Screening Matters: Cervical, Breast and Bowel

Susan Spence
5th November 2016
Screening:

The identification of a disease process in an *asymptomatic* population in order to improve outcome by means of early intervention.

In simple terms *the national cancer screening programmes involve testing apparently healthy people for signs that could mean a cancer is developing.*
Screening decision-making process

The UK NSC rigorously assesses the evidence on screening to make recommendations

- 22 criteria
- Assess benefits and risks of screening, quality of the test, and public health need
- Regular review process (approx 3 yr, can vary)
- ‘Gold-standard’ recommendations
WHAT ARE CURRENT CANCER SCREENING PROGRAMMES?
CANCER SCREENING PROGRAMMES

Cervical screening
- Women aged 25 to 64 in England
- Every 3 years up to age 49, then every 5 years
- Cytology

Bowel screening
- Men and women aged 60 to 74
- Testing kit received in the post.
- 6 stool samples needed.

Breast screening
- Women aged 50 to 70.
- Women over 70 can request screening.
- Mammography
National Targets

Cervical screening: 80%
Bowel screening: 60%
Breast screening: 70%
BREAST SCREENING SUMMARY

• Available for women, registered with a GP in England between the ages of 50 - 70

• 3 year rolling programme

• Women over 70 can request to be screened.

• Screening carried out at static centre or mobile unit
Breast screening

Introduced in 1988, national coverage by 1991
Breast screening cont...

• Invite sent at least two weeks before appointment
• Appointment time and location can be rearranged
• Half hour appointment
• Test carried out by female staff
• Two views of each breast
• Results within 3 weeks
BOWEL SCREENING SUMMARY

- Available to Men and women, registered with a GP between the ages of 60 to 74
- Testing kit sent to persons home by regional hub every 2 years.
- Persons over 74 can request a kit.
- 6 poo samples needed.
Bowel screening

• Phased roll out June 2007-December 2009

• Home test – 2 samples from 3 bowel motions

• Test uses a guaiac resin to detect occult blood. After developing with hydrogen peroxide the appearance of a blue colour indicates presence of FOB
Using the home testing kit

Collection of poo samples

Remember the process needs to be repeated two more times within two weeks of the first sample being taken.

No need to keep kit in the fridge, just a cool place.

Content correct as at May 2016
Using the home testing kit

Returning the kit

Post the sample back to the lab in the foil lined envelope provided.

Results are normally posted back to the individual within two weeks.

A copy of the results will go to the persons GP.

Content correct as at May 2016
Using the home testing kit

Possible results

**Normal Result**
No blood detected

No further investigations needed. The person will continue to be invited to take part in screening every two years.

This doesn't completely rule out cancer. So, it is important for the person to get to know their body and what is normal for them. If they notice any unusual or persistent changes, they need to see their GP and not wait for the next kit to arrive.

**Unclear**
There was a slight suggestion of blood

The person will be sent another kit and asked to do the test again.

This is because the result could have been caused by other medical conditions or recent dental work.

**Abnormal**
Blood is detected

Most people who have an abnormal result don't have cancer.

The person might be asked to do the test again or he might be given an appointment to see a specialist nurse at his local bowel screening centre to discuss having a colonoscopy.

The appointment should be within 2 weeks of the letter telling them the FOB test result.
HOW AND WHEN BOWEL CANCER PATIENTS ARE DIAGNOSED

<table>
<thead>
<tr>
<th>Method</th>
<th>% of Patients Diagnosed</th>
<th>Stage When Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via national screening programme</td>
<td>10%</td>
<td>Early (Stage I) 37%</td>
</tr>
<tr>
<td>By urgent GP two week wait referral for suspected cancer symptoms</td>
<td>30%</td>
<td>Early (Stage I) 18%</td>
</tr>
<tr>
<td>By routine GP referral</td>
<td>24%</td>
<td>Late (Stage IV) 40%</td>
</tr>
<tr>
<td>In an emergency, via emergency GP transfer to hospital, as a hospital patient, or via A&amp;E</td>
<td>24%</td>
<td>Early (Stage I) 6%</td>
</tr>
<tr>
<td>Hospital in or outpatient</td>
<td>10%</td>
<td>Late (Stage IV) 22%</td>
</tr>
<tr>
<td>Unknown data</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Source: National Cancer Intelligence Network, data for England 2012-2013

LET'S BEAT CANCER SOONER
cruk.org
From FOB to FIT

Agreed by the National Screening Committee to replace FOB in Nov 2015 as the primary screening test for Bowel Cancer – however national roll out expected to take some time!

Pilots found that FIT was easier to use – 10% increase in uptake.

FIT is more sensitive and specific.
Bowel scope screening?

What is it?

- One off Flexi Sigmoidoscopy for men and women aged 55 registered with a GP in England.

- Invitations are sent out automatically and people have any time up to their 60th birthday to take up the offer.

- Roll out expected to be complete by Dec 2017
CERVICAL SCREENING

- Available to women aged 25 to 64 in England
- All eligible women, registered with a GP automatically receive an invitation by mail.
- Women aged 25 to 49 invited every 3 years.
- Women aged 50 to 64 invited every 5 years.
Cervical screening

• National screening programme introduced in 1988
• Screening carried out in GP practices
• Call/recall process managed via national call recall programme
• HPV immunisation introduced in 2008.

Vaccinations will not have an impact on incidence for many years; vaccinated women should continue accepting offers of cervical screening.
Cervical Screening:
Cervical screening is a method of preventing cancer by detecting and treating abnormalities of the cervix.

Cervical cytology:
The programme uses liquid based cytology (LBC) to collect samples of cells from the cervix.

The laboratory will examine these samples under the microscope to look for any abnormal changes in the cells.

Human Papillomavirus (HPV)
A common virus transmitted through sexual contact. In most cases, a woman’s immune system will clear the infection without the need for treatment. HPV has over 100 subtypes, most of which do not cause significant disease in humans.

Known as high risk HPV (HR-HPV), some subtypes can cause cervical cancer. In particular HPV16 and HPV18.

Evidence has linked HR-HPV to the development of abnormal cells. If left untreated, these abnormal cells may go on to develop into cervical cancer.
Cervical cancer death rates have decreased by 71% in the UK since the early 1970s.

New cases of cervical cancer, 2012, UK: 3,044

Survive cervical cancer for 10 or more years, 2010-11, England and Wales: 63%

Deaths from cervical cancer, 2012, UK: 919

Preventable cases of cervical cancer, UK: 100%
The UK NSC have recently recommended that the Cervical Cancer Screening Programme should adopt HPV testing as the primary screen test as it is more accurate.

However, a timescale for roll out has not yet been announced.

*Women aged 25–49 invited every three years; women aged 50–64 invited every five years.

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Informed participation

The decision whether or not to participate in screening is a personal one.

Patients should be provided with information about the benefits and harms associated with screening.
The benefits and harms – bowel screening

- **Benefits**
  - Mortality reduction (RCTs demonstrated a 16% reduction in mortality)

- **Harms**
  - Colonoscopy (follow-up after positive FOBT) leading to risk of perforation, bleeding, death (1:10,000 procedures)
  - Psychological distress
  - False reassurance
The benefits and harms – cervical screening

• **Benefits**
  – Mortality reduction (5,000 a year)
  – Cervical cancer prevention (8 out 10 cancers prevented)

• **Harms**
  – Large Loop Excision of the Transformational Zone (LLETZ) treatment sometimes leading to raised risk of premature delivery in later pregnancies
  – Over-treatment of regressive CIN2/CIN3
  – Psychological distress
  – False reassurance
The benefits and harms – breast screening

• **Benefits**
  – Breast cancers detected by screening are generally at an early stage
  – Estimated to save 1,300 lives a year

• **Harms**
  – Overdiagnosis and overtreatment (estimated 4,000 cases a year)
  – Radiation exposure
  – Psychological distress
  – False positives
  – False reassurance
Breast cancer screening 'harming thousands'

For every life that breast cancer screening saves, three women have to be unnecessary, an official review has concluded.

Breast cancer screening beneficial, scientists reassure

By Smitha Mundasad
Health reporter

4 June 2015

NHS breast cancer screening 'waste of time'

by BEEZY MARSH, Daily Mail

An expert report yesterday cast serious doubts over the value of the NHS breast screening service.

It claimed the programme is a waste of time and money, leading to needless mastectomies for benign lumps and aggressive treatment such as radiotherapy which may do as much harm as good.

Cancer charities, however, warned women not to be put off having tests which could save their lives.

They said there is no doubt that screening detects hitherto unsuspected cases.
Breast screening review

- Independent review following controversy about benefits and harms of breast screening
- Concluded that screening should continue but women should be fully informed of benefits and risks
- Screening leads to estimated 20% reduction in mortality in UK
- Estimated that for every 1 women saved 3 are overdiagnosed
If we look at 1,000 women over 20 years

If they were **not** screened, 58 would be diagnosed with breast cancer

- 21 die from breast cancer
- 37 are treated and survive their disease
- 17 live healthy lives not affected by their cancer

With screening, 75 are diagnosed with breast cancer

- 16 die from breast cancer
- 59 are treated and survive their disease
- 17

**Lives saved by screening**

This many women would have died if breast screening had not caught their cancer early

- 1,300 lives saved a year in the UK

**Overdiagnosed due to screening**

This many women are treated for breast cancers that are real, but would not have caused them any harm

- 4,000 women treated a year when there would have been no harm

So, breast screening saves lives, but causes some women to be treated who didn’t need to be

On balance, Cancer Research UK recommend that women go for breast screening when invited
Breast screening could stop me dying from breast cancer.

Breast screening could mean that I am diagnosed and treated for a cancer that would never have become life threatening.
WHAT ARE THE BARRIERS TO PARTICIPATION?
Barriers to screening

- Accessibility
- Don’t know how to do the test
- Disability
- Scared the test will hurt
- Health a low priority
- Cultural barriers
- Don’t feel unwell
- Fear of diagnosis
- Language barriers
WHAT ACTIVITIES COULD PRACTICES UNDERTAKE TO REDUCE BARRIERS?
Bowel Screening Workbook

Engaging Non-Responders Flowchart

**CODING:** Identify non-responders and understand engagement profile

a) Ensure letters from national bowel screening centre are **coded** in patient records
b) **Review** non-responder records to determine whether regularly engage with GP practice

**CONTACT:** Develop appropriate strategies to engage non-responders

**ALL non-responders**

Add **alerts/prompts** to identify patients and support discussion

**NON-ATTENDERS at GP Practice**

- **Example Activities**
  - a) Letters
  - b) Telephone Calls
  - c) Texts

**ATTENDERS at GP Practice**

- **Example Activities**
  - a) Leaflet from receptionist
  - b) Discussion with clinical staff

**CHECK:** Evaluate effectiveness of interventions

a) **Code** engagement methods used for each patient
b) **Review** which methods have been most effective
What can you do to support your practice population?

WHERE SHOULD YOU BEGIN?

- How many eligible patients do you have?*
- What % of your patients have not responded to bowel screening invitation?*
- How many patients per month is this?
- Who knows what about bowel screening - consider all staff/ is training required?
- Who in the practice team can manage these activities (e.g. results, READ codes, health promotion, patient communication)?
- Can your practice send letters? Make telephone calls? Advise patients as they come into contact with the practice?

* this information can be obtained from the NCIN General Practice Profile available at http://bit.ly/1TRwwud

This information can be used to contact patients, encourage them, and offer them further advice/ signposting (i.e. to request a screening kit).
Practical tips

**TRAINING**
Provide training to all of your staff.

**KNOW THE TEST**
Being familiar with the FOBt test kit, can help practice staff explain it to patients.

**DISPLAY SCREENING INFORMATION**
Information can be displayed in the practice to alert people to bowel screening.

**SIGN UP TO RECEIVE ELECTRONIC RESULTS**
These are available for bowel cancer screening and can be requested from the Bowel Cancer Screening Hub. Automatically READ coded.

**USE PRACTICE DATA**
You could check that the contact details of people aged 60 and over are accurate. Consider checking how your practice’s uptake and coverage compares with local and national averages.
GP ENDORSEMENT

• Endorsement by a GP or member of the practice team increases the uptake of screening
• Explaining what the test is for and how to do it will help patients decide whether they wish to participate

IDENTIFY AND ADDRESS BARRIERS

• People are sometimes embarrassed to talk about bowel screening and scared to talk about cancer
• When practice staff are confident and practical in their approach, this can help patients to be more receptive to health messages

For details of more interventions see Cancer Research UK’s Evidence and Intelligence Hub: http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources/evidence-on-increasing-bowel-screening-uptake
FLOWCHART TO ENGAGE INVITEES AND NON-RESPONDERS

CODING
IDENTIFY INVITEES AND NON-RESPONDERS AND UNDERSTAND ENGAGEMENT PROFILE
a. Ensure letters from national bowel screening centre are coded in patient records
b. Review non-responders records to determine level of engagement with GP practice

CONTACT
DEVELOP APPROPRIATE STRATEGIES TO ENGAGE INVITEES AND NON-RESPONDERS

ALL INVITEES AND NON-RESPONDERS
Add alerts/prompts to identify patients and support discussion

NON-ATTENDERS AT GP PRACTICE example activity
a. Letters
b. Telephone calls
c. Texts

ATTENDERS AT GP PRACTICE example activity
a. Leaflet from receptionist
   b. Discussion with clinical staff

CHECK
EVALUATE EFFECTIVENESS OF INTERVENTION
a. Code engagement methods used for each patient
b. Review which methods have been most effective
APPENDIX 1(a):
SAMPLE GP ENDORSEMENT LETTER NON-RESPONDERS

Building on the endorsement templates used in peer review studies, Cancer Research UK has produced a version that incorporates elements to promote informed consent.

Insert GP letter-head including GP practice phone number
FREEPHONE 08007076060

Dear <Patient - insert name>,

We are writing to you to express our support for the NHS Bowel Screening Programme. This is in follow-up to the bowel screening kit that you would recently have received through the post (see photo).

Bowel cancer is the fourth most common cancer in the UK. The aim of the Bowel Screening Programme is to discover bowel cancer at an early stage, before symptoms have a chance to develop. The sooner it's caught, the easier it is to treat and treatment is more likely to be successful.

Bowel screening involves a simple test that you carry out in your own home.

We encourage you to consider doing this screening test, which you then send off in the envelope for analysis.

Whether or not to do the test is your choice, so you should read the information you were sent with your screening invitation to help you decide.

If you have not received your screening pack or wish to have another sent out to you, please telephone the following number, which is the bowel screening helpline: 0800 707 6060.

If you’re not sure how to complete the test itself, and have access to the internet, this link will give you further information: How to complete the test (http://bit.ly/1PeS3Z7O) or speak to your practice nurse who can show you how to complete the kit.

If there is anything else that you’d like to know or discuss about bowel screening, please do not hesitate to contact the surgery for further advice.

Yours sincerely,

Dr
IF IT'S NOT NORMAL – GET IT CHECKED

SPOTTING CANCER EARLY
Thank You!

Questions?