

COMMUNICATION SKILLS – EXPLAINING FAECAL OCCULT BLOOD TESTING

This patient has heard about the NHS bowel cancer screening programme. He has just turned 60 and is now eligible for screening. He has come to see you to discuss the test and has some questions to ask you.

Introduction

- Introduce yourself
- Wash your hands
- Establish the patient's name and age

Explain the purpose of the consultation

- Today I would like to discuss screening for bowel cancer, as you are now in the age group which is eligible for screening.
- This screening test helps us to detect cancers in the large bowel, which is the part of your digestive system made up of the colon and rectum

Check understanding

- Have you heard anything about bowel cancer screening already?

Elicit concerns

- Do they have any particular concerns about the screening at the moment?
- *NOTE: you can ask this at any point in the consultation. Discussing it early helps you to deal with any concerns or misconceptions early, but if the patient has little prior knowledge of bowel cancer screening, it would be better to ask it after you have explained the process to them*

OSCE-Aid Tips

Ask about concerns – often in OSCEs the patient has a specific concern or question which they want to address. However, make sure you are still able to move on and address the other points in the consultation, keeping their concerns in mind

Explanation

The aim of screening

- The aim of bowel cancer screening is to detect bowel cancer at an **earlier stage**, when treatment is more likely to be effective
- The screening can also detect **polyps**, which are NOT cancerous but can develop into cancers over time. They can then be removed and reduce the risk of developing bowel cancer in the future

Why bowel cancer screening is important

- Approximately **1 in 20 people in the UK** will develop bowel cancer in their lifetime. Your risk of bowel cancer increases with age
- Bowel cancer can cause symptoms such as **weight loss, tummy pain and blood in the stool**; however there are sometimes no symptoms, especially in the early stages.
- Regular bowel cancer screening has been shown to **significantly reduce the risk of dying from bowel cancer (by 16%)**

Who is eligible for screening?

- The NHS bowel cancer screening programme offers screening every **two years** to all men and women in the UK **aged 60-74**

How the screening works

- The test is called a **Faecal Occult Blood (FOB) test**
- Bowel cancers sometimes bleed, so the screening test looks for small amounts of blood in your bowel motions

How the screening test is carried out - practicalities

- The screening test is done **at home**. You will be sent a screening kit and invitation letter in the post.
- The kit is very simple and allows you to collect small samples of your own bowel motions. It comes with detailed instructions. You wipe the samples onto a card which is then sealed and sent in a freepost envelope to the screening lab

Advantages and disadvantages of FOB testing

Advantages

- The main advantage is that the test helps detect bowel cancer early, when there are no obvious symptoms. This allows earlier detection and treatment

Disadvantages

- The FOB test is not 100% reliable and does not diagnose bowel cancer, but it does help to tell us who needs further tests done
- Some people worry about the test being embarrassing or unpleasant to do. It is important to remember that it only takes several minutes and that it does help to detect cancer early

Advantages	Disadvantages
Can be done at home and takes a short time	Not 100% reliable
Helps identify those who need further investigations	Not diagnostic
Enables earlier detection and treatment	Some find it unpleasant / embarrassing

Results

Explain how results are given and what each result means

You will receive a results letter **within 2 weeks of** sending off your FOB sample. There are three possible results you could receive

1. A normal result means there was no blood seen in your samples.

- This does not mean that you definitely **do not** have bowel cancer. It is important to be aware of the symptoms of this (see below) and see a doctor if you are concerned → You will be offered screening again in 2 years

2. An unclear result means there is a suggestion of some blood in your samples

- This does not mean you definitely **do** have cancer but it is important that you repeat the test. Many other conditions (such as stomach ulcers) can cause this result → You will be asked to repeat the test

3. An abnormal result shows that blood has been found in your samples (2% of people)

- This does not mean that you definitely **do** have cancer but does mean that you will be offered a camera test to look at the bowel more closely (**a colonoscopy**) → You will be offered an appointment with a specialist nurse who will discuss the colonoscopy test with you. If you want to go ahead, they will book the colonoscopy for you

Note: People with an abnormal FOB result who have not previously been screened have approximately a 10% chance of having bowel cancer, and a 40% chance of having a benign polyp (NICE CKS)

Briefly – discuss the reliability of the test and symptoms to be aware

- Although it helps to reduce deaths from bowel cancer, the FOB test is not 100% reliable. *(One of the reasons for this is that the test reflects one point in time and there is a chance that a cancer can be missed if it was not bleeding at the time of the screening test)*
- The most common symptoms of bowel cancer to watch out for are:
 - a persistent change in your bowel habit
 - abdominal pain
 - bleeding from the back passage
 - a lump in your abdomen

Ending the consultation

- Check their understanding
- Ask if they have any questions / concerns
- Find out if they are happy to go ahead with the screening
- Offer an information leaflet
- Summarise
- Thank the patient

OSCE-Aid Tips

Remember to emphasise that the test is not diagnostic, but helps identify those who need further tests (colonoscopy)

References

NICE CKS on bowel cancer screening:

<http://cks.nice.org.uk/bowel-screening#!scenario>

NICE patient information leaflets on bowel cancer screening

<https://www.gov.uk/government/publications/bowel-cancer-screening-kit-how-to-use>

INTRODUCTION

Introduce yourself, wash hands, patient details



Purpose of the consultation



Check current understanding



Elicit any concerns (may not have any at this early stage)

**EXPLANATION**

Aim of FOB screening and why it is important



Who is eligible? (60-74, screened every 2 years)



FOB screening and practicalities



Advantages and disadvantages of screening



How results are delivered and what happens next



Awareness of symptoms of bowel cancer

**ENDING THE CONSULTATION**

Check understanding



Any questions / concerns?



Would they like to go ahead with screening?



Summarise and offer leaflet



Thank the patient