BOWEL CANCER SCREENING PROGRAMME

OVERVIEW

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Bowel Cancer Screening Programme
Specialist Screening Practitioners
Aims and Objectives

- To give an overview of the bowel cancer screening programme
- Why we screen patients
- The screening process
- UCLH Screening centre role
- Uptake and positivity of screening
- UCLH Screening centre data on findings
- Next steps
- Patient feedback
Screening means looking for early signs of a disease in healthy people who do not have symptoms. Bowel cancer screening aims to detect bowel cancer at an early stage when treatment is more likely to have better outcomes.

Regular bowel screening has been shown to reduce the risk of dying from bowel cancer by 16%.

Cancer Research UK 2011
As well as finding cancer at an early stage, bowel cancer screening is also detecting polyps (group of abnormal cells) on the inner lining of the bowel.

These are usually non cancerous but some may develop into cancer over time. Polyps can easily be seen and removed during a colonoscopy, which reduces the risk of bowel cancer developing.

Cancer Research UK 2011
Some general information about Bowel Cancer:

34 900 new cases per annum
110 new cases diagnosed each day in the UK
Lifetime risk = 1 in 20 for men
1 in 18 for women
Third most common cancer in the UK after breast and lung
Second commonest cause of cancer death
16 000 deaths per annum
80% of cases occur in those aged 60 and above
5 year survival rate ~ 50%

UK Bowel Cancer Statistics CRUK (2006)
Criteria for screening

- The disease should be common and serious
- There should be a recognised latent stage during which early symptoms can be detected
- There should be safe, simple, precise and validated screening test
- The test should be acceptable to the population
- Treatment started at an early stage should be of more benefit than treatment started later
- The screening programme should be effective in reducing mortality and morbidity
- The benefit of the screening programme should outweigh the physical and psychological harm cause by the test, diagnostic procedures and treatment
- The cost should be economically balanced in relation to the expenditure on medical care as a whole
In September 2000 NHS Cancer Plan stated that a national bowel cancer screening programme would be introduced subject to evidence of the effectiveness of a pilot study.
Following a recommendation from the National Screening Committee in 1999, two bowel screening pilot sites were set up:

- Coventry and North Warwickshire
- Fyfe, Tayside and Grampian

The aim of the pilot was to ascertain:
- whether a national programme was feasible
- how it should be structured / managed
- how the general public would accept this test
Roll out of the BCSP

- The first screening centres went live March 2007 and by January 2010 all 58 screening centres in England were open.

- UCLH was among the first wave of screening centres to open.

- By August 2010 all 153 PCT’s were part of the programme.
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<tr>
<th>First Wave</th>
<th>Second Wave</th>
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<tr>
<td>Wolverhampton</td>
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<td>North &amp; East Devon</td>
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Now fully implemented, 5 programme **HUBS** operate a national call and recall system to send out test kits, analyse samples and dispatch results.

Each of the five regional programme hubs oversee around 10 **SCREENING CENTRES**.
North Central London Screening Centre covers 5 PCTs:

- Barnet
- Camden
- Enfield
- Haringey
- Islington
SCREENING CENTRE
RESPONSIBILITIES

• Nurse positive clinics and follow up clinics
• Colonoscopy clinics
• Radiology
• Pathology
• Collect outcome data
• Education of and liaison with primary care and public health
• Promotion of the service locally
- 5 Accredited Colonoscopists
- 2 Pathologists
- 2 Radiologists
- Project Manager
- Lead Specialist Screening Practitioner
- 3 Specialist Screening Practitioners
- Patient Pathway Administrator
Eligibility

• Men and Women aged 60-69, and registered with a GP will automatically be invited to participate and offered a stool test kit every two years

• Those aged 70 and over are not invited automatically but are able to request a test kit from the Hub by calling: 08007076060
The stool testing kit
**PROCESS**

- Invitation letter sent to explain the programme
- Test kit sent 1 week later
- Test kit returned to HUB within 14 days for analysis
- Kit processed and results issued by post within 14 days

**NORMAL** – Invited for screening every two years (0 positives)

**UNCLEAR** – Slight suggestion of blood and test to be repeated (1-4 / 6 positives)

**ABNORMAL / POSITIVE** – Referred to nurse clinic at Screening Centre (5/6 positives)
**Patient Pathway**

Positive FOBt

- Seen by Screening Practitioner (SSP) in outpatients
- Implications of + FOBt explained
- Colonoscopy offered within next 14 days

**Pathway Diagram**

- **Declines**
  - FOBt kit sent in 2 years
- **Accepts**
  - Colonoscopy

**Colonoscopy Outcomes**

- **Biopsy/polypectomy**
  - Histology in 3-5 days
- **Normal**
  - FOBt kit sent in 2 years

**Histology Outcomes**

- **Cancer detected**
  - For treatment at UCLH
  - SSP gives cancer diagnosis
  - Introduces Colorectal CNS
  - Refers to UCLH MDT
- **Non-cancerous**
  - For treatment at other hospitals
  - SSP gives cancer diagnosis
  - Refers to relevant MDT
- **Surveillance as per BSCP protocol**
61 year old female, fit and well. Bowels open once daily, no recent change in bowel habit.

- Day 1: Positive FOBt (16/01/12)
- Day 7: 1st nurse clinic appointment (23/01/12)
- Day 10: Colonoscopy + biopsy + tattoo + Staging CT (26/01/12)
- Day 15: Follow-up clinic with histology result (02/02/12)
- Day 15: MDT meeting (02/02/12)
- Day 47: Laparoscopic right hemicolecotomy (05/03/12)
- Day 54: Discharged home (12/03/12)
I found the appointment with the Screening Practitioner helpful.
Definitions

UPTAKE

- Subjects who were sent the invitation letters, what proportion (%) returned their kits.

POSITIVITY

- Subjects who returned their kits and what proportion (%) had a positive FOBT (abnormal result).
National Uptake

- National uptake is 54.82%
- National positivity 2.12%
- Colonoscopy Uptake 84.09%
- Uptake varies across the country from 37.48% to 63.09%

(Pilot study predicted uptake would be 60% and positivity 2%)
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<thead>
<tr>
<th>PCT</th>
<th>Uptake</th>
<th>Positivity</th>
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<td>Barnet</td>
<td>43.43%</td>
<td>3.15%</td>
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<td>Camden</td>
<td>38.25%</td>
<td>2.86%</td>
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<td>Enfield</td>
<td>45.95%</td>
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<td>Haringey</td>
<td>41.41%</td>
<td>4.09%</td>
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<td>Islington</td>
<td>40.30%</td>
<td>3.55%</td>
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## Invitations and Kits 2011

<table>
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<th>North Central London Screening Centre</th>
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<tr>
<td><strong>Total invitations</strong></td>
<td>51,137</td>
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<tr>
<td><strong>Total kits sent</strong></td>
<td>54,470</td>
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<tr>
<td><strong>Total kits returned</strong></td>
<td>24,024</td>
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<tr>
<td><strong>Total definitive normals</strong></td>
<td>19,729</td>
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<tr>
<td><strong>Total definitive abnormals</strong></td>
<td>720</td>
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Attendance 2011

- Attended SSP clinics: 773
- Cancelled SSP clinics: 318
- DNA SSP clinics: 96
- Attended diagnostic test: 827
- DNA diagnostic test: 9
Attendance by test 2011

- Colonoscopy: 723
- CT colonography: 52
- Flexible Sigmoidoscopy: 48
- Limited colonoscopy: 4
Cancers detected 32
Polyps detected 283
Abnormal finding 350
Normal 145
Further test needed 17
Surveillance within the BCSP depends on the number and size of polyps detected.

Surveillance will be either 1 year or 3 years.
**SURVEILLANCE FOLLOWING ADENOMA REMOVAL**

**Baseline colonoscopy**

- **Low risk**
  - 1-2 adenomas AND both small (≤1cm)
  - **A**
    - No surveillance or 5 yr
      - Findings at follow up
        - No adenomas → Cease follow-up
        - Low risk adenomas → A
        - Intermediate risk adenomas → B
        - High risk adenomas → C

- **Intermediate risk**
  - 3-4 small adenomas OR at least one ≥ 1 cm
  - **B**
    - 3 yr
      - Findings at follow up
        - 1 negative exam → B
        - 2 consecutive negative exams → Cease follow-up
        - Low or intermediate risk adenomas → B
        - High risk adenomas → C

- **High risk**
  - ≥5 small adenomas OR ≥3 at least one ≥1 cm
  - **C**
    - 1 yr
      - Findings at follow up
        - Negative, low or intermediate risk adenomas → B
        - High risk adenomas → C

*Other considerations*

Age, comorbidity, family history, accuracy and completeness of examination
Since starting the screening programme at UCLH:

- Number of invitation: 261,328
- Total number of people screened: 3248
- Total number of colonoscopies: 2894
- Cancers detected: 148
Challenges

Increasing Uptake

- Lack of awareness of bowel cancer
- Misperception amongst the general public that bowel cancer cannot be present without symptoms or a family history
- Embarrassment and reluctance to discuss bowel problems
- Targeting hard to reach groups
- Mobile communities
- Black & Minority Ethnic Communities
Age extension Screening patients aged between 60-74

Pilot sites for flexible sigmoidoscopy. One off test for subjects age 55-60
Patients comments

- I cannot have enough praise for the treatment I had during and after my colonoscopy.

- I found my treatment I received was very good - all the staff were very helpful- and understanding, supporting.

- I found all the staff caring and made me feel at ease. I was called the day after by one of the team to make sure I was ok. I went back to work the following day and had no problem . A big thank you to everyone.
I would like to thank everyone involved in the procedures. It was faultless in every way and they showed respect and understanding in every way.

I could not of had better treatment from the National Bowel Cancer Screening Programme

I felt the treatment I received from start to finish was of the highest quality. All of the staff were helpful and friendly.