

Cancer Screening

Jason Feavers, Cancer Research UK

Wendy Watson, PHE Screening and Immunisation Team



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What we will cover

- The 3 cancer screening programmes
- Changes to cancer screening tests
- National and local uptake/coverage of each programme
- Barriers to participation
- Interventions to improve participation
- Useful resources

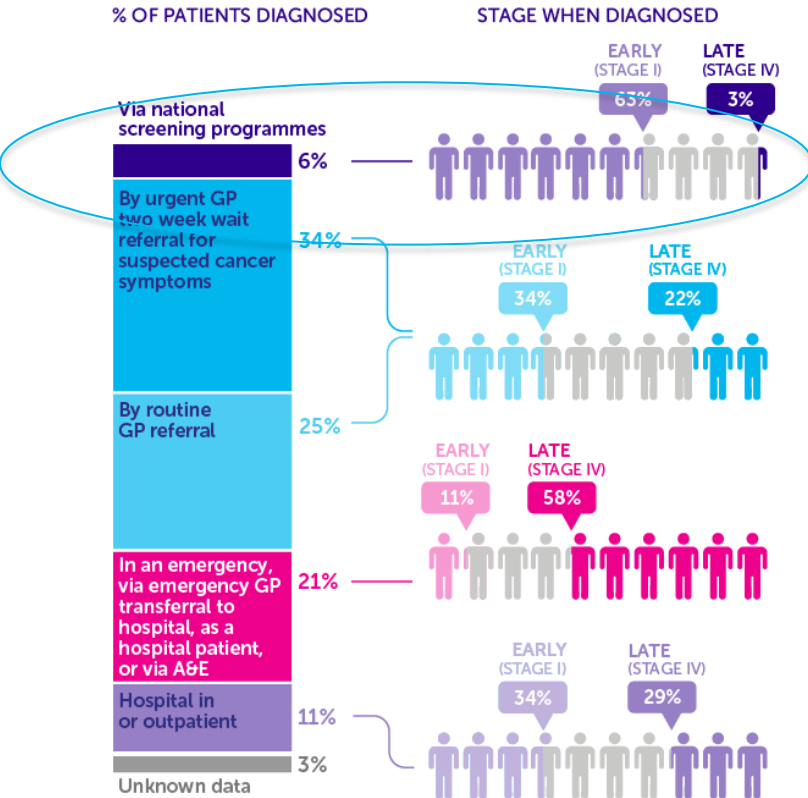


What is screening?

Screening is a way of **detecting** the **early signs of disease** – it is meant for people **without any symptoms**



Why is screening important?



Screening reduces the number of people dying from cancer by:

- **Detecting cancer early**
63% of cancers detected through screening are at an early stage (stage I)
- **Preventing cancer**
Bowel screening and cervical screening can both prevent cancer

What Are The Cancer Screening Programmes in England?



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QUIZ

- Which cancer screening programmes are currently offered?
- Who are they offered to (gender, age)?
- How often?
- What are the national targets?
- What are the screening tests?

Screening programmes

Bowel screening

- Men and women aged 60–74yrs, invited every 2 years
- Over 74, can request a kit
- FOBt (Faecal Occult Blood test) kit received in the post, FIT will be introduced in **2019**
- One off bowel scope test at 55yrs



Breast screening

- Women aged 50–70yrs, invited every 3 years
- Women over 70 screened on request
- Mammography



Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- Cytology and HPV (Human papillomavirus) Triage. HPV will become the primary test from December 2019



Cancer Screening Tests – bowel cancer screening



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Screening programmes across all nations & types of bowel screening tests:

- Faecal Occult Blood Test (FOBT)
- Faecal Immunochemical Test (FIT)

The benefits of FIT (v FOBt) as a screening test

FOBt

- 2 samples from 3 separate bowel motions
- A positive FOBt only indicates the presence of blood
- Provides only a positive or negative result

The benefits of FIT (v FOBt) as a screening test

FIT

- It detects human haemoglobin
- It is a more effective test (detects more cancers and less false positives)
- A numerical result is generated by a machine analyser
- There is scope for modification to threshold levels
- A single sample is required
- FIT is associated with higher uptake

FIT Screening

Threshold:

- FIT in England will be introduced at **120 $\mu\text{gHb/g}$ faeces**
- Likely/estimated to detect an additional **1500 cancers**

Impact

- Uptake of bowel screening in England is currently around 58% and even lower in more deprived areas. Screening with FIT can make a real difference. The pilot in England increased uptake by 7% with the greatest increase among men, and increases across all deprivation groups

The benefits of bowel cancer screening

The bowel screening test and bowel scope test **save lives**

- People taking part in screening reduce their risk of dying from bowel cancer by 25%
- People having the bowel scope test have a 40% lower risk of dying from bowel cancer

Bowel scope can **prevent some cancers from developing**

- The risk of developing bowel cancer is reduced by a third
- These benefits last for at least 17 years

The harms of bowel cancer screening

- Screening can give an abnormal result even though the person doesn't have cancer – a **false positive result**
- Screening can miss cancer – a **false negative result**
- People over-interpret a normal result and do not report symptoms they experience in the future – **false reassurance**
- A bowel cancer or polyp that would not have caused any harm is diagnosed and treated - **overdiagnosis/overtreatment**
- **Follow up tests** from FOBt/FIT, as well as bowel scope itself, **have risks** such as bleeding, damage (perforation) to the bowel wall, or (very rarely) death

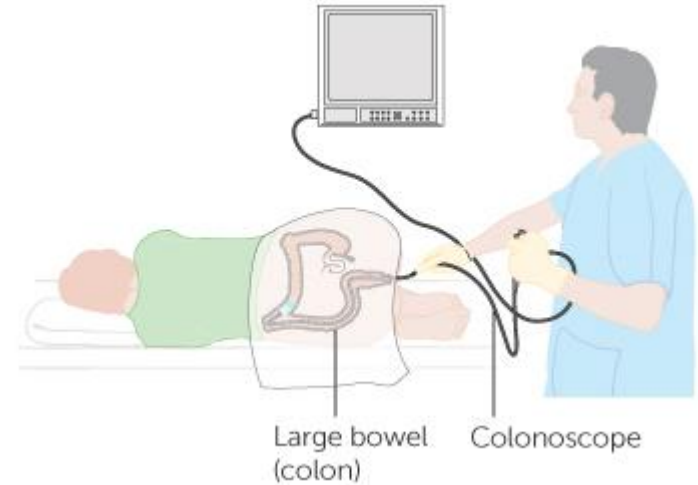
Deciding whether to be screened is individual – a person's attitudes and values shape their view on the relative benefits and harms

Having a colonoscopy following an abnormal result

The colonoscopy looks at the inside of the large bowel

Data from 2012 tells us that for every 100 people having a colonoscopy following an abnormal FOBT:

- 50 have nothing abnormal detected
- 40 have polyps
- 10 have cancer



Cancer Screening Tests

– cervical cancer screening



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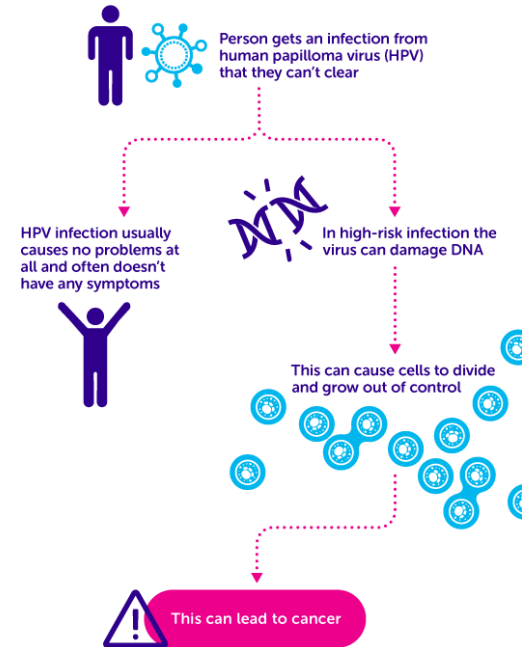
HPV primary testing

- In **England and Scotland**, the NHS has committed to **using an HPV test as the primary test for of cervical screening**.
- Screening will be performed in the same way, but the **sample taken will be analysed differently**. It will first be tested to see if the HPV virus is present and only if this test is positive will it be examined for abnormal cell changes (cytology).
- HPV primary screening **saves more lives** than the current test, as those that are HPV positive but who don't have cell changes will now be identified and monitored.

Human Papilloma Virus (HPV)

- HPV causes **99.8%** of cervical cancer cases.
- **HPV is a very common infection.** Around **80%** of people will come into contact with HPV during their lifetime. Most people will clear the infection naturally.
- Around 12 types of HPV are considered high risk for cancer of the cervix. Two of these types (HPV 16 and HPV 18) cause about 7 out of 10 (70%) cervical cancer cases.
- Since 2008, **girls aged 11-13** have been offered a vaccination against the **two** most common 'high-risk' types of HPV (HPV 16 and 18).
- As the HPV vaccine does not protect against all types of high risk HPV, regular cervical screening remains important.

HOW CAN HPV CAUSE CANCER?



The benefits of cervical screening

- Cervical screening **saves at least 2,000 lives** each year in the UK.
- The cervical screening programme started in the late 1980s and since the early 1990s **cervical cancer incidence rates have decreased by almost a quarter** in the UK.

The harms of cervical screening

- Screening can give a positive result when there are no abnormal changes - **false positive result**
- Cell changes are missed during screening – **false negative result**
- It is difficult to tell whether changes in the cervix will go back to normal or will develop into cancer in the future. Some women will have treatment for changes that would not have caused any harm if they had been left alone - **over diagnosis/overtreatment**
- Women over-interpret a normal result and do not report symptoms they experience in the future - **false reassurance**

Cancer Screening Tests

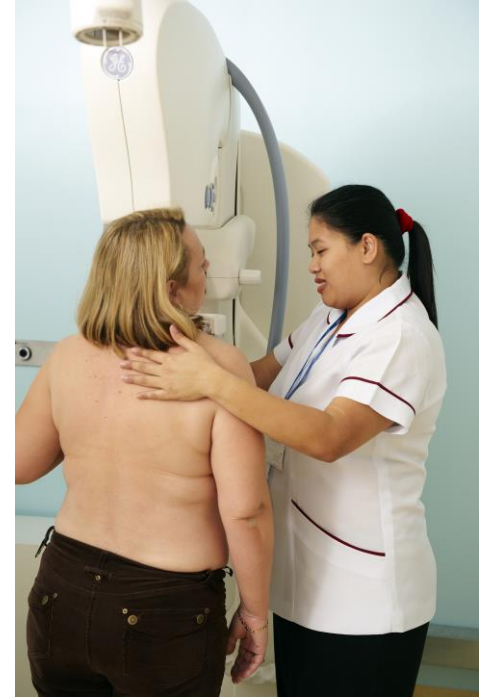
– breast cancer screening



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Breast Screening: Mammography

- For women aged between 50 and 70 years, who are registered with a GP
- Test is a mammogram – 2 x-rays of each breast
- Carried out at special clinics or mobile breast screening units
- Self-referral over 70



What happens to women's mammograms?

- Mammograms are examined and the results are sent to the woman and her GP within **two weeks**
- Women may be asked to go to an **assessment clinic for further tests** if a potential abnormality is detected at initial screening
- Women may also be asked to go to an assessment clinic if their mammograms need repeating (e.g. if an x-ray was not clear enough)

The benefits of breast cancer screening

- The current evidence suggests that breast screening **reduces the number of deaths from breast cancer by about 1,300** a year in the UK.
- **Breast cancers found by screening** are generally at an early stage. Early stage breast cancers are **more likely to be cured** and may need less treatment.
- **99% of women** who are diagnosed with breast cancer at the earliest stage (stage I) **survive their cancer** for 5 years or more.

The harms of breast cancer screening

- Screening doesn't find all breast cancers. So some people with breast cancer will be missed - a **false negative result**.
- In some women, the test is positive even though there is no breast cancer - a **false positive result**
- Women over-interpret a normal result and do not report symptoms they experience in the future - **false reassurance**
- Harms associated with the test e.g. **radiation exposure, pain**
- A breast cancer is picked up that would not have caused harm – **overdiagnosis**

THIS MEANS THAT...

For every one life saved...



...three women are overdiagnosed

1,300
lives saved from breast cancer each year in the UK



4,000
women diagnosed with breast cancer, and often treated unnecessarily each year

So breast screening saves lives, but also causes some women to be diagnosed and treated who didn't need to be. We can't tell which cancers are overdiagnosed, so all women are offered treatment for their breast cancer.

How these benefits and harms stack up is different for each woman, so whether or not to go for screening is an individual choice.

How can you help women understand the benefits and harms?

Offer support

Acknowledge that these are difficult issues, so it's normal to feel confused or uncertain.

Explain clearly

Explain that some cancers didn't need to be picked up, and would not have caused harm in a woman's lifetime. This means some women will have treatment they didn't need, and have to live with the impacts of treatment.

Don't push women to take up screening

Whether to have breast screening is an individual choice and there is no right or wrong answer.

Use the NHS screening leaflets as a guide

Refer to NHS breast screening service for patient information leaflets in English and a range of other languages



Cancer Screening Data



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Bowel cancer screening uptake

National coverage

% of invited people screened within last 30 months:

England: 59.6%

Vale of York CCG: 63.7%



Range between 56.9% to 73.8% for VOY CCG practices

Cervical screening coverage

National coverage (% of eligible women taking part in screening)

England: 71.7%

Vale of York CCG: 74.9%

A grey circular graphic containing the text 'National target 80%' in white.

National
target
80%

A grey circular graphic containing the text 'Minimum Standard 70%' in white.

Minimum
Standard
70%

Range between 45.3% to 86.1% for VOY CCG practices

Breast screening uptake

National coverage

% of women aged 50 to 70 screened in last 36 months:

England: 72.1%

Vale of York CCG: 78.2%

Range between 71.5% to 85.1% for VOY CCG practices



National
target
70%

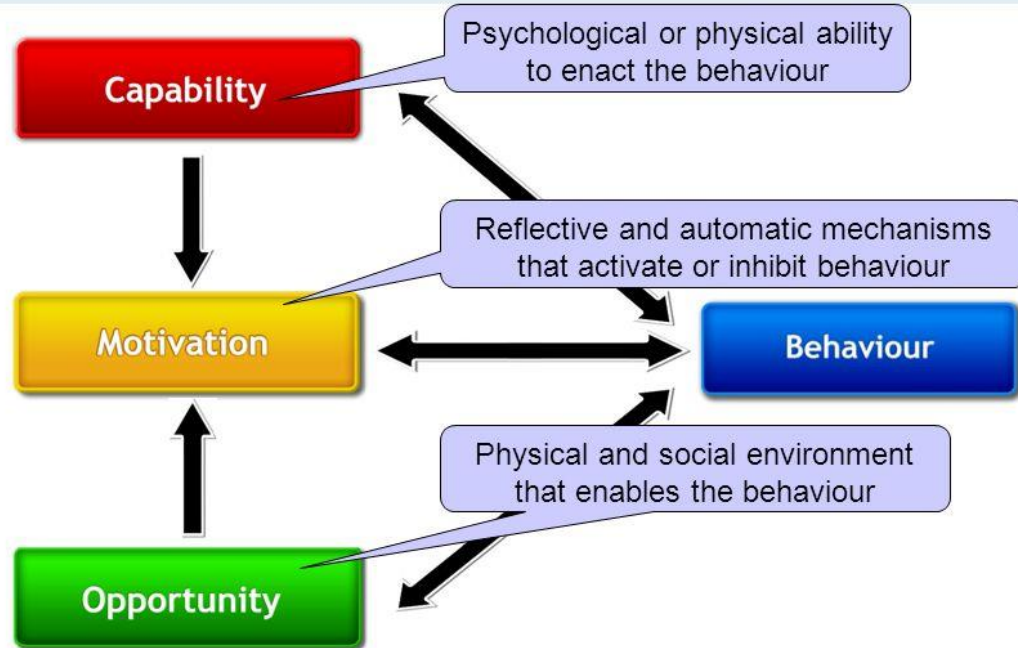
What Are The Barriers to Participation in Cancer Screening?



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Barriers to screening

The COM-B system: Behaviour occurs as an interaction between three necessary conditions



Barriers with bowel screening

General barriers we know already:

- Knowledge of screening
 - E.g. thinking screening isn't relevant because they don't have symptoms
- Fear and fatalism
 - E.g. believing that death is predetermined
- Motivation and practical barriers
 - E.g. competing demands on time
- Beliefs related to culture, gender, or deprivation
 - E.g. screening and preventative tests are not familiar parts of healthcare
- The test itself
 - E.g. dislike and social taboo around handling faeces

FIT Test specific barriers:

- Practicalities
 - E.g. completing the test for those with manual dexterity problems or visual impairments

Barriers to cervical screening

- Relevance of screening
 - E.g. assumption of low risk because of low number of sexual partners or vaccination history
- Fear of cancer
 - E.g. fear of cancer diagnosis and treatment following screening
- The test itself
 - E.g. feeling shame or embarrassment
- Practical barriers
 - E.g. competing priorities, access to appointments
- Beliefs related to ethnicity, culture or deprivation
 - E.g. BME women sometimes fear poor clinic hygiene will lead to infections

Breast screening barriers

- Practical barriers
 - E.g. scheduling a convenient appointment
- Beliefs related to ethnicity, culture or deprivation
 - E.g. fear of cancer and treatment for cancer
- Not seeing screening as relevant
 - E.g. having no family history of breast cancer, and so not seeing screening as relevant
- The test itself
 - E.g. fear the test will be painful

What Can You Do To Increase Uptake?



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How can primary care health professionals help increase uptake?

Improve awareness of bowel cancer screening

Training

- Ensure all staff know about the bowel screening programme and familiar with FIT test
- Have a screening lead
- Use the CRUK GP Good Practice Guide

Display screening information

- Bowel cancer screening information cards
- Leaflets and posters about bowel cancer and bowel cancer screening
- Animation: how to do the test

Make the most of Bowel Cancer Awareness Month in April



How can you help to increase uptake?

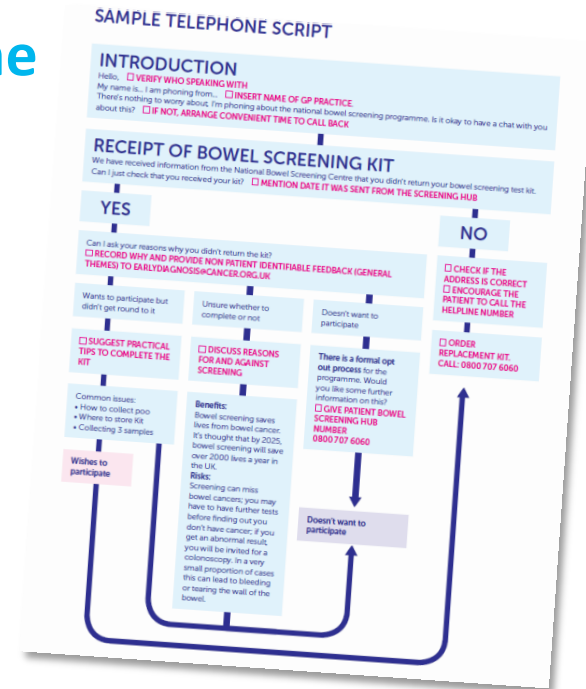
Endorse the Bowel Cancer Screening Programme

Contact your local screening hub/ centre to see if they can provide you with Prior Notification Lists (PNLs) for bowel screening

OR
Search for patients approaching their 60th birthday and 60-74 year olds with a non response result in the last 2 years

Consider contacting people via:

- **GP endorsement letter** (templates are available)
- **Telephone** (a telephone script is available)
- **Opportunistically** (Use alerts)
- **Use READ codes** to record any interventions



How can you help to increase uptake?

Remove barriers to participation

Accessible information

- Screening leaflets and resources are available in a range of languages and pictorial easy read versions
- Our animation video and CRUK factsheet explain how to complete test

Making reasonable adjustments

- Be ready to offer support to those who ask for it. This includes demonstrating how to use the test and talking through screening information
- Consider liaising with community health teams to identify people who may benefit from additional support
- Support people to request replacement kits

Interventions to increase breast screening uptake

Improve awareness

- Talk about screening with women
- Have leaflets and posters on display
- Make the most of Breast Cancer Awareness Month in October
- Let women over 70 know they can opt in if they wish to
- Work with your local breast screening service to promote the programme

Make sure staff are aware of the programme

- Have a screening lead, who is responsible for breast screening
- Use READ codes to record any interventions

Interventions to increase uptake (cont.)

Remind women about their appointment

- Contact women via text message, letter or over the phone during screening round
- Add pop-up alerts to trigger conversations with eligible women during screening round

Endorse the breast screening programme

- Whilst continuing to respect and enable informed choice

Remove barriers to participation

- Use coding to identify patients that may need additional support
- Provide information in a range of languages and easy read versions



Interventions to increase cervical uptake

Make sure staff are aware of the programme

- Have a screening lead, who is responsible for cervical screening
- Provide training for all staff to raise awareness of cervical screening

Overcoming barriers

- Have a wide availability of appointments (before/after core business hours)
- Provide pre-appointments/longer appointments to show women the speculum and explain the process prior to the first screen and offer more tailored support to women who have specific concerns or have had bad experiences in the past
- Use health promotion (posters, leaflets, social media) to reach out to women from groups with lower uptake e.g. BME communities

Interventions to increase uptake (cont.)

Following up non responders

- Contact non responders and those overdue for screening, for example by sending letters or texts
- Use READ codes to record these interventions
- Have an alert or screen prompt on patient notes if they are overdue a screen to opportunistically remind patients
- Regularly cleanse practice list to ensure removal of 'ghost patients'

Bowel cancer screening England resources

- Cancer Research UK [information cards](#)
- CRUK website: www.cruk.org/bowelscreening
- CRUK Bowel Screening Hub <https://www.cancerresearchuk.org/health-professional/screening/bowel-screening-evidence-and-resources/projects-hub>



GP Insight | February 2019

FIT bowel screening

Information for GPs in England

Inside poster to display in your surgery



CANCER RESEARCH UK
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BOWEL CANCER SCREENING

SAVES LIVES

The test can detect invisible early signs of bowel cancer. Taking part is easier than you think.

If you've been invited to take part and need more information or a new test kit contact:

freephone 0800 707 6060

www.nhs.uk/bowel



Useful resources

CRUK webpages and resources:

- **CRUK bowel screening webpages:** <http://www.cancerresearchuk.org/about-cancer/bowel-cancer/getting-diagnosed/screening>
- **CRUK bowel screening evidence and interventions:** <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources>
- **CRUK bowel cancer resources:** <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources/bowel-screening-resources>
- **CRUK bowel cancer statistics:** <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer>

Useful resources

External websites and resources:

- **Public Health England website:** <https://www.gov.uk/topic/population-screening-programmes/bowel>
- **Public Health England leaflets:** <https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>
- **NHS Choices:** <http://www.nhs.uk/conditions/bowel-cancer-screening/Pages/Introduction.aspx>

Useful resources

- CRUK breast screening webpages: <http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer>
- CRUK breast cancer resources: <http://publications.cancerresearchuk.org/cancertype/breast>
- CRUK breast cancer statistics: <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer>
- Public Health England Breast Screening Booklet: Helping you decide: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563505/nhs_breast_screening_helping_you_decide.pdf

Useful resources

CRUK webpages:

- CRUK cervical cancer screening information:
<http://www.cancerresearchuk.org/about-cancer/cervical-cancer/getting-diagnosed/screening>
- CRUK evidence on increasing cervical screening uptake:
<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/evidence-on-increasing-cervical-screening-uptake>
- CRUK cervical cancer statistics: <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer>
- CRUK cervical cancer resources:
- <http://publications.cancerresearchuk.org//early-diagnosis>

Useful resources (cont.)

External webpages:

- Jo's Cervical Cancer Trust: <https://www.jostrust.org.uk/about-cervical-cancer/cervical-screening-smear-test-and-abnormal-cells>
- NHS Choices: <http://www.nhs.uk/conditions/Cervical-screening-test/Pages/Introduction.aspx>
- Public Health England information: <https://www.gov.uk/guidance/cervical-screening-programme-overview>

Useful resources: Accessible Information

- Public Health England - How to do the kit - different languages:
<https://www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks>
- Public Health England - Bowel Screening leaflet - Easy Read:
<https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>
- Bowel Cancer UK resources to support people with learning disabilities: <https://www.bowelcanceruk.org.uk/for-health-professionals/our-training-and-education/> Macmillan - easy read booklets:
<https://be.macmillan.org.uk/be/s-428-easy-read-titles.aspx>
- Easyhealth website: <http://www.easyhealth.org.uk/>
- IHAL – Making Reasonable Adjustments report:
[http://www.improvinghealthandlives.org.uk/publications/313910/ Making reasonable adjustments to cancer screening An update of the 2012 report](http://www.improvinghealthandlives.org.uk/publications/313910/Making_reasonable_adjustments_to_cancer_screening_An_update_of_the_2012_report)

Summary



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Key Points

- Screening **reduces the number of people dying from cancer** and in some cases, can **prevent cancer** from developing
- **Informed choice** is central to screening, and patients should be given **good, balanced information** to help them reach a decision
- The **uptake of screening can be low** in certain areas, particularly for bowel cancer screening
- We can help people to understand and undertake screening by helping them to **break some of the common barriers down**
- Never underestimate the **power we have to help people** and the difference we can make

Thank You

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