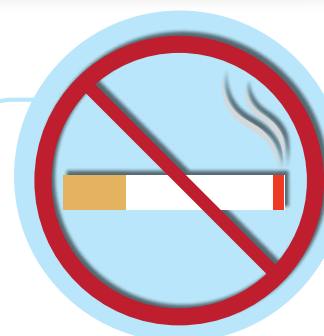
Maintain a waist circumference of less than 90 cm (about 36 inches) for men



Maintain a waist circumference of less than 80 cm (about 32 inches) for women



Do not drink alcohol



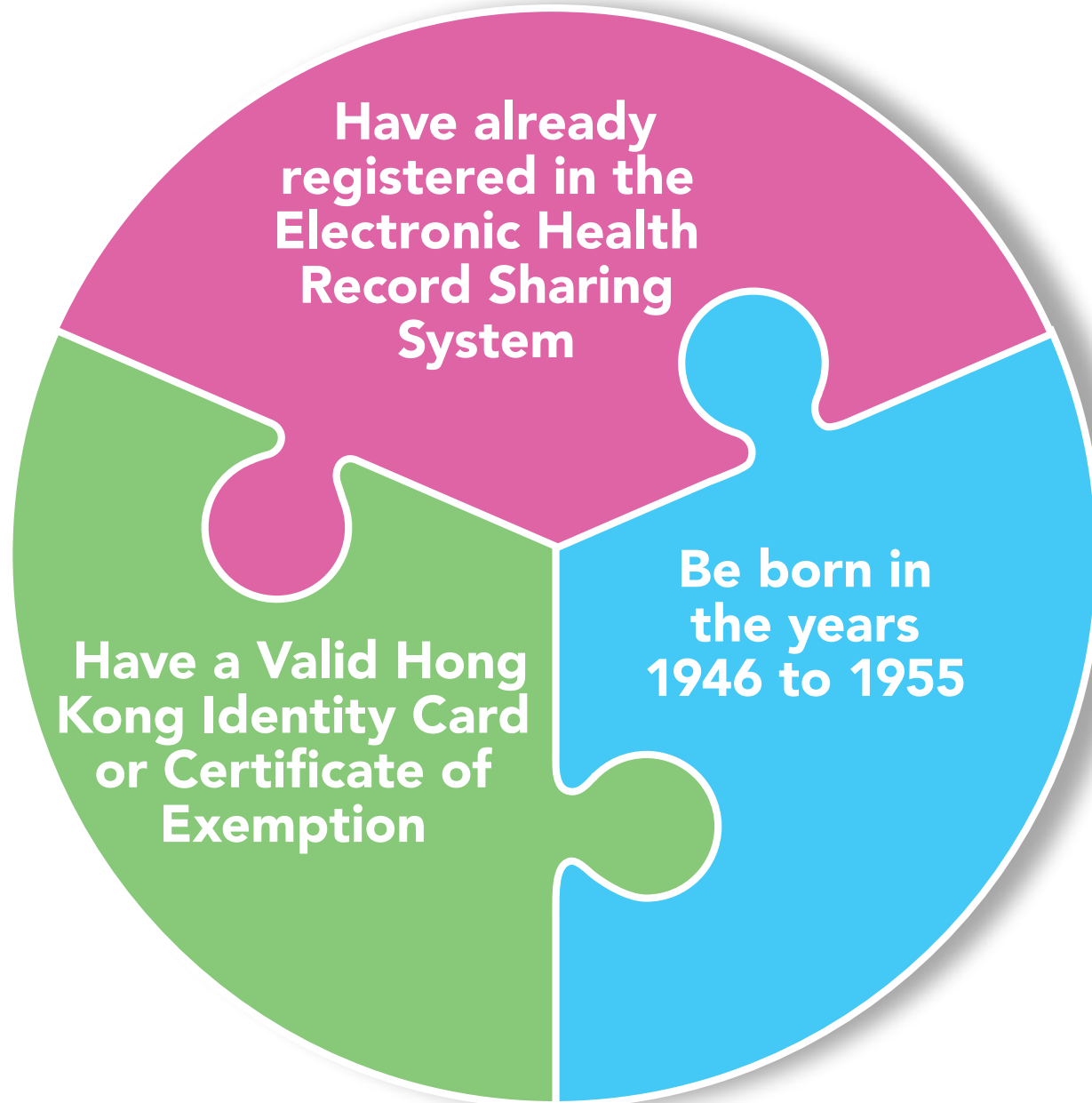
Do not smoke and avoid second hand smoke

Who may enrol

- To join the Pilot Programme, you should:
 - ▲ be born in the years **1946** to **1955**
 - ▲ have already registered in the **Electronic Health Record Sharing System** (eHRSS)
 - ▲ have a valid **Hong Kong Identity Card** or **Certificate of Exemption**
- Eligible participants will be recruited in phases:
 - ▲ Phase 1: Individuals born in the years **1946** to **1948**
 - ▲ Phase 2: Individuals born in the years **1946** to **1951**
 - ▲ Phase 3: Individuals born in the years **1946** to **1955**

Who may enrol

Who may
enrol



Assessing medical fitness for screening

- You should inform doctor if you have any of the following:
 - ▲ History of colorectal cancer.
 - ▲ History of chronic inflammation of the bowel, e.g. ulcerative colitis.
 - ▲ Diagnosis of hereditary colorectal cancer syndrome, or have first-degree relative diagnosed with such syndrome.
 - ▲ Have two or more first-degree relatives diagnosed with colorectal cancer.
 - ▲ History of colorectal polyp.
 - ▲ Symptoms of colorectal cancer, such as blood or large amounts of mucus in the stool, change in bowel habit with unknown reason and lasting for more than 2 weeks or abdominal discomfort.
 - ▲ Previously been advised against receiving colonoscopy by a doctor.
 - ▲ Record of receiving colonoscopy within the past 10 years.
 - ▲ Record of receiving flexible sigmoidoscopy within the past 5 years.
 - ▲ Record of receiving FOBT within the past 2 years (irrespective of results).

Assessing medical fitness for screening

**Not
suitable for
screening**



Diagnosis of hereditary colorectal cancer syndrome, or have first-degree relative diagnosed with such syndrome.



History of chronic inflammation of the bowel



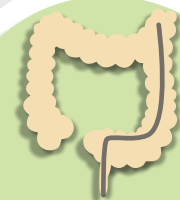
History of colorectal cancer



FOBT within the past 2 years



Have two or more first-degree relatives diagnosed with colorectal cancer



Flexible sigmoidoscopy within the past 5 years



History of colorectal polyp



Symptoms of colorectal cancer, e.g. blood or large amounts of mucus in the stool



Previously been advised against receiving colonoscopy by a doctor



Colonoscopy within the past 10 years

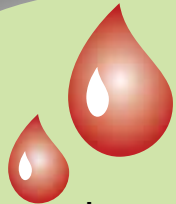
Understanding CRC screening (1)

- ▲ Screening is the carrying out of tests on people **without symptoms** to detect disease or identify people at increased risk of having disease, so that **treatment can be commenced earlier to improve disease outcome.**
- ▲ **People with early stage colorectal cancer or at higher risk of having colorectal cancer** may not notice any symptom despite **stool already containing small amounts of blood invisible to the naked eye.**
- ▲ The screening test used in the Pilot Programme is faecal immunochemical test (an improved version of FOBT), which can **detect invisible and small amounts of blood in the stool.** FOBT is safe. You will be asked to collect stool specimen at home for bringing to designated specimen collection points, which will then be transported to laboratory for analysis.

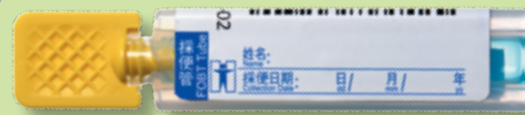
Understanding CRC screening (1)



Screening is the carrying out of tests on people **without symptoms**



People with early stage colorectal cancer or at higher risk of having colorectal cancer may not notice any symptom despite stool already containing **small amounts of blood invisible to the naked eye**



The screening test used in the Pilot Programme is **faecal occult blood test (FOBT)**

Understanding CRC screening (2)

- If the FOBT is **negative**, you should continue to watch out for symptoms of colorectal cancer and seek prompt medical advice when you have any concerns. You should also repeat screening with FOBT every two years. No screening test, include colorectal cancer screening test, is 100% accurate. You should:
 - ▲ Continue to watch out for colorectal cancer symptoms include:
 - A change in bowel habit (diarrhoea or constipation lasting for 2 weeks)
 - Blood or large amounts of mucus in stool
 - Persistent urge after passing stool
 - Abdominal discomfort (persistent pain, bloating, fullness or cramps)
 - Weight loss and tiredness with unknown cause
 - ▲ Repeat FOBT every 2 years
- If the FOBT is **positive**, you will be informed by the PCD for a second consultation where the results will be explained and a referral for colonoscopy will be made. The colonoscopy examination is done by using a thin flexible tube with a small camera attached on the end to detect any abnormality on the wall of your large bowel.

Understanding CRC screening (2)

Negative FOBT result

This means that **blood is not detected** in your stool specimen.

Continue to watch out for colorectal cancer symptoms

Repeat FOBT every two years

Positive FOBT result

This means that **blood is detected** in your stool specimen.

Receive explanation on FOBT result by your primary care doctor

Receive referral for colonoscopy

Screening flow

Register in eHRSS

Consult a Primary Care Doctor

- Enrol in the Pilot Programme
- Obtain the Participant's Pack containing the FOBT tubes

Collect stool specimens at home

Return FOBT specimens to a
Specimen Collection Point

Primary Care Doctor notifies
participant of the result

Negative FOBT result

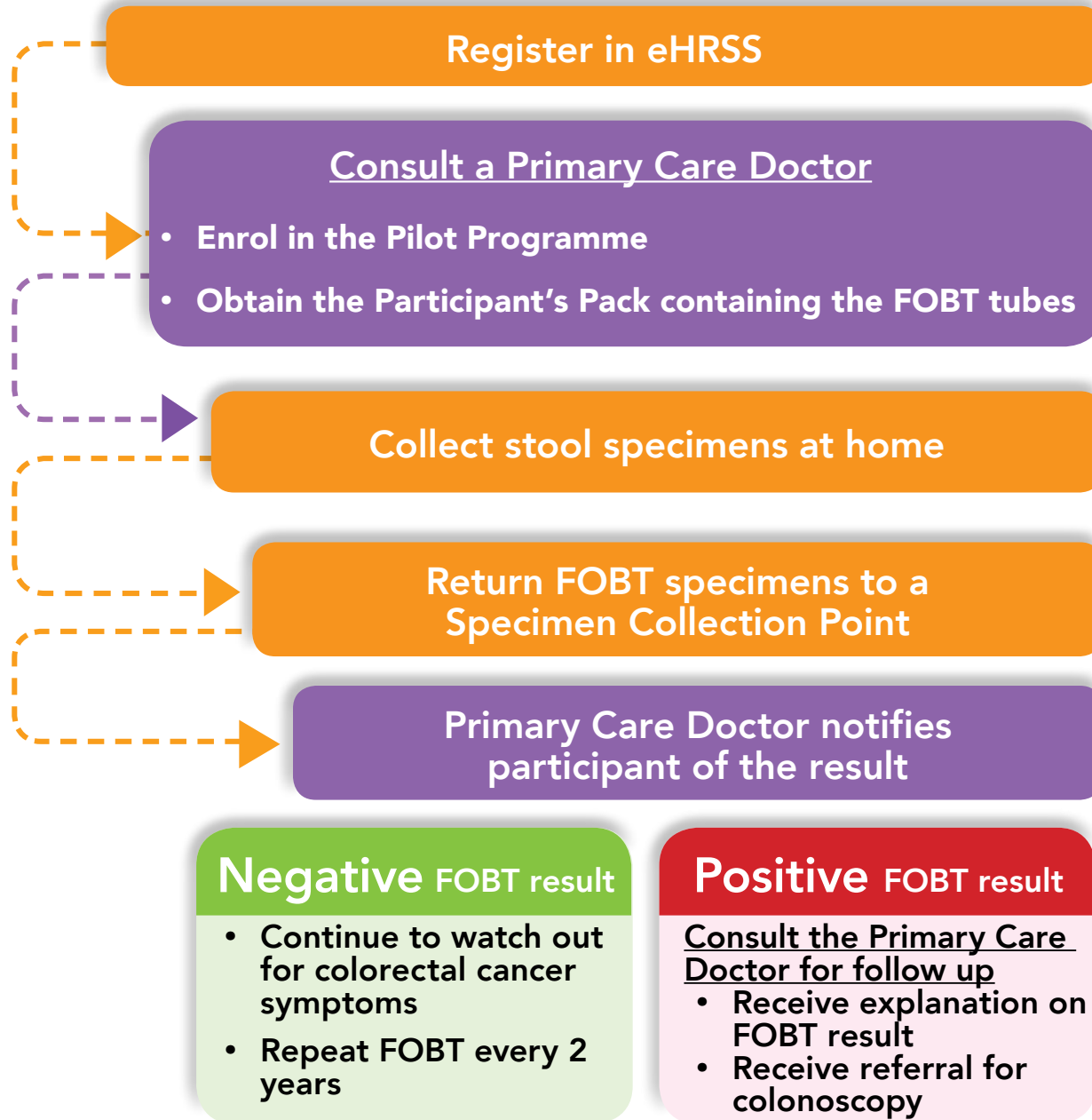
- Continue to watch out for colorectal cancer symptoms
- Repeat FOBT every 2 years

Positive FOBT result

Consult the Primary Care Doctor for follow up

- Receive explanation on FOBT result
- Receive referral for colonoscopy

Screening flow



Participant's pack

A participant's pack contains:

- ▲ Two FOBT tubes
- ▲ Two small blue plastic bags
- ▲ One instruction sheet for specimen collection
- ▲ One large plastic bag with the laboratory request form enclosed
- ▲ One Participant Guidebook

Participant's pack



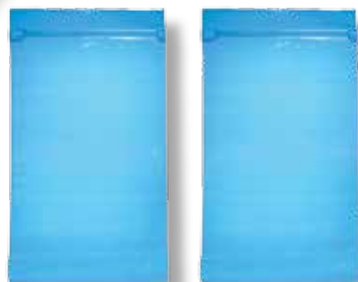
Two FOBT tubes



Participant's Pack



One large plastic bag with the laboratory request form enclosed



Two small plastic bags



One instruction sheet for specimen collection



One Participant Guidebook

Specimen collection

- Step 1. Prepare a holder, such as a plastic bag, for collecting the stool. Place the holder in the toilet bowl, then open your bowels. Do not allow stool to be in contact with urine or toilet water.
- Step 2. Twist lid (yellow part) off the FOBT tube and scratch sampling probe across stool surface in all directions.
- Step 3. Specimen will be enough when the grooved part of the sampling probe has been completely filled up. Too much or too little specimen will affect the test results.
- Step 4. Insert the sampling probe back into the FOBT tube and screw the lid tightly.
- Step 5. Write the **collection date** on the FOBT tube and check that your **name** is correct. Place the FOBT tube into the small blue plastic bag and seal it. Keep the specimen in a cool place.
- Step 6. Repeat steps 1 to 5 above using the second FOBT tube during your next bowel movement.

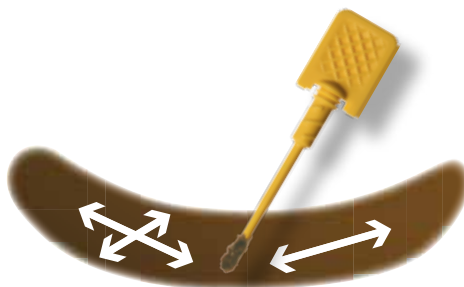
Specimen collection

Specimen Collection

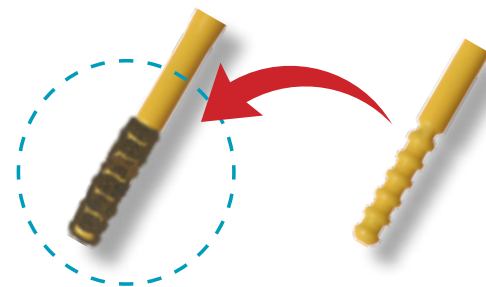
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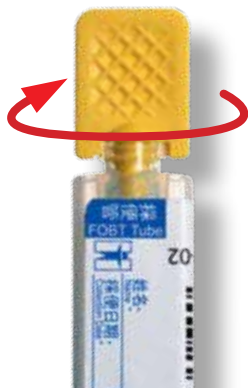
- 2 Twist lid (yellow part) off the FOBT tube and scratch sampling probe across stool surface in all directions.



- 3 Specimen will be enough when the grooved part of the sampling probe has been completely filled up. Too much or too little specimen will affect the test results.



- 4 Insert the sampling probe back into the FOBT tube and screw the lid tightly.



- 5 Write the **collection date** on the FOBT tube and check that your **name** is correct. Place the FOBT tube into the small blue plastic bag and seal it. Keep the specimen in a cool place.



- 6 Repeat steps 1 to 5 above using the second FOBT tube during your next bowel movement.



Returning specimen

Before returning the specimens, please ensure that

Put both small blue plastic bags, each containing one FOBT tube, into the large plastic bag with the attached laboratory request form. Seal the large plastic bag. Then return the specimens to a Specimen Collection Point as soon as possible. In general, you should return specimens within 4 days counting from the day of first specimen collection.

- Your **full name** and specimen **collection date** are written clearly on each FOBT tube.
- Each FOBT tube is placed and sealed in a separate small blue plastic bag.
- FOBT tubes and laboratory request form are placed in different pockets of the large plastic bag, and that the large plastic bag is sealed.

For the locations of the Specimen Collection Points, please refer to the instruction sheet for specimen collection or website (www.ColonScreen.gov.hk).

Opening hours of Specimen Collection Points:

Monday to Friday 9:00am to 1:00pm and 2:00pm to 5:15pm

Closed on Saturday, Sunday and Public Holidays

Returning specimen



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Opening hours of Specimen Collection Points:

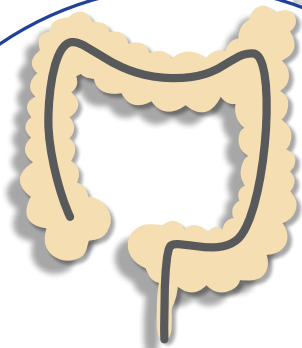
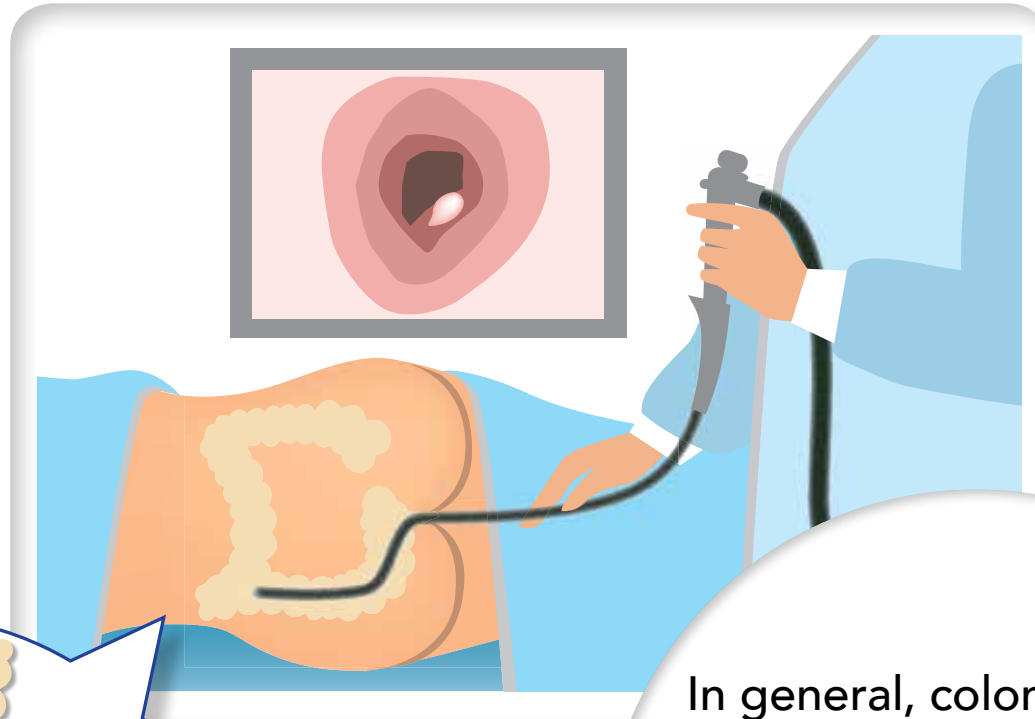
Monday to Friday 9:00am to 1:00pm and 2:00pm to 5:15pm

Closed on Saturday, Sunday and Public Holidays

Colonoscopy examination

- ▲ The colonoscopy examination is done by inserting through the anus a thin flexible tube with a small camera attached on its end to look at the wall of your large bowel.
- ▲ You may receive some sedation or pain killers to decrease any discomfort during the examination.
- ▲ In general, colonoscopy examination is safe. Complications may include:
 - The use of sedation and pain killers may cause adverse reaction.
 - Perforation, bleeding or infection.

Colonoscopy examination



Insert a thin flexible tube with a small camera attached on its end to look at the wall of your large bowel

In general, colonoscopy examination is safe.
Complications may include:

- ▲ The use of sedation and pain killers may cause adverse reaction.
- ▲ Perforation, bleeding or infection.

Referral options

You may choose one of the following referral options if you have **FOBT positive** result:

- ▲ **Colonoscopy Specialist (CS) enrolled under the Pilot Programme**
 - The Government will provide subsidy for the “Standard Package of Colonoscopy Service” provided by these specialists.
 - Depending on the choice of CS, you may be required to pay a co-payment fee which should be no more than HK\$1,000.
 - In general, the waiting time for the procedure is usually less than eight weeks.
 - A list of enrolled CS and their co-payment fee is available at Department of Health’s Prevent Colorectal Cancer website (www.ColonScreen.gov.hk).
- ▲ **Private sector**
 - You will exit the Pilot Programme and no Government subsidy will be provided. You have to pay all the charges for colonoscopy out of your own pocket.
- ▲ **Hospital Authority (HA)**
 - You will exit the Pilot Programme. You will receive care under the usual pathway in the public sector and be required to pay for charges applicable to HA services.

Referral options



Private sector

Have to pay all the charges out of your own pocket



Hospital Authority (HA)

Required to pay for charges applicable to HA services



Colonoscopy Specialist (CS) enrolled under the Pilot Programme

The Government will provide subsidy for the "Standard Package of Colonoscopy Service"

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