

## Bowel Cancer Screening Age in England

*By Dr Sergio Coda MD PhD*

Colorectal cancer accounts for 13% of all newly diagnosed cancers in the UK, and represents the second most common cancer in Europe.<sup>1</sup> The general population lifetime risk in the UK is around 1:20, so many people could have an affected relative by chance. Equally, people without any family history may also develop colorectal cancer. The greater the number of affected relatives and the younger the age at onset, the greater the personal risk.

Colonoscopy is universally accepted as the gold standard investigation for the screening and prevention of colorectal cancers.

Bowel cancer screening in England is currently offered only to those between the ages of 60 and 74 via a home stool sample test kit, also known as faecal occult blood (FOB) test, sent every 2 years. From March 2015, a one-off flexible sigmoidoscopy test, also known as bowel scope, was rolled out in some areas and offered to those at 55 years of age. However, only those with an abnormal result will be offered a colonoscopy. There is currently no screening available outside the age range (60-74 years) covered by the FOB test and, where available, by the pilot flexible sigmoidoscopy screening gradually being introduced (55 years).

Last month (August 2018), the UK National Screening Committee published its latest recommendations that screening should be offered earlier, from age 50, using a new faecal immunochemical home test kit (FIT). FIT is easier to use than the current test and is more accurate in detecting cancers. The current screening test (FOB) has indeed been notoriously criticised due to its false negative results, failing to detect 25-50% of colon cancers and up to 75% polyps, and rates of interval cancers found after negative FOB results<sup>2</sup>. It has also been recommended to maintain bowel scope screening in England, where it is currently rolled out until FIT is offered to the same age group. This change is based on evidence that screening at a younger age would enable earlier diagnosis of bowel cancer, often at an earlier stage, therefore allowing for

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<sup>1</sup> <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-Eleven>

<sup>2</sup> [Hardcastle JD, Chamberlain JO, Robinson MHE et al. Randomised controlled trial of faecal-occult-blood screening for colorectal cancer. Lancet 1996; 348: 1472-77.](#)

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endoscopic or surgical intervention for localised disease only (i.e. without lymph node or other organs invasion) and ultimately improving patients' survival.

Earlier diagnosis constitutes one of the main strategic goals of the national cancer implementation plan announced in May 2016 by Cally Palmer, National Cancer Director for England. One of the ambitions is to see a proportion of patients referred by a GP receiving a definitive cancer diagnosis or cancer excluded within 2 and 4 weeks, with a target of 50% at 2 weeks and 95% at 4 weeks by 2020.<sup>34</sup>

The drive to achieve earlier diagnosis will require a significant increase in diagnostic capacity, as much as lowering the referral threshold for access to key investigations (such as colonoscopy). Community-based endoscopy services can contribute significantly to the redesign and improvement of public health care. In line with this change, at InHeath we work to help deliver the cancer taskforce strategy, through the provision of earlier diagnosis, offering:

- a close relationship with local GPs, CCGs and local Trusts with a very low threshold for any alarm symptoms including those in isolation, therefore not qualifying for a suspected cancer (2 week) referral;
- a GI Rapid Diagnostic and Assessment Centre (also in collaboration with Medefer) for any lower GI symptoms and signs;
- digital pathology and an express MDT pathway with local Trusts when cancers are found;
- a more patient-centred community-based service via a very inclusive approach to all subjects under the age of 55-60 with family history of bowel cancer or polyps with or without lower GI symptoms; and
- training of colonoscopy workforce to help the NHS cope with current and future demand.

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<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf>

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