

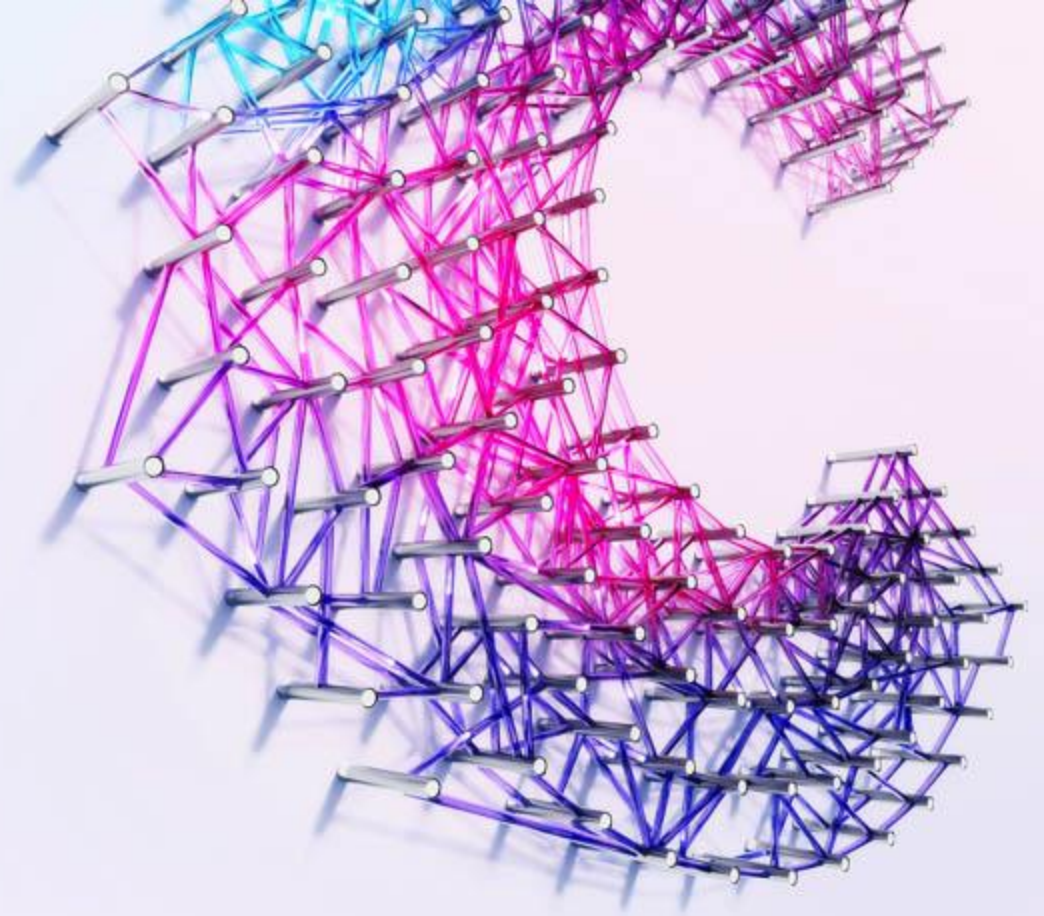
The Cancer Screening Programmes

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What we will cover

- About Cancer exploding the myths
- The Cancer Screening Programmes



INTRODUCTION

So what can we do?

- The Cancer Screening Programmes

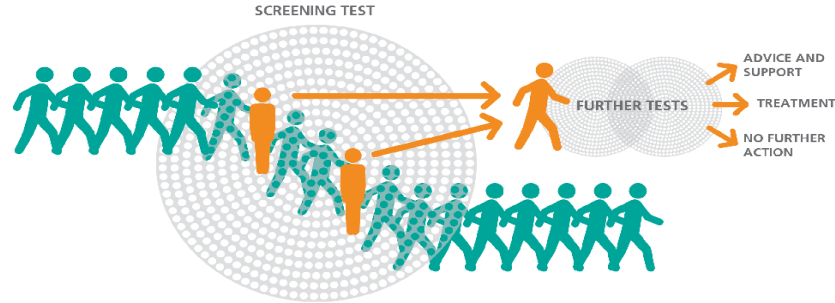


WHAT IS SCREENING?

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



WHAT IS SCREENING?



- It targets a specific population or group of people
- It is like a filter
- Most people are unlikely to have the condition and will pass through the filter (screening test)
- People whose results suggest they are more likely to have the condition are caught in the filter - they need further tests to determine if they really do have the condition

ENGLAND SCREENING PROGRAMMES

Bowel screening

- Men and women aged 60–74yrs, invited every 2 years
- Over 74, can request a kit
- FOBt kit received in the post
- 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 with HPV triage





BOWEL SCREENING

2. BOWEL SCREENING

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)

National target:

Over
60%

East of England CCGs 2016/2017

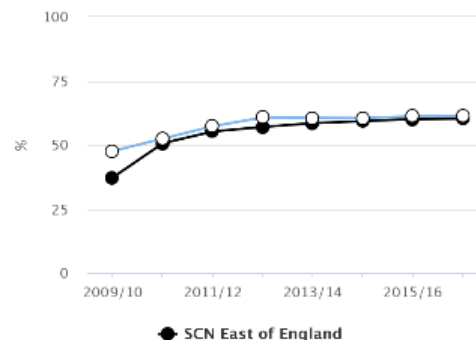
Area	Value	Lower CI	Upper CI
England	59.2	59.2	59.3
SCN East of England	60.3*	-	-
NHS North Norfolk CCG	65.8	65.3	66.3
NHS West Suffolk CCG	63.1	62.7	63.6
NHS Ipswich And East Su...	62.9	62.6	63.3
NHS Mid Essex CCG	62.4	62.0	62.7
NHS Castle Point And Ro...	61.8	61.3	62.3
NHS East And North Hert...	61.3	61.0	61.6
NHS Great Yarmouth And	61.1	60.6	61.6
NHS West Norfolk CCG	60.8	60.3	61.3
NHS North East Essex CC...	60.7	60.3	61.1
NHS Bedfordshire CCG	60.4	60.1	60.8
NHS Cambridgeshire and...	59.4	59.1	59.6
NHS Herts Valleys CCG	58.9	58.6	59.3
NHS Basildon And Brentw...	58.6	58.1	59.0
NHS West Essex CCG	58.3	57.8	58.7
NHS Thurrock CCG	55.2	54.6	55.9
NHS Southend CCG	54.1	53.5	54.7
NHS Luton CCG	51.1	50.5	51.8
NHS Norwich CCG	-	-	-
NHS South Norfolk CCG	-	-	-

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Compared with benchmark Lower Similar Higher Not Compared

Recent trend

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) - NHS East And North Hertfordshire CCG



Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	36,000	47.6	47.2	48.0	37.3*	35.0
2010/11	39,873	52.5	52.1	52.8	50.7*	45.9
2011/12	43,966	57.3	57.0	57.7	55.3*	52.4
2012/13	47,098	60.7	60.3	61.0	57.0*	54.7
2013/14	47,723	60.6	60.3	61.0	58.5*	56.0
2014/15	48,165	60.5	60.2	60.8	59.3*	57.2
2015/16	49,630	61.2	60.9	61.5	60.1*	58.5
2016/17	50,689	61.3	61.0	61.6	60.3*	59.2

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.



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Bowel Cancer

- **Stage 1** – almost 100% of people will survive 5 years or more after diagnosis
- **Stage 4** – only about 7 out of every person diagnosed will survive for 5 years or more

BOWEL CANCER FACTS

Bowel cancer is the 4th most common cancer in the UK

Around 16,000 deaths a year

57% of people survive bowel cancer for 10 or more years

More than 50% of bowel cancer cases are linked to major lifestyle and other risk factors

Abington Medical Practice Bowel Screening Rates for people between 60 – 74 yrs within 30 months: 56.4%



BOWEL CANCER: SYMPTOMS TO BE AWARE OF

- **Bleeding from the bottom** or **blood in the poo** (this can be red, or it can be black – looks like tar)
- A **change in normal bowel habit**: going to the toilet more often, looser poo and/or constipation
- A **lump** in the back passage or abdomen, more commonly on the right side
- **Pain in the tummy or bottom** (especially if severe)
- A feeling of **needing to strain in your back passage** (as if you need to poo), even after opening your bowels
- **Unexplained weight loss**
- **Tiredness** and **breathlessness**

THE ENGLISH PROGRAMME USES 2 DIFFERENT TYPES OF BOWEL SCREENING:

- Faecal Occult Blood Test (FOBT)
- Bowel Scope



BOWEL CANCER SCREENING: THE FOBT

- Men and women aged between 60-74 are invited every 2 years.
 - Must be **registered with a GP practice** to receive invitation
 - **Anyone over 74 can request a kit** by calling 0800 707 6060
- Screening kit is **completed at home** and sent to the hub
- The screening hub analyses the kit
 - The test detects tiny amounts of blood in the sample of poo, which can't be seen by the eye
 - The FOBT **does not diagnose bowel cancer**



WHAT HAPPENS TO THE COMPLETED FOBT KITS?

The hub/centre/laboratory tests the kit to see whether there are any traces of blood

There are 3 potential outcomes:

- **No blood detected (normal result)** – person receives letter informing them no further action is needed
- **Result is unclear** – test needs to be repeated (programme sends individual a second kit)
- **Blood is detected (abnormal result)** – The patient will have an appointment with a specialist nurse to discuss and arrange a colonoscopy



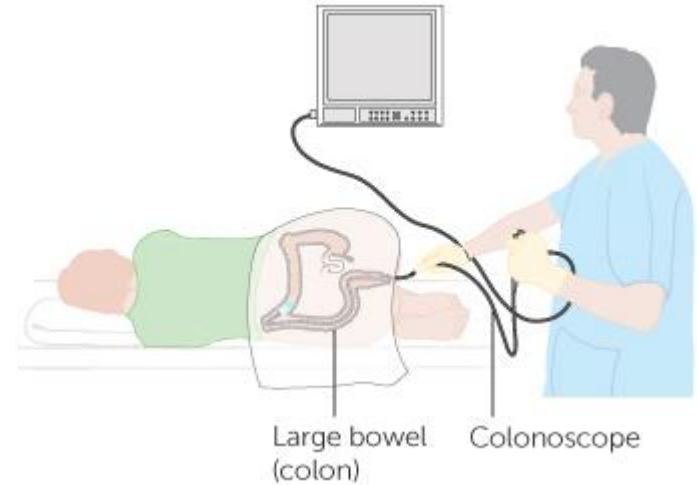
For every **100** people screened with FOBT, **2** will have an abnormal result

HAVING A COLONOSCOPY FOLLOWING AN ABNORMAL FOBT

The colonoscopy looks at the inside of the large bowel

For every 100 people having a colonoscopy following an abnormal FOBT:

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



Bowel Scope Screening

All Men and women aged 55



55 ? CHECK
EVERYTHING'S
PEACHY

BOWEL CANCER IS THE THIRD MOST COMMON CANCER IN THE UK

'Bowel scope screening' is a new test to help prevent bowel cancer.

It looks at the lower bowel to detect small growths known as polyps, which can go on to develop into bowel cancer. The test is being offered to all men and women aged 55 as part of the NHS Bowel Screening Programme. You'll be invited to your local bowel cancer screening centre to have the test.

BOWEL SCOPE:

- People are invited by post
- A **home enema kit** is sent, which the person should complete on the day of the test
- People **discuss the procedure with a specialist nurse** beforehand
- Procedure takes about **20 mins** – if polyps are found they can usually be removed there and then
- People are told if biopsies have been taken, and if so they will get their **results within two weeks**



THE BENEFITS OF BOWEL CANCER SCREENING

The FOBt kit and bowel scope test **save lives**

- People taking part in FOBt 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



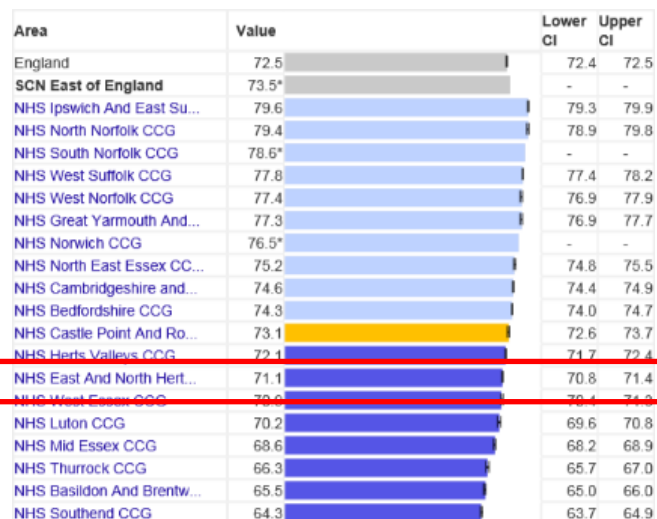
BREAST SCREENING

Over
70%

3. BREAST SCREENING

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)

East of England CCGs 2016/2017

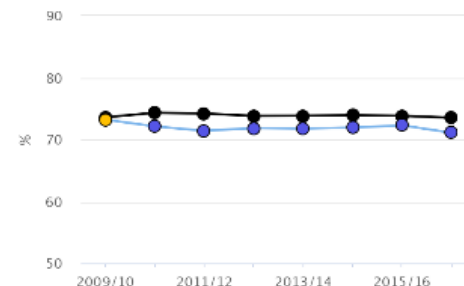


Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

Recent trend

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) – NHS East And North Hertfordshire CCG



● SCN East of England

Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	46,201	73.2	72.9	73.6	73.6*	71.8
2010/11	46,045	72.1	71.8	72.5	74.3*	72.4
2011/12	47,016	71.4	71.1	71.8	74.2*	72.4
2012/13	48,690	71.9	71.5	72.2	73.8*	72.1
2013/14	49,713	71.8	71.5	72.1	73.9*	72.3
2014/15	50,721	72.0	71.6	72.3	74.0*	72.2
2015/16	51,951	72.3	72.0	72.6	73.8*	72.5
2016/17	51,974	71.1	70.8	71.4	73.5*	72.5

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.



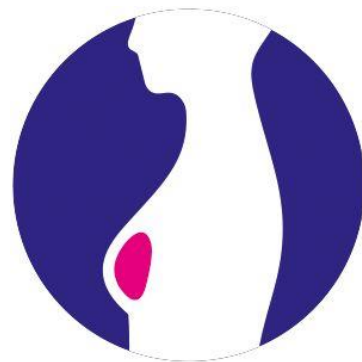
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Breast Cancer

- **Stage 1** - Around all women (99%) will survive for 5 years or more after diagnosis.
- **Stage 4** - 15 out of 100 women (15%) will survive for 5 years or more. The cancer is not curable at this point, but may be controlled with treatment for some years.

BREAST CANCER FACTS

- Breast cancer is the **most common cancer** in the UK – around 150 cases are diagnosed every day
- Around **9,500 deaths** a year
- **78% of women survive** breast cancer for 10 or more years
- **27%** of breast cancer cases in the UK are linked to major **lifestyle and other risk factors**.
- Abington Medical Practice Breast Screening Rates:
- Women between 50 – 70 yrs within last 36 months: **70.5%**



What are the signs and symptoms of breast cancer?

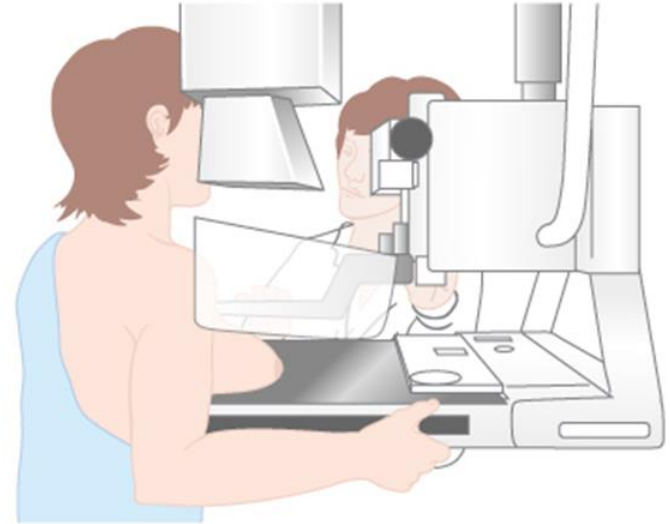
SIGNS AND SYMPTOMS OF BREAST CANCER

- A change in the size, shape or feel of a breast
- A new lump or thickening in a breast or armpit
- Skin changes such as puckering, dimpling, a rash or redness of the skin
- Fluid leaking from a nipple in a woman who isn't pregnant or breastfeeding
- Changes in the position of a nipple
- Pain in a breast

Women who notice any unusual or persistent changes should see their GP straight away – they shouldn't wait to be screened

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

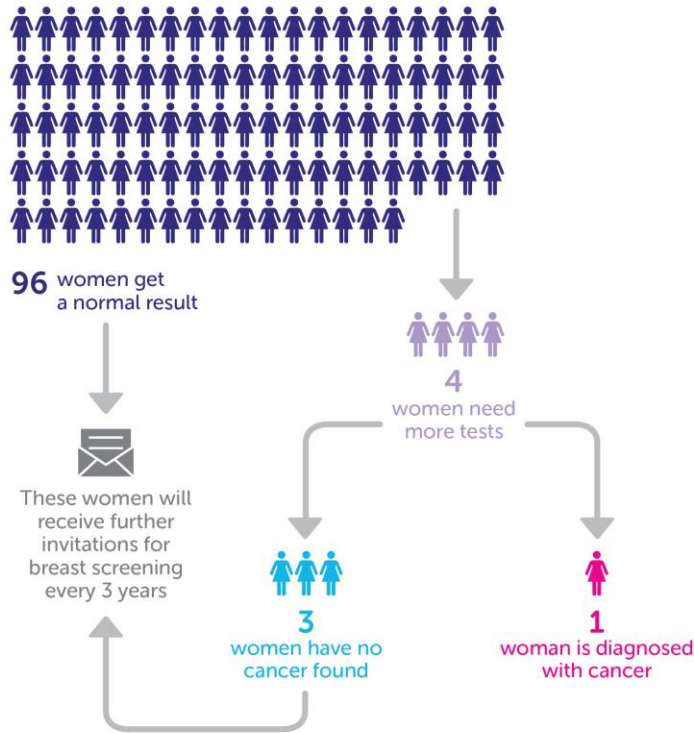


WHAT HAPPENS TO WOMEN'S MAMMOGRAMS?

- 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)

BREAST SCREENING RESULTS BREAKDOWN

EVERY TIME 100 WOMEN ARE SCREENED...



Every time **100 women** are screened:

- **96** women have a **normal** result
- **4** are **called back** for more tests

Of those 4 called back:

- **3** are found **not to have cancer**
- **1** has **cancer**

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.

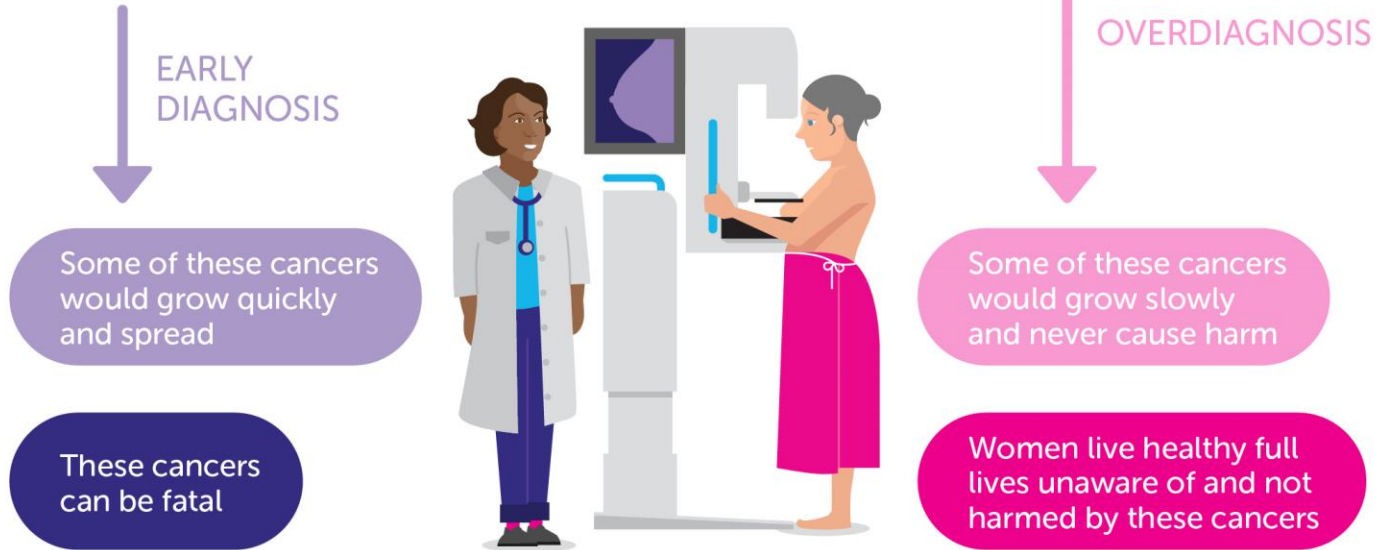
THE HARMS OF BREAST CANCER SCREENING

- 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**

BREAST SCREENING AND OVERDIAGNOSIS

Screening helps find early stage cancers

Cancer is unpredictable, so it's not possible to know how a woman's cancer would have grown had it not been caught and treated.





CERVICAL SCREENING

National target:

Over
80%

1. CERVICAL SCREENING

Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

East of England CCGs 2016/2017

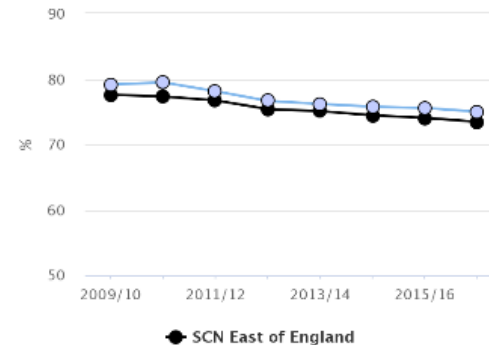
Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
SCN East of England	73.4*	-	-
NHS North Norfolk CCG	77.5	77.1	78.0
NHS Castle Point And Ro...	77.3	76.9	77.7
NHS South Norfolk CCG	76.0*	-	-
NHS East And North Hert...	75.0	74.8	75.2
NHS West Suffolk CCG	74.8	74.5	75.2
NHS West Essex CCG	74.6	74.3	74.9
NHS Basildon And Brentw...	74.4	74.0	74.7
NHS Bedfordshire CCG	74.3	74.1	74.6
NHS Mid Essex CCG	74.3	74.0	74.5
NHS North East Essex CC...	74.2	73.9	74.5
NHS Ipswich And East Su...	73.8	73.5	74.1
NHS Great Yarmouth And...	73.8	73.4	74.2
NHS Herts Valleys CCG	73.3	73.1	73.5
NHS Thurrock CCG	72.8	72.4	73.2
NHS West Norfolk CCG	72.7	72.3	73.2
NHS Norwich CCG	71.6*	-	-
NHS Cambridgeshire and...	71.2	71.0	71.3
NHS Southend CCG	71.1	70.7	71.6
NHS Luton CCG	66.1	65.7	66.5

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Compared with benchmark Lower Similar Higher Not Compared

Recent trend

Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) - NHS East And North Hertfordshire CCG



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	111,052	79.2	78.9	79.4	77.6*	75.4
2010/11	111,864	79.5	79.3	79.7	77.3*	75.5
2011/12	111,215	78.1	77.9	78.3	76.7*	75.2
2012/13	110,173	76.6	76.4	76.9	75.4*	74.1
2013/14	110,873	76.2	76.0	76.4	75.1*	74.2
2014/15	111,568	75.8	75.5	76.0	74.4*	73.5
2015/16	112,745	75.6	75.3	75.8	74.1*	72.8
2016/17	113,550	75.0	74.8	75.2	73.4*	72.1

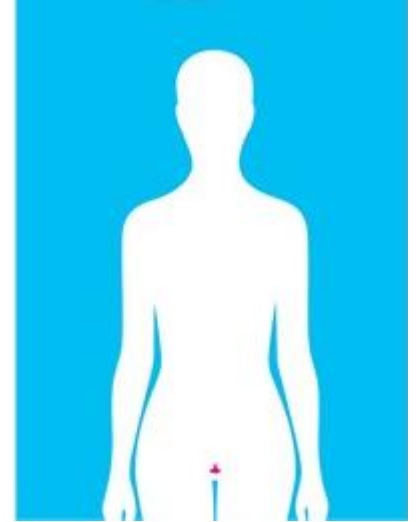
Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Cervical Cancer

- **Stage 1** – overall around 95 % of women with stage 1 cervical cancer will survive 5 years or more after diagnosis.
- **Stage 4** – overall around 5% of women will survive for 5 years or more after diagnosis

CERVICAL CANCER FACTS

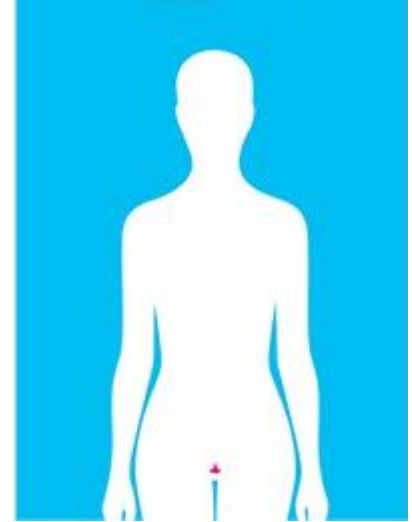
- In women, cervical cancer is the **13th most common cancer**
- Around **900 deaths** a year
- **63% of women survive** cervical cancer for 10 years or more
- **HPV infection is the main risk factor** for cervical cancer
- Abington Medical Practice: women between 25 and 64 yrs over 3.5 – 5.5 yrs coverage: **73.5%**



WHAT ARE THE SIGNS AND SYMPTOMS OF CERVICAL CANCER?

SYMPTOMS OF CERVICAL CANCER

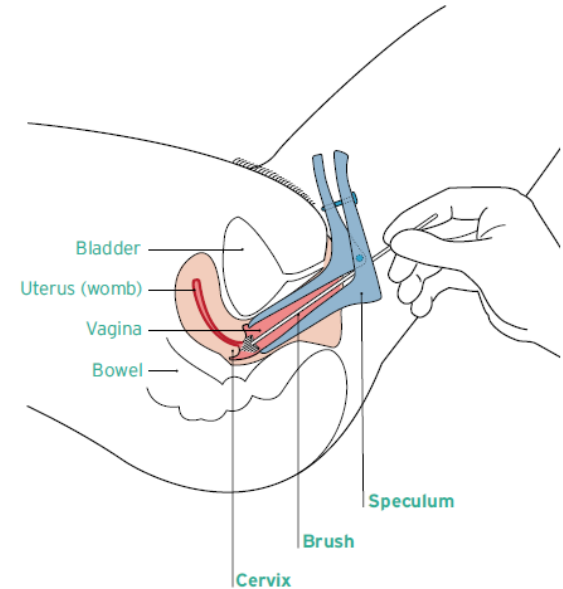
- Bleeding between periods
- Bleeding during or after sex
- Bleeding after the menopause
- Change in vaginal discharge
- Pain



**Women who notice any of these symptoms should see their GP straight away
– they shouldn't wait to be screened**

CERVICAL SCREENING AIMS TO PREVENT CANCER

- It is **NOT a test to find cancer**. It is a test to detect changes to the cells of the cervix that may develop into cancer in the future
- Women from 25-64, who are **registered with a GP** are invited for cervical screening
- Women aged 25-49 are invited every 3 years. After that, women are invited every 5 years until the age of 64
- The test **collects samples of cells** from the cervix



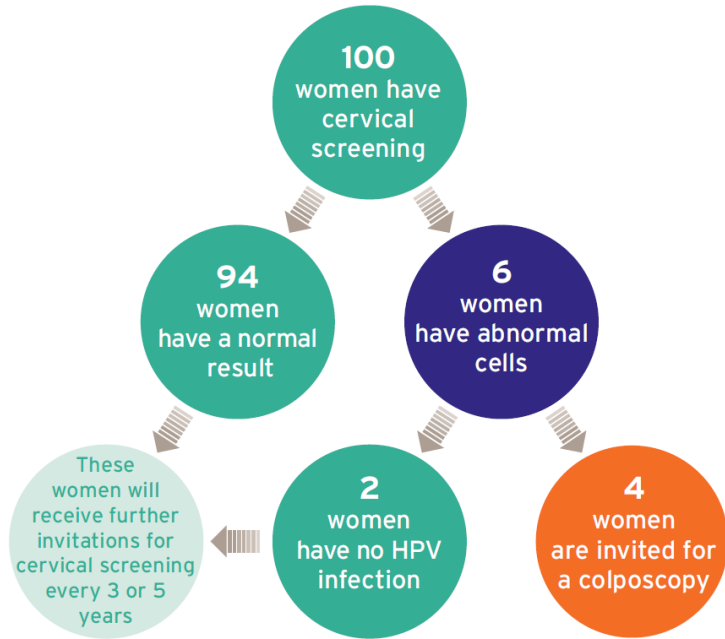
THE RESULTS

- If the result is **unclear** women are asked to repeat the test
- If the results show **mild cell changes**:
 - In England, Northern Ireland and Wales the sample is checked for HPV. If it is HPV positive, women will be invited for a colposcopy. If it is **HPV negative**, the woman will be **returned to routine screening**.
 - In Scotland women with mild cell changes either have a colposcopy or another screening test in 6 months
- If the results show **moderate to severe changes** women will be invited for a colposcopy

HPV PRIMARY TESTING

- In England and Wales, 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 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.

RESULTS BREAKDOWN



- For every 100 women:
- 94 will have a normal result
- 6 will have abnormal cells
- Of those 6:
- 2 will have no HPV infection and will return to routine screening
- 4 will be invited for a colposcopy

THE BENEFITS OF CERVICAL SCREENING

- Cervical screening **saves at least 2,000 lives** each year in the UK.
- The **benefit of screening on cervical cancer risk increases with age.**
- 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.

**Why do you think some people don't
attend/do their screening?**

**What do you think could help to get
more people to take part?**



**WHY DON'T ALL
CANCERS HAVE A
SCREENING
PROGRAMME?**

CANCER SCREENING CRITERIA

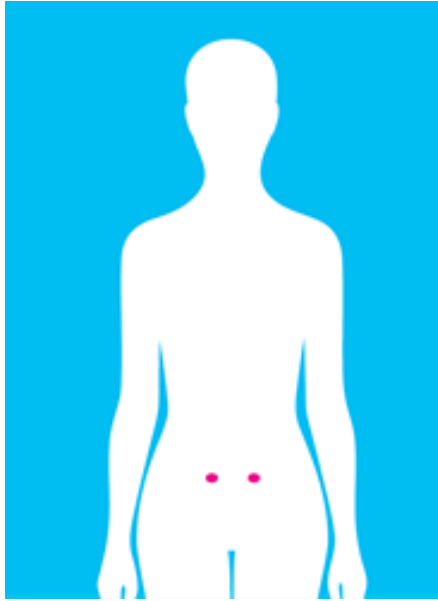
- The **National Screening Committee** makes recommendations on screening programmes. For screening to be introduced, it must be:
 - Accurate
 - Acceptable to the public
 - Cost effective
 - Do more good than harm (at a population level)

LUNG CANCER



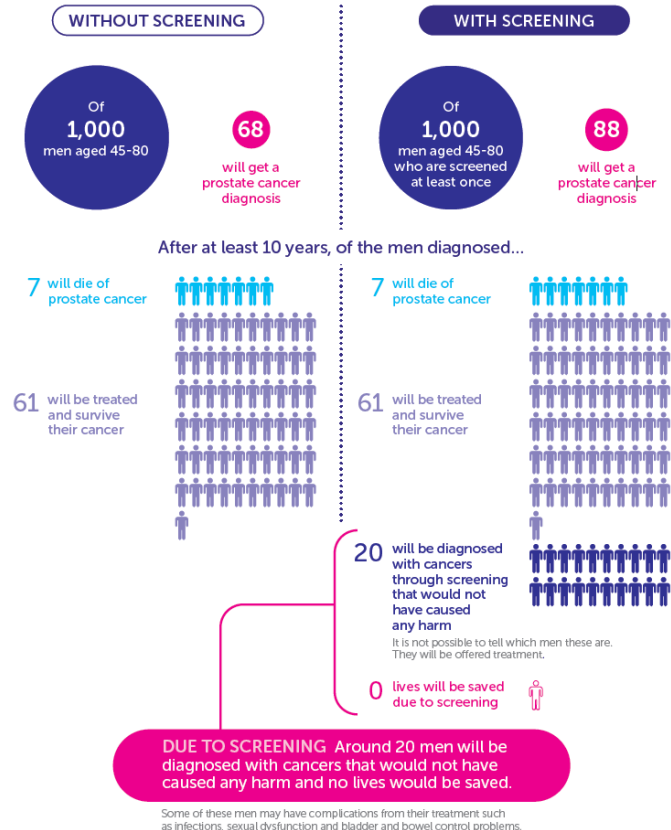
- There is **no screening programme** for lung cancer because we need more evidence on:
- If and how many deaths from lung cancer tests like CT scans could avoid
- Potential high levels of harms
- Whether it will be cost effective
- The **National Screening Committee will be assessing tests** that could be used to screen for lung cancer over the next few years

OVARIAN CANCER



- The UKCTOCS trial (CA125 blood test and transvaginal ultrasound) has **not shown that screening significantly reduces the number of women dying of ovarian cancer**
- There are also **potential harms**
 - Unnecessary surgery from false alarms
 - Complications due to surgery
 - Anxiety caused by screening and false alarms

PROSTATE CANCER



- Overall the evidence shows that offering PSA screening to men **does not save any lives from prostate cancer**
- PSA testing can also **cause harms:**
- Overdiagnosis of cancers which would not have caused any harm
- Overtreatment of cancers
- Side effects from unnecessary treatment



CONCLUSION

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

If Women controlled medicine



The Manogram

THANK YOU !

Questions?

Your Facilitator is:

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cruk.org/facilitators

