Updated guidelines on eligibility for colorectal cancer screening to reduce the impact of bowel cancer

Updated national colorectal cancer clinical guidelines provide the latest evidence-based advice on population screening and risk, and screening based on family history.

The updated 2023 guidelines, endorsed by the National Health and Medical Research Council (NHMRC), now recommend a population screening start age of 45 years instead of 50 years and provides revised advice about targeted screening for people without symptoms who are at higher-than-average risk based on their family history of colorectal cancer.

Project Lead, Associate Professor Eleonora Feletto, from the Daffodil Centre (a joint venture between Cancer Council NSW and the University of Sydney), said, “These updated recommendations are intended to guide decision-making by health professionals and the National Bowel Cancer Screening Program in determining who will most benefit from population screening for bowel cancer.”

“Population screening is offered to a target population group to pick up early signs of disease. It is offered to healthy people, without symptoms, and it must provide more benefit than harm, as informed by the evidence.”

“These guidelines bring together the best available evidence to better prevent, diagnose and manage bowel cancer in Australians through population screening which is currently provided through the National Bowel Cancer Screening Program.”

Professor Tim Price, Colorectal Cancer Guidelines Working Group Chair, said, “The National Bowel Cancer Screening Program has made incredible strides in encouraging eligible Australians to screen and reduce the impact of bowel cancer through early detection. To continue building on this, the updated guidelines acknowledge that every effort should be pursued to ensure equitable participation and ongoing quality improvement initiatives in population screening for bowel cancer, as well as access to culturally safe health care.”

“We recognise that health care professionals play an essential role in boosting participation rates in bowel cancer screening. By adequately supporting them with the latest evidence-based advice to offer patients, health care professionals can support Australians so that they may benefit from screening whilst being protected from potential harms.”

Professor Tanya Buchanan, Cancer Council Australia CEO said, “With these new recommendations, we have the potential to support early detection of bowel cancer among more Australians, ultimately saving more lives.”

“Bowel cancer is Australia’s second biggest cancer killer, however, 90% of bowel cancers can be successfully treated if caught early. We hope to see the Australian Government consider and implement these recommendations for future population screening.”
The National Bowel Cancer Screening Program currently sends free, at home bowel screening test kits to Australians aged 50-74 every two years. The guidelines are available here https://www.cancer.org.au/clinical-guidelines/bowel-cancer/colorectal-cancer

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About Cancer Council Australia
Cancer Council Australia is one of Australia’s leading charities, working to reduce the impact of cancer for all Australians. Cancer Council Australia works with its members, the eight state and territory Cancer Councils to:
- Undertake and fund cancer research
- Prevent and control cancer
- Provide information and support for people affected by cancer
- Shape and influence policy and practice

Find out more at cancer.org.au, or visit our Facebook, Instagram, Twitter or LinkedIn.

About the Daffodil Centre
The Daffodil Centre is a joint venture between the University of Sydney and Cancer Council NSW. As a leading research centre on cancer control and policy, The Daffodil Centre provides timely and relevant evidence to national and international policy-makers to inform best-practice decision-making in cancer control. daffodilcentre.org

Notes to editor
Cancer Council Australia was contracted by the Australian Government Department of Health and Aged Care to develop the guidelines and recommendations as the previous guidelines required reviewing after five years. These were developed by an expert working group reviewing available evidence from relevant national and international guidelines, systematic reviews, and research studies. The updated guidelines have been endorsed by the National Health and Medical Research Council (NHMRC).