

CanNET

**Cancer Service Networks
National Demonstration Program**

Linking regional and metropolitan
cancer services for better
cancer outcomes



Australian Government
Cancer Australia



Northern
Territory
Government

Cancer Journeys

IN THE NORTHERN TERRITORY

NT Patient Cancer Care Referral Pathways

Bowel Cancer

The *Northern Territory Patient Cancer Care Referral Pathways* have been produced by Healthcare Management Advisors (HMA) for the Northern Territory Government Department of Health and Families.

CanNET is a Cancer Australia initiative jointly funded by the Australian Government and the Northern Territory Government Department of Health and Families.

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Copies of this resource can be downloaded from the CanNET NT website at:
www.health.nt.gov.au/Cancer_Services/CanNET_NT/Publications

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1 Explanation of Patient Pathways

Introduction

Welcome to the **Bowel Cancer** Pathway for the Northern Territory.

This pathway booklet aims to assist people with cancer to understand and navigate the journey ahead. It includes information on early detection, initial diagnosis, treatment planning and treatment options.

It is also useful for health professionals to follow the referral and treatment pathways for particular cancers.

Purpose of this Pathway Document

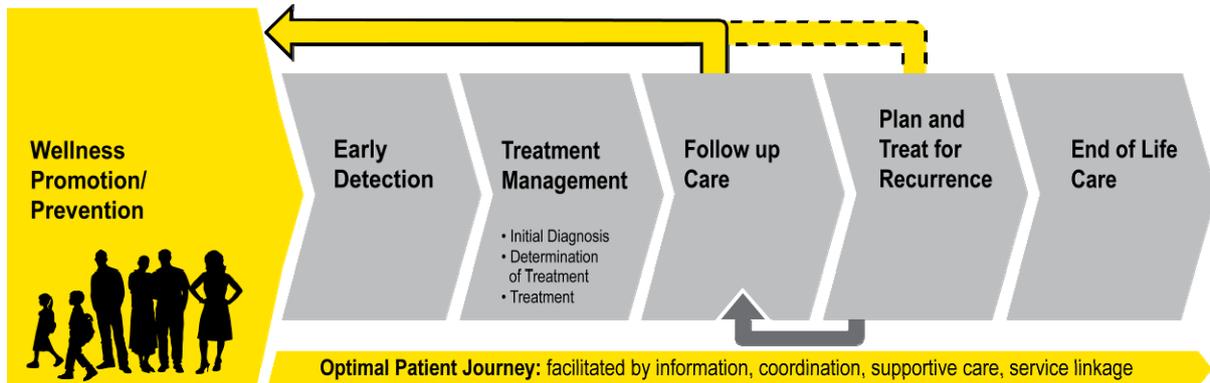
This document will help to guide you on your cancer journey through the public health system in the Northern Territory. You may choose to access the private system or to travel interstate for care, which may change the nature of the pathway you follow.

The pathway describes the current typical cancer service delivery arrangements in the NT. It is not designed to serve as evidence-based clinical guidelines or to recommend areas for service development.

It is designed to inform you of the services and treatments available, and to encourage communication amongst all team members involved in the delivery of cancer services.

The Radiation Oncology Unit at the Alan Walker Cancer Care Centre (AWCCC) in Darwin is able to plan and treat bowel cancer patients. This will mean that fewer people will need to travel interstate for such services in the future, although some people will still need to do so.

Patient Cancer Care Referral Pathway – The Generic Pathway



Five pathways booklets have been developed for the following tumour streams:

- Trachea/Lung
- Breast
- Prostate
- Bowel
- Head and Neck

Implementation and Principles of Patient Care

The pathway that you follow needs to be tailored to your needs and developed in consultation with your clinician. It will need to reflect the type of cancer that you have and the practicality of your situation. All care is based on the following principles:

- (1) **Patient-centred care:** Involves you and your carers accessing adequate information and being actively involved in the processes for all aspects of your care. Your involvement is critical.
- (2) **Coordinated care:** Throughout the cancer journey, coordinated care involves your local health professional (eg general practitioner, health worker, visiting medical officer, clinical nurse, Aboriginal Health Worker), as well as the treating surgeon and cancer specialist. You and your family should experience coordinated care with smooth and timely transitions from one service to another. Coordination of services may occur through the use of Multidisciplinary Team (MDT) meetings, case conferencing, patient records and sharing of information. Communication amongst health professionals is of vital importance to ensuring a smooth pathway for you. Do not be afraid to ask about this.
- (3) **Quality cancer services:** Cancer services support and participate in planned approaches to quality improvement through a variety of strategies designed to address your needs, service delivery, the collection and analysis of data, and staff knowledge and skills.
- (4) **Psychosocial support:** Quality of life issues are integral to your care. You should be offered access to a range of support services throughout each step of the cancer journey. This includes all services that support you and your carer to meet your physical, psychological, social, cultural, information and spiritual needs.

Future Review and Development

It is envisaged that the NT Patient Cancer Care Referral Pathways will be reviewed annually to include new services that significantly impact upon the delivery of cancer services in the NT.

During future reviews, the scope of the pathways may be altered and development of additional tumour streams will occur.

Structure of the Pathways

The pathway for bowel cancer documentation is provided at three levels of detail, to reflect the diverse information needs of different readers. These levels are:

- **Level 1: Overview** (Chapter 2): This diagram provides an **overview** of the typical pathway for patients with bowel cancer in the NT public health system. It is intended to summarise the key features of the bowel cancer pathway in one easy-to-access location for patients.
- **Level 2: Expanded View** (Chapter 3): This diagram provides an **expanded view** of the typical pathway for patients with bowel cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.
- **Level 3: Detailed View** (Chapter 4): This section provides a further level of detailed information on diagnostic processes, treatment options and possible variations in the pathway. It is intended for patients and health professionals with a need to inform themselves in undertaking their professional role.

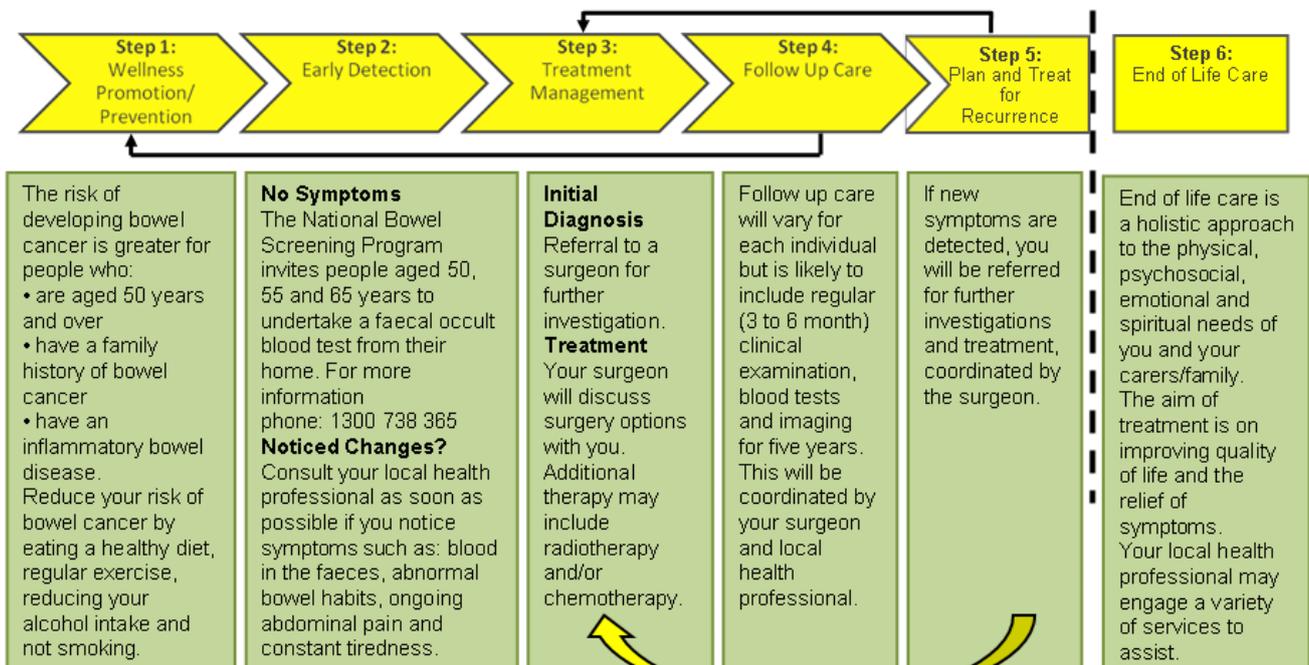
These different views are complemented by extra details on:

- Support services for bowel cancer (Chapter 5)
- Other useful sources of information on bowel cancer (Chapter 6)
- A glossary of terms (Chapter 7)

2 NT Bowel Cancer Patient Referral Pathway – Overview

This diagram provides an **overview** of the typical pathway for people with bowel cancer in the NT public health system. It is intended to summarise the key features of the Bowel Cancer Patient Referral Pathway in one easy to access location.

Overview of the NT Bowel Cancer Patient Referral Pathway, Public Health System



Support Services

Support services are available through the **Cancer Council NT** and on the **CanNET NT** website Directory of Services at www.health.nt.gov.au
Cancer Support Nurse in Alice Springs ph: (08) 8953 5920 and Darwin ph: (08) 8927 4059

Other Information

National Bowel Cancer Screening Program www.cancerscreening.gov.au
Ostomy services ph: (08) 8927 4888, web www.cancerCouncilnt.com.au

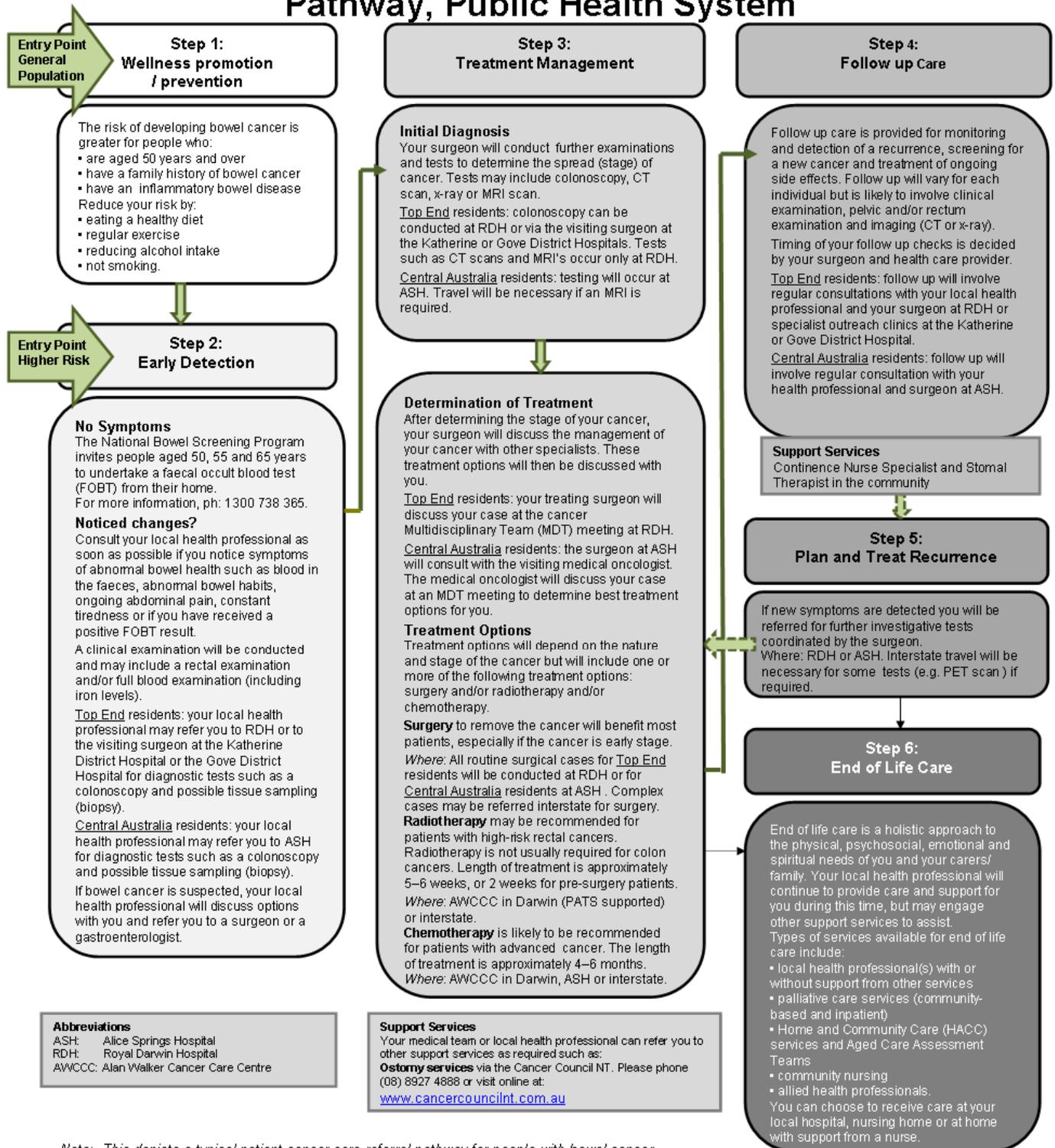
Travel Support

Assistance for patient travel through the **Patient Assistance Travel Scheme (PATs)**.
Contact **Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134;
Katherine District Hospital (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

3 NT Bowel Cancer Patient Referral Pathway – Expanded View

The following diagram provides an ***expanded view*** of the typical pathway for people with bowel cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.

Expanded View of the NT Bowel Cancer Patient Referral Pathway, Public Health System



Note: This depicts a typical patient cancer care referral pathway for people with bowel cancer.

Other Local Support Services

CanNET NT website provides updates of cancer services in the NT, and a Directory of Services at www.health.nt.gov.au

Cancer Council NT provides counselling services via nurse counsellors, face-to-face or telephone, and other support services. Call the Cancer Council Helpline on 13 11 20.

Allied health professionals that you may wish to be referred to include:

- **Continence nurse specialist** for advice on bladder or bowel incontinence and other urinary disorders.
- **Dieticians** for nutritional advice, e.g. strategies to reduce diet related side effects and enhance nutrition and quality of life.
- **Occupational therapists or physiotherapists** to help maximise physical capabilities and functional independence.
- **Pastoral care** for support and comfort irrespective of religious affiliation (or otherwise).
- **Stomal therapist** for assistance with bowel incontinence.

Assistance for patient travel through the **Patient Assistance Travel Scheme (PATS)**. Contact: **RDH** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **ASH** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

4 NT Bowel Cancer Patient Referral Pathway – Detailed Description

This chapter provides a **detailed description** of the typical pathway for people with bowel cancer in the NT public health system. It provides a further level of information compared to the expanded view and includes details of diagnostic processes, treatment options and possible variations in the pathway. It is also intended for health professionals with a need to inform themselves in undertaking their professional role.

Step 1 - Wellness Promotion / Prevention

The risk of developing bowel cancer increases with age. In Australia, the lifetime risk of developing bowel cancer before the age of 75 years is approximately one in 19 for men and one in 28 for women. The risk of developing bowel cancer is greater for people who:

- Are aged 50 years and over – risk increases with age
- Have a significant family history of bowel cancer or polyps eg three or more first degree relatives (a parent, sibling and/or child) with bowel cancer
- Have had an inflammatory bowel disease
- Previously had a particular type of growth (known as an adenoma) in the bowel

You can reduce your risk of bowel cancer by:

- Eating a healthy diet
- Reducing alcohol intake
- Regular exercise
- Maintaining a healthy body weight
- Not smoking

Step 2 - Early Detection

Pathway for People with No Symptoms (Asymptomatic)

Screening for bowel cancer is important as it can develop without any early warning symptoms. If detected in its early stages, it can be treated successfully.

The National Bowel Screening Program invites eligible people to complete a faecal occult blood test (FOBT) in the privacy of their own home. The test must be mailed to the pathology laboratory for analysis.

FOBT is a simple test that detects tiny amounts of blood. Blood is often released from bowel cancers or pre-cancerous growths (polyps or adenomas) into the bowel motion. The FOBT will not identify if you have cancer, but it will identify if you should have further testing. The result of a FOBT is either positive (presence of blood – further testing may be required) or negative (no significant traces of blood – generally no further testing required). Sometimes the tests will be inconclusive ie unable to determine if blood was present or not.

Those eligible for free screening are people aged 50, 55 and 65 years of age with a Medicare card or Department of Veterans' Affairs gold card.

For further information contact the National Bowel Screening Program online.

Web: www.cancerscreening.gov.au

or phone the FOBT Helpline

Phone: 1300 738 365

If your FOBT shows **positive results**, you will be advised to discuss the results with your local health professional (eg general practitioner, health worker, visiting medical officer, clinic nurse, Aboriginal Health Worker) who will generally refer you for further investigative tests such as a colonoscopy.

Note: a negative FOBT result **does not** necessarily exclude cancer, if other symptoms of abnormal bowel health are noticed you should consult your local health professional.

Pathway for People who have Detected Abnormal Bowel Health (Symptomatic)

If you notice symptoms of abnormal bowel health (especially if you are at greater risk of developing bowel cancer) or if you have received a positive FOBT test, you should consult your local health professional as soon as possible. Symptoms of abnormal bowel health include:

- Passage of blood with or without mucus in the faeces/stool
- A change in bowel habits (especially towards loose stools)
- Persisting abdominal pain
- Bloating or unexplained weight loss
- Constant tiredness

Your local health professional may conduct:

- An examination (eg a rectal examination)
- Preliminary tests such as a FOBT (if not conducted already)
- Full blood examination (including iron levels)

You may also be referred for a colonoscopy (including tissue sampling)

If you live in the Top End, your local health professional may refer you to the Royal Darwin Hospital (RDH) or to the visiting surgeon at the Katherine District Hospital or the Gove District Hospital for diagnostic tests such as a colonoscopy and possible tissue sampling (biopsy).

If you live in Central Australia, your local health professional may refer you to the Alice Springs Hospital (ASH) for diagnostic tests such as a colonoscopy and possible tissue sampling (biopsy).

If bowel cancer is suspected, your local health professional will discuss options with you and refer you to a surgeon (with colorectal expertise) or a gastroenterologist.

Initial Diagnosis

If bowel cancer is suspected, your health professional will refer you to a surgeon with colorectal expertise or to a gastroenterologist for a colonoscopy.

A colonoscopy is a procedure where a thin, flexible instrument is passed in through the anus to the large bowel for inspection with a small camera. If necessary, photographs and tissue samples (biopsies) can be taken and any growths (polyps) can also be removed at this time if required. You will be sedated prior to the procedure.

Other tests that may be performed to determine the spread (stage) of cancer include:

- **Colon cancer:** Computer Tomography (CT) scan of the abdomen and pelvis, and possible x-ray or CT scan of chest.
- **Rectal cancer:** CT scan of the abdomen and pelvis, x-ray or CT scan of chest, and Magnetic Resonance Imaging (MRI) or endoscopic (internal) rectal ultrasound.

If you live in the Top End, a colonoscopy can be conducted at Royal Darwin Hospital.

Visiting surgeons may conduct a colonoscopy at the Katherine District Hospital or the Gove District Hospital, however other tests such as CT scans and MRI's will occur only at Royal Darwin Hospital.

If you live in Central Australia, testing will occur at Alice Springs Hospital. Travel to Darwin or Adelaide will be necessary if an MRI is required.

Step 3 - Treatment Management

Determination of Treatment

After determining the stage of your cancer, your surgeon will discuss the management of your cancer with other relevant specialists. These treatment options will then be discussed with you.

If you live in the Top End, your surgeon will discuss your case at the cancer Multidisciplinary Team (MDT) meeting at Royal Darwin Hospital. The MDT comprises a mix of health professionals such as your surgeon, a medical oncologist and the cancer support nurse. For advice regarding radiotherapy the radiation oncologist from the AWCCC will be consulted. Your local health professional may also be involved in the MDT discussions.

If you live in Central Australia, your surgeon will discuss your case with the visiting medical oncologist at Alice Springs Hospital. The medical oncologist will discuss your case at the Royal Darwin Hospital MDT meeting in consultation with the radiation oncologist from the AWCCC.

Treatment

Treatment will depend on the nature and spread (stage) of the cancer but will include one or more of the following treatment options:

- Surgery
- Radiotherapy
- Chemotherapy

Surgery

Initial treatment is likely to involve surgery to remove the cancer. Surgery will benefit most people diagnosed with bowel cancer.

If you live in the Top End all routine surgical cases will be conducted at Royal Darwin Hospital.

If you live in Central Australia all routine surgical cases will be conducted at Alice Springs Hospital.

Some complex or advanced cases may be referred interstate for surgery.

Radiotherapy

Radiotherapy is used before or after surgery and in some cases chemotherapy is included.

Radiotherapy is the use of a high-energy x-ray that targets specific areas of the body where the cancer is located. The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed. Radiotherapy is sometimes used after surgery to target any remaining cancer cells. People at high risk of secondary tumours or locally advanced disease are also likely to benefit from radiotherapy.

The length of treatment is approximately six weeks.

Chemotherapy

Chemotherapy is the use of drugs to kill rapidly dividing cancer cells throughout the body and is often used after surgery to target any cancer cells that may have spread. Chemotherapy is likely to be recommended for people with advanced disease. The length of treatment varies significantly depending on the type and stage of the cancer, but most chemotherapy cycles for bowel cancer take approximately four to six months.

If you live in the Top End, chemotherapy will occur at the AWCCC in Darwin.

If you live in Central Australia, chemotherapy will occur at Alice Springs Hospital.

Note: If you are undergoing radiotherapy interstate, you may also undergo chemotherapy there as well.

During the treatment of cancer you may require the input of many different types of health professionals. You can support communication between the members of your treatment team by asking them to share your medical information with relevant health professionals.

Shared Electronic Health Record (SEHR)

We recommend the use of the Shared Electronic Health Record (SEHR) as a way of securely storing and sharing important information about your health. This information is collected when you visit participating health care providers such as NT public hospitals, health centres and some GPs.

Your SEHR does not replace the medical record that is held by your health care provider. It is a summary of your medical record that is accessible only by authorised health professionals.

For more information on the eHealth and SEHR programs, please visit www.ehealthnt.nt.gov.au or call Consumer Services on (08) 8924 7013.

Step 4 - Follow up Care

Follow up care will vary for each individual depending on the severity of the cancer and their risk of relapse. Follow up care is likely to include regular (every three to six months) clinical examination, pelvic examination, examination of the rectum (sigmoidoscopy, if appropriate) and appropriate blood tests and imaging (eg CT scan or x-ray) for five years.

If you live in the Top End, your follow up will be coordinated and documented by your treating surgeon and local health professional. This will involve regular consultation with your local health professional and consultation with your surgeon at Royal Darwin Hospital or specialist outreach clinics at the Katherine District Hospital or the Gove District Hospital.

If you live in Central Australia, your follow up will be coordinated and documented by the visiting medical oncologist at Alice Springs Hospital and by your local health professional.

Abnormalities: If your follow up screening identifies abnormalities, your local health professional will refer you back to the surgeon for further investigative tests and treatment. You may re-enter the pathway for further treatment if required.

No Symptoms: If you do not show any new symptoms of bowel cancer in five years, you may no longer require follow up care. You will be encouraged to follow a healthy lifestyle for wellness promotion and cancer prevention.

Step 5 - Plan and Treat for Recurrence

If new symptoms are detected from your regular follow up care, you will be referred for further investigative tests, coordinated by your surgeon. Tests may include:

- Chest x-ray
- Ultrasound
- CT scan of the abdomen and pelvis
- MRI of the pelvis
- Positron Emission Tomography (PET) scan (post CT scan)
- Colonoscopy (and tissue sampling if required)

You may re-enter the pathway for further treatment if a recurrence is found.

If you live in the Top End, testing will occur at Royal Darwin Hospital, except for PET scans which, if required, will involve travel.

If you live in Central Australia, testing will occur at Alice Springs Hospital, except for PET scans or MRIs which, if required, will involve travel.

Step 6 - End of Life Care

End of life care is a holistic approach to the physical, psychosocial, emotional and spiritual needs of you and your carers and family.

Even though your illness is considered incurable, you may still be treated with surgery, chemotherapy or radiotherapy for the control of symptoms and to ensure your comfort during this time. The aim of treatment is improving your quality of life and for the relief of symptoms.

Your local health professional will continue to provide care and support for you during this time and may engage other support services to assist in this process.

Referral to services such as Territory Palliative Care (TPC), a team of health professionals who specialise in assisting patients and their families through this last stage of illness, may be made by your medical team and/or local health professional. You or your family or friends may also approach TPC for support, advice or even temporary care.

Types of services available for end of life care include:

- Local health professional(s) with or without support from other services
- Territory Palliative Care services (TPC, community-based and inpatient care)
- Community Support Services such as: Home and Community Care (HACC) services and Aged Care Assessment Teams (ACAT)
- Community nursing
- Allied health professionals such as a social worker, dietician, occupational therapist, pastoral care and physiotherapist

If you live in the Top End, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- Palliative Care Hospice located at the Royal Darwin Hospital campus (provides palliative care, respite and symptom management)
- medical wards at Royal Darwin Hospital
- Palliative Care room at the Katherine District Hospital
- medical wards at the Gove District Hospital
- nursing homes

If you live in the Central Australia, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- medical wards at Alice Springs Hospital
- medical wards at Tennant Creek Hospital
- nursing homes

Additionally, the Cancer Council NT offers a variety of Cancer **Support Groups** and will recommend a suitable forum for your needs. These groups offer a supportive environment to discuss relevant issues, share experiences and gain strength.

For more information contact the Cancer Council helpline Darwin office on (08) 8927 4888 or Alice Springs on (08) 8953 5920.

5 Support Services for Bowel Cancer

At different times in the treatment of your cancer, different treatment team members may be the main co-ordinator of your care. They will advise you of other services available to you and refer you on to support services such as those described below.

CanNET NT

The CanNET NT website provides updates on cancer services in the NT, including a directory of cancer specific services.

Phone: (08) 8999 2572

Web: www.health.nt.gov.au

Physical

Ostomy

The ostomy service at The Cancer Council NT was established to distribute stoma appliances to all ostomates (a person who has undergone an ostomy) in the NT, regardless of whether or not their stoma is cancer related.

Contact the Cancer Council NT for information on ostomy services.

Phone: (08) 8927 4888

Fax: (08) 8927 4990

Email: ostomy@cancernt.org.au

Web: www.cancercouncilnt.com.au

You can also contact the Cancer Council NT Helpline for information on free accessories such as wigs for after chemotherapy treatment.

Phone: 131 120

ACCESSORIES AND WIGS

You can contact the Cancer Council NT for information on free accessories such as wigs after you have received treatment.

Phone: 131 120

Symptom Management

Your medical team will offer you symptom management, including pain relief, as required. In some cases, you may be referred to palliative care for symptom management as palliative care specialises in this type of treatment.

Referral to palliative care for symptom management does not necessarily mean that your case is incurable. Palliative support and advice is available in many areas of the Territory, for more information on services please contact the following areas:

Top End

Building 58 (Menzies Building), Royal Darwin Hospital
PO Box 41326, Casuarina NT 0810
Phone: (08) 8922 6761
Fax: (08) 8922 6775

Central Australia

Flynn Drive Community Care Centre, Flynn Drive
PO Box 721, Alice Springs NT 08721
Phone: (08) 8951 6762
Fax: (08) 8951 6774
Web: www.health.nt.gov.au/Palliative_Care

Psychosocial

Counselling

Counselling can be beneficial for anxiety, depression, issues regarding body image and/or sexuality and fertility issues.

The Cancer Council NT offers counselling services to all cancer clients via Nurse Counsellors. Brief interventions, including a single session with a clinical psychologist funded by the Cancer Council NT, can also be arranged through the Nurse Counsellors for issues related to cancer.

For an appointment phone:

Darwin (08) 8927 4888
Alice Springs (08) 8953 5920

Psychological consults are also available at the Darwin Office of the Cancer Council NT.

In Alice Springs the Cancer Council NT can refer you to a psychology service, but there can be long waiting periods. Face-to-face and/or telephone counselling services can also be arranged.

Phone the Cancer Council Helpline on 131 120

For further counselling, you can ask your local health professional to arrange a Mental Health Plan for you.

Allied Health

You can ask your medical team or local health professional to refer you to allied health services at your local hospital, community health clinic or privately to address specific areas of care.

- **Continence nurse specialists** can assist you with bladder or bowel incontinence and other urinary disorders.
- **Dieticians** provide information about nutritional needs, develop strategies to reduce diet-related side effects and enhance quality of life through nutrition.
- **Occupational Therapists (OT)** can suggest different ways of managing symptoms including using equipment to complete your normal daily tasks. OTs can help you achieve the best quality of life and be as safe, independent and comfortable as possible. Some occupational therapists can also assist with the treatment and management of lymphoedema.
- **Pastoral Care** offer support and comfort in times of need, help with problems or to simply be a companion, listen and talk without giving unwanted advice or intrude. This is available to you, whether you have any religious affiliation or not.
- **Physiotherapists** assist you to maximise your physical capabilities and functional independence. This may include the provision of mobility aids where appropriate and they may also assist in pain management and lymphoedema intervention.
- **Social workers** provide support, counselling and help in organising practical assistance with regards to finance and accommodation.
- **Speech Pathologists** can recommend strategies and exercises to assist with swallowing and speech difficulties that may be the side effects of radiation and/or chemotherapy.
- **Stomal therapists** may provide assistance with bowel incontinence. A stomal therapist is available in Darwin at:
 - Casuarina Community Health Centre ph: (08) 8922 7301In Central Australia support is available through:
 - Cancer Council NT ph: (08) 8951 5887
 - Alice Springs Community Health Centre ph: (08) 8951 6711

Patient Assistance Travel Scheme (PATS)

If travel is required for your treatment, you may be eligible to access PATS. This Scheme assists NT residents to access a range of essential specialist medical or surgical services where services are not available locally or from a visiting service.

PATS provides assistance with travel and, where applicable, accommodation costs to Northern Territory residents who are required to travel more than 200kms to specialist medical treatment. PATS is a contribution scheme and does not cover all travel and accommodation costs.

Visit PATS online for more information or contact your Patient Travel Office at your local hospital:

Web: www.health.nt.gov.au

Phone:	Royal Darwin Hospital	(08) 8922 8135 or (08) 8922 8134
	Katherine Hospital	(08) 8973 9206 or (08) 8973 9213
	Gove District Hospital	(08) 8987 0540
	Alice Springs Hospital	(08) 8951 7846 or (08) 8951 7979
	Tennant Creek Hospital	(08) 8962 4262

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Other Useful Sources of Information on Bowel Cancer

The following websites and contact details have been provided for your information. The authors take no responsibility for the content of these websites.

For the General Public

Bowel Cancer and Digestive Research Institute Australia

The Bowel Cancer and Digestive Research Institute Australia is a registered charity that aims to decrease the impact of bowel cancer and gastrointestinal diseases through awareness, education, support and medical research. The website contains information on bowel health, bowel cancer and bowel cancer research.

Web: www.bowelcanceraustralia.com

Cancer Council NT

The Cancer Council NT is a non-government, charitable, community based organisation committed to raising funds for the purpose of reducing the impact of cancer. It achieves this by providing information and support for people affected by cancer. The Cancer Council NT is a member of The Cancer Council Australia. The website contains information sheets on various cancer types including screening processes and risk factors.

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

Darwin

Casi House,
Unit 2 & 3 / 25 Vanderlin Drive, Wanguri

PO Box 42719
Casuarina NT 0811

Telephone: (08) 8927 4888
Fax: (08) 8927 4990

Alice Springs

Shop 3, Ground Floor
Anangu House, Bath Street

PO Box 9215
Alice Springs NT 0871

Telephone: (08) 8953 5920
Fax: (08) 8952 9189

Cancer Council Helpline

By calling the Cancer Council Helpline you can speak to caring and experienced people who can provide you with information about your cancer and who are familiar with resources available in the Northern Territory. The trained nurse/health counsellors provide confidential information and support for people with cancer and their families and friends about:

- How to prevent cancer or detect it early
- Different types of cancer
- Diagnostic tests and cancer treatments
- Services available to people with cancer
- Emotional aspects of cancer

The Cancer Council Helpline does not provide medical advice or recommend a course of action. The trained nurses and health counsellors can provide information to clarify medical terms, procedures and treatments.

The Cancer Council NT facilitates support groups for people at different stages of the cancer journey, offering a supportive environment to discuss relevant issues with people who can offer support, advice and hope. Please contact the Cancer Council to discuss which group would meet your needs.

Phone: 131 120

Local call cost from anywhere in Australia

Open: 9.00 am – 5.00 pm, Monday to Friday

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation providing advice to the Australian Government and other bodies on practices and policies to help prevent, detect and treat cancer, as well as advocating for the rights of cancer patients for best treatment and supportive care. The vision of Cancer Council Australia is to *minimise the threat of cancer to Australians, through successful prevention, best treatment and support.*

The website contains fact sheets on various cancer types including lifestyle factors, early detection and diagnosis.

Web: www.cancer.org.au

CanNET NT

The aim of CanNET NT is to develop a network of cancer service providers to deliver streamlined cancer services across the Northern Territory. The project focuses on enhancing access to quality cancer services for all Territorians. Visit the website for updates on cancer services in the NT, including a directory of cancer specific services, patient pathway booklets in five tumour streams and Indigenous resources in five Indigenous languages.

Web: www.health.nt.gov.au

National Bowel Cancer Screening Program

The National Bowel Cancer Screening program is an Australian Government initiative through the Department of Health and Ageing. Further information on the program, FOBT testing and bowel cancer is available on the website.

Web: www.cancerscreening.gov.au

Contact: National Bowel Cancer Screening Program Information Line

Phone: 1800 118 868 (from 9.00 am – 5.00 pm across Australia)

E-mail: bowelscreen@medicareaustralia.gov.au

For specific information regarding completing the FOBT kit you can call the FOBT Helpline.

Phone: 1300 738 365

NT Government Information

goNT is a whole of government and community initiative promoting physical activity and encouraging Territorians to be more active in their everyday life.

Web: www.health.nt.gov.au

For Health Professionals

Medicare Australia items available for cancer treatment

A summary of Medicare Australia items available for cancer treatment is accessible from:

Web: www.canceraustralia.gov.au

National Health and Medical Council (NHMRC) Clinical Guidelines

Web: www.nhmrc.gov.au

(1) **Clinical Practice Guidelines: for the prevention, early detection and management of colorectal cancer, 2005.**

Reference number CP106

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Glossary and Abbreviations

Term	Abbreviation	Meaning
Alice Springs Hospital	ASH	
Adenoma		A particular type of growth (polyp) in the bowel. Adenomas are common in the bowel and can develop into cancerous growths. <i>Note:</i> adenomas can occur in other organs and tissues but these are not related to bowel cancer.
Biopsy		Removal of a small part of tissue from the body. Can be non-surgical eg using a needle to extract the tissue, usually for diagnostic purposes only; or surgical (where larger amounts of tissue are removed) for treatment and diagnostic purposes.
Chemotherapy		Use of anti-cancer drugs to stop the growth of cancer, either by killing the cancer cells or by stopping them from dividing. Chemotherapy drugs enter the bloodstream and can reach cancer cells throughout the body. The way the chemotherapy is given depends on the type and stage of the cancer being treated. Chemotherapy is used to kill cancer cells and prevent recurrence.
Colonoscopy		A colonoscopy is a procedure where a thin, flexible instrument is passed in through the anus to the large bowel for inspection, and if necessary photographs and tissues samples (biopsies) can be taken. Any growths (polyps) can also be removed at this time if required. You will be sedated prior to the procedure.
Computer Tomography	CT	Diagnostic technique used to produce cross-sectional images of the body, particularly useful in the head, chest and abdomen regions.
Faecal Occult Blood Test	FOBT	A faecal occult blood test is a simple test that detects tiny amounts of blood, often released from bowel cancers or pre-cancerous growths (polyps or adenomas) into the bowel motion (faeces). The test is not diagnostic and will not identify a cancer, but will identify if further testing is required. The result of a FOBT is either positive (indicating the presence of blood – further testing may be required) or negative (indicating no significant traces of blood – generally, no further testing required). Sometimes the tests will be inconclusive ie unable to determine if blood was present.

Term	Abbreviation	Meaning
Local health professional		For the purpose of this document, your local health professional has been defined as the health professional with whom you seek initial medical advice such as a general practitioner, health worker, visiting medical officer, clinic nurse or Aboriginal Health Worker.
Magnetic Resonance Imaging	MRI	Diagnostic technique that uses magnetic signals to produce images of tissue in the body. MRI creates images based on differences between types of tissues.
Multi-disciplinary Team	MDT	Team of health professionals including clinical staff, eg surgeon and medical oncologist; and allied health professionals. The MDT aims to provide holistic, patient centred and best practice treatment planning.
Ostomy		An ostomy refers to a surgically created opening in the body for the discharge of body wastes, for example a colostomy is a surgically created opening of the colon (large intestine).
Palliative Care		Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement. <i>Definition from the World Health Organisation:</i> www.who.int/cancer/palliative/en/
Polyp		A small growth in the bowel which can cause health problems, and can develop into a cancerous growth in time. Polyps are often removed during a colonoscopy procedure because of the possibility that they may develop into cancer. <i>Note:</i> polyps can occur in other organs and tissues but these are not related to bowel cancer.
Positron Emission Tomography	PET	Diagnostic technique used to produce images of metabolically active disease (ie actively growing tumour).
Radiotherapy		Use of a high-energy x-ray targeted at specific areas of the body where the cancer is located (sometimes referred to as <i>localised therapy</i>). The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed.
Royal Darwin Hospital	RDH	
Sigmoidoscopy		A procedure where an instrument is passed in through the anus to the rectum and the lower part of the colon. Any growths (polyps) can also be removed at this time if required.
Staging of cancer		A method of classifying the severity and spread of the cancer based on size of the tumour and spread of the cancer (if any). Accurate staging of a cancer is important to determine appropriate treatment and prognosis.

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