

Salma Fahridin, Helena Britt

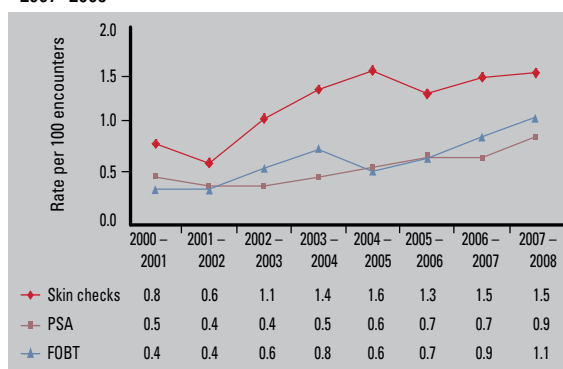
Australian GP Statistics & Classification Centre, University of Sydney, New South Wales.



Cancer screening in general practice

In 2006–2008, BEACH (Bettering the Evaluation and Care of Health) shows general practitioners managed malignant neoplasms at a rate of 2.4 per 100 encounters, or on about 2.6 million occasions across the country. Changes in GP activities during the past decade in the area of cancer screening per year are investigated in this article.

Figure 1. Changes in rates of patient requests for skin checks and in pathology orders for PSA and FOBT tests, 2000–2001 to 2007–2008



■ **Cancer screening promoted through government policies includes screening for breast cancer, cervical cancer, bowel cancer,¹ and skin cancer.² These cancers, plus prostate cancer, are investigated in terms of general practitioner procedural work and pathology test ordering rates that aim to detect cancer.**

Gynaecological check ups, which include breast examinations and Pap smears, were performed at a rate of 0.3 per 100 encounters in 2007–2008. This was an increase from 0.1 in 1998–1999 and the trend is consistent with an overall increase in Pap smears undertaken.³

Prostate examinations remained steady at about 1 per 10 000 encounters, however, pathology orders for prostate specific antigen tests almost doubled between 2000–2001 and 2007–2008 (Figure 1). Early data show that this trend has continued into 2008–2009 (results not graphed).

Orders for faecal occult blood tests almost tripled between 2000–2001 and 2007–2008 (Figure 1), while carcinoembryonic antigen test orders, while infrequent, increased from 0.02 to 0.1 per 100 encounters.

Patient requests for complete skin checks (recorded as a reason for encounter) almost doubled from 0.8 per 100 encounters in 1998–1999 to 1.5 in 2007–2008. A sharp increase was noted between 2002 and 2005 (Figure 1).

These results indicate that GPs have increased screening for cancer in recent years; generally in line with The Royal Australian College of General Practitioners preventive activities guidelines.

Conflict of interest: none declared.

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