

SCREENING FOR CANCER Fact Sheet

Background

Cancer is a major cause of mortality accounting for around a quarter of deaths in England. More than 1 in 3 people will develop cancer at some point in their life. Some cancers can be cured if detected early, therefore high achievement in screening programmes is vitally important to detect the early presence of cancer and treat appropriately. There are a range of national NHS screening programmes that save thousands of lives a year.

Breast cancer screening

The NHS Breast Screening programme plays an important part in reducing late diagnosis of cancer. It invites over 2 million women for screening every year, and detects over 14,000 cancers. It is estimated to save 1,400 lives in England each year. All women aged 50 to 70 are invited to attend mammograms every three years at a hospital or mobile screening unit. After the age of 70, women can make their own appointments for screening every three years. The screening programme is extending the age range to include women aged 47 to 73, to be gradually introduced.

Cervical cancer screening

Cervical cancer screening supports detection of symptoms that may develop into cancer. The NHS Cervical Screening Programme plays an important part in preventing cancer and reducing late diagnosis. It screens more than 3 million women each year. Cancer Research UK estimates that the programme saves more than 4,500 lives in England each year. Screening is used to detect abnormal cells on the cervix. Cervical cancer is one of the few preventable cancers, because screening picks up pre-cancerous changes. Early detection and treatment can prevent up to 75% of cancers. Women aged 25 to 49 are invited for screening every three years. Women aged 50 to 64 are invited every five years.

Bowel cancer screening

About 1 in 20 people in the UK will develop bowel cancer. It is the third most common cancer in the UK, and the second leading cause of cancer deaths. Over 16,000 people die from it each year. The NHS Bowel Cancer Screening Programme aims to detect bowel cancer at an early stage. Regular screening has been shown to reduce the risk of mortality from bowel cancer by 16%. People aged 60 to 69 will automatically be invited for screening every two years. Most people who are diagnosed with colon cancer are over 60. An extension to the age range, to people aged from 70 to 74 is currently being rolled out in England and people aged 70 and over can request screening if they haven't been automatically invited.

The benefits of screening:

- Regular screening increases the chance of detecting cancer early
- Cervical screening can detect abnormal cells before cancer has a chance to develop
- Studies show that by detecting these cancers at earlier stages, treatment results are improved and lives saved

However:

- Screening does not in itself protect an individual from cancer
- Screening is not 100% reliable, and there is a small chance that disease could be missed or conversely diagnosed inaccurately (false positives)

In January 2011 the Government published 'Improving Outcomes - a Strategy for Cancer.' This set out Government plans to improve outcomes, including improving survival rates through tackling late diagnosis of cancer. Improvements in screening coverage would result in more cancers being prevented or detected at earlier, more treatable stages.

The Local Picture

Early identification of cancer through screening is more likely to result in remission. Early identification can result in better outcomes for breast, cervical and bowel cancer.

Figs 1 and 2 show that Sutton's current cervical screening coverage (73.5%) is better (higher) than both London and the national average.

Sutton's breast cancer screening coverage (75.7%) is in line with England (75.5%) but significantly higher than London (69.2%).

Figs 3 and 4 show a slight decrease in the trend for cervical screening but an increase in the latest two years for breast screening.

Fig 5 shows that Sutton's current screening coverage for bowel screening (56.2%) is significantly better (higher) than London (48.8%) but significantly lower than the national average (57.9%). **Fig 6** shows that Sutton's rate has remained the same for two years.

Evidence suggests that there are large inequalities in the uptake of screening services particularly relating to poorer socio-economic and ethnic minority groups.¹

Fig. 1: Breast screening coverage, Sutton and London boroughs

Fig. 2: Trend in breast screening coverage, Sutton, London and England

Fig. 3: Cervical screening coverage, Sutton and London boroughs

Fig. 4: Trend in cervical screening coverage, Sutton, London and England

Fig. 5: Bowel screening coverage, Sutton and London boroughs

Fig. 6: Trend in bowel screening coverage, Sutton, London and England

¹ Public Health England. Levels of socio-economic deprivation affect screening uptake for breast cancer. June 2013. <https://www.gov.uk/government/news/levels-of-socio-economic-deprivation-affect-screening-uptake-for-breast-cancer>

Progress in Sutton

Breast Cancer

The test is offered to all women aged between 50 and 70 every three years by the NHS Breast Screening Programme, with women identified through GP lists. The programme is now phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73.

In 2016, 14,759 women were seen, a proportion of 75.7%. This is in line with England (75.5%) but significantly higher than London (69.2%).

The South West London Breast Screening Service is part of the NHS Breast Screening Programme. It provides breast screening for women from the age of 50 on behalf of primary care services for Croydon, Kingston, Richmond, Sutton, Merton and Wandsworth.

Cervical Screening

The test is offered to all women aged between 25 and 64 by the NHS Cervical Screening Programme, with women identified through GP lists. It is also possible to have a test at a well woman clinic, family planning clinic or at the genito-urinary medicine (GUM) department. Further, Sutton and Merton Community Services also provide cervical screening.

After the first cervical screen, invitations are sent every three years between the ages of 25 and 49 and then every five years between the ages of 50 and 64.

In 2016, 41,235 women were seen, a proportion of 73.5%. This is significantly higher than the rate for England (72.7%) and London (66.7%).

Bowel cancer

The NHS Bowel Cancer Screening Programme offers screening every two years to all people aged 60 to 74. The eligible population is around 25,000 people in Sutton and is identified through GP lists. Those eligible for screening receive an invitation letter and an information leaflet, then a week later a faecal occult blood (FOB) test kit is sent along with instructions for completing the test at home and sending the samples to the hub laboratory. The test is then processed and the results issued within two weeks.

People aged 75 and over can be screened for bowel cancer upon application to the NHS Screening Programme, and an additional test, bowel scope screening, is gradually being introduced in England, offered to people aged 55.

In 2016, 13,930 women were screened, a proportion of 56.2% of the eligible population. This is significantly lower than the rate for England (57.9%), but higher than for London (48.8%).

What works

1. Breast cancer

NICE Clinical Knowledge Summary

<http://cks.nice.org.uk/breast-screening#!scenario>

Last revised November 2011

Benefits include:

- Reduction in mortality. Breast screening detects breast cancers and saves lives, with the greatest reduction in mortality seen in women 50-70 years of age.
- More breast-conserving treatment due to an increase in the early detection of breast cancer.

Risks include:

- Over-diagnosis leading to unnecessary treatment.
- False-positive mammograms leading to unnecessary further investigations.
- False reassurance due to missed cancer and incorrect diagnosis.
- Pain and discomfort due to mammography, psychological distress.
- Radiation exposure, which may increase the risk of breast cancer.

2. Cervical Screening

The NHS Cervical Screening Programme is evidence-based. Links to key research projects:

- ARTISTIC trial
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/artistic-trial.html>
- Attitudes of Black and Minority Ethnic Women
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-attitudes.html>
- Benefit of cervical screening at different ages: evidence from the UK audit of screening histories (Sasieni et al 2003).
<http://www.nature.com/bjc/journal/v89/n1/abs/6600974a.html>
- Cervical screening in lesbian and bisexual women: a literature review
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-lesbian-bi.html>
- Evaluation of Sentinel Sites for HPV Triage and Test of Cure
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/hpv-sentinel-sites.html>
- Lesbian, gay and bisexual women in the North West: a multi-method study of cervical screening attitudes, experiences and uptake
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-lgb-northwest.html>
- MAVARIC - A comparison of automated technology and manual cervical screening
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-mavaric.html>
- Risk of preterm delivery after excision of the cervical transformation zone (PaCT)
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-pact.html>
- STRATEGIC - Strategies to increase cervical screening uptake at first invitation
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-strategic.html>
- The cervical cancer epidemic that screening has prevented in the UK (Peto et al 2004)
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/news/010.html>
- The Impact of Cervical Screening on Young Women: A Critical Review of the Literature
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/research-theimpact.html>
- TOMBOLA study
<http://webarchive.nationalarchives.gov.uk/20150506150512/http://www.cancerscreening.nhs.uk/cervical/tombola-study.html>

3. Bowel screening

NICE Clinical Knowledge Summary

<http://cks.nice.org.uk/bowel-screening#!scenario>

Last revised October 2014

The NHS Bowel Cancer Screening Programme meets the UK National Screening Committee criteria for a viable, effective, and appropriate screening programme:

- Evidence from three randomised controlled trials (RCTs) and a meta-analysis of the data from these trials found screening reduces bowel cancer mortality by approximately 16% (Mandel et al, 1993; Hardcastle et al, 1996; Kronborg et al, 1996; Hewitson et al, 2007).
- Evidence from one RCT that found that screening reduces the incidence of bowel cancer in a screened population (Mandel et al, 2000). This was presumed to occur because removal of benign polyps, identified by colonoscopy after an abnormal screening test, prevented their development into malignant lesions.
- Evidence from an evaluation of the pilot of the Bowel Cancer Programme commissioned by the Department of Health found that a screening programme can be effectively implemented within the NHS (Weller et al, 2003; Weller et al, 2006).

Relevant indicators from the Public Health Outcomes Framework

Health Improvement domain

- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii- Cancer screening coverage - bowel cancer
- 4.05i - Under 75 mortality rate from cancer
- 4.05ii - Under 75 mortality rate from cancer considered preventable

Available at: <http://www.phoutcomes.info>

Links to further information

- See Factsheet on **CANCER**
- Public Health England. NHS Cancer Screening Programmes.
<http://www.cancerscreening.nhs.uk/>
- NHS Choices. NHS Cancer Screening.
<http://www.nhs.uk/Livewell/preventing-cancer/Pages/cancer-screening.aspx>

Priorities for Sutton

Currently levels of bowel screening services in Sutton are lower than national levels, though ranks higher than for London.

Improvement in the uptake of all screening services is needed for early identification, to prevent cancers becoming untreatable and improve outcomes. This needs to be targeted to more deprived areas in the community where evidence indicates that uptake of screening programmes is generally lower. Commissioners could consider the use of social marketing approaches to understand why uptake is below what would be expected and how to improve this and to work with practices to improve systems to identify patients for screening services.