The Place of Screening in a National Cancer Strategy

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Opening comments

- Screening should form a significant part of any national cancer strategy
- Screening programmes and technologies should change over time in response to developments in the evidence base
- The appropriateness of specific programmes and technologies may well vary between countries, depending on incidence/mortality and on affordability
- I am not an expert on screening, but fortunately I have excellent advice!

Cancer control reports/strategies in England

1. The Calman-Hine report (1995)
   - Emphasis almost exclusively on services for symptomatic patients
   - Multidisciplinary teams and networks of care
2. NHS Cancer Plan (2000)
   - First comprehensive cancer strategy
   - Covered all aspects from prevention to palliative care
   - Multiple commitments/targets and increased funding
3. Cancer Reform Strategy (2007)
   - Updated the NHS Cancer Plan
   - More emphasis on awareness and early diagnosis and on survivorship following treatment

Broad commitments on screening

- NHS Cancer Plan (2000)

  “Where screening programmes are effective they will be extended and new programmes rolled out …”

- Cancer Reform Strategy (2007)

  “Early diagnosis is vital if we are to achieve a genuinely world-class service” (Foreword by Prime Minister)

  “We will extend and widen our existing screening programmes and continue to investigate opportunities for new screening programmes for other cancers”

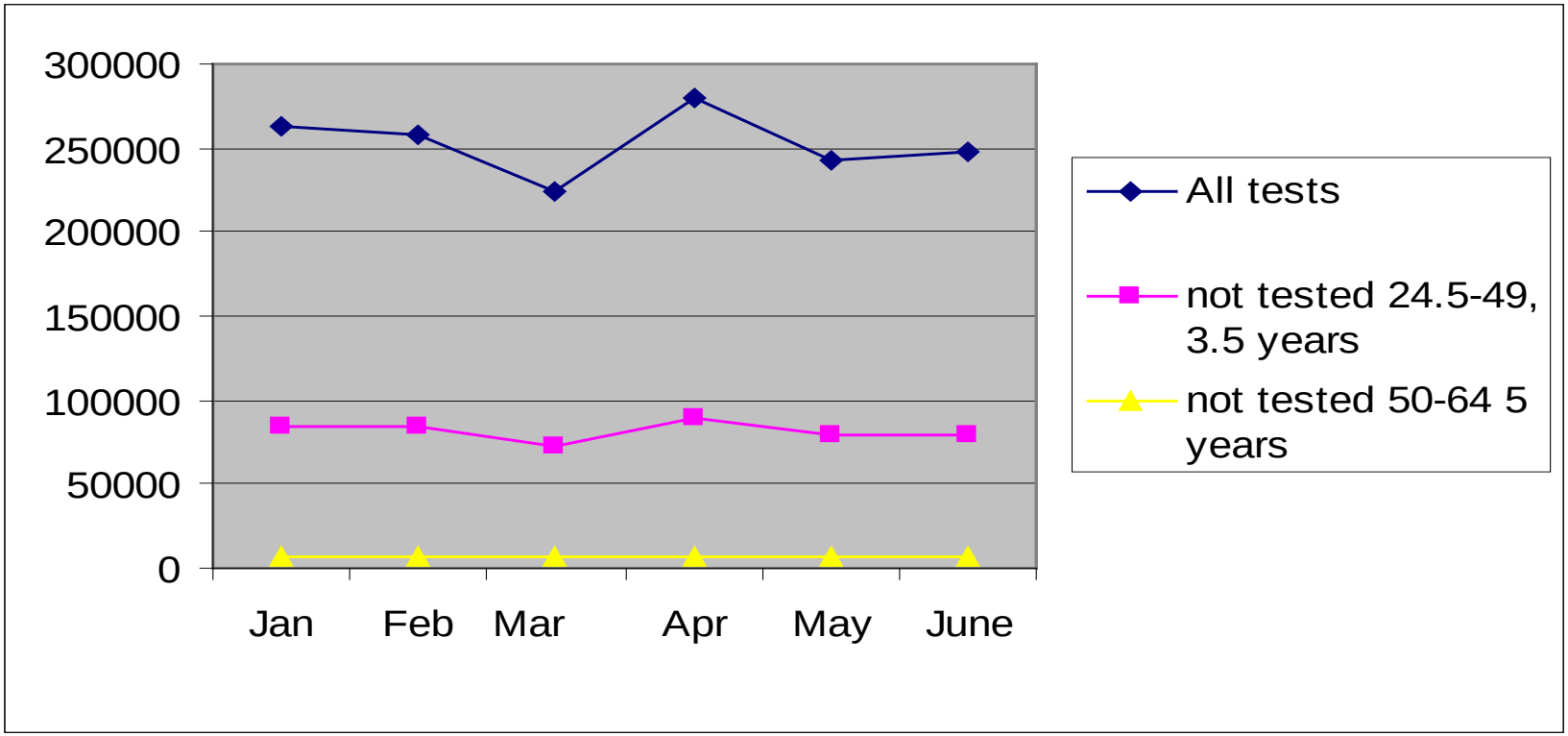
What has this meant in practice for breast cancer?

- 1998 onwards: 3 yearly mammography for women aged 50-64 years (i.e. 5 rounds per woman)
- 2000 onwards: Extension to include women aged 65-70 years (i.e. 7 rounds per woman) and 2 view mammography at all visits.
  - This required major expansion of the service
  - Radiographers (non-medical) took on new roles
  - The number of women screened pa is now over 2 million
  - The number of cancers detected has more than doubled to over 14000 cases pa
- 2007 onwards: Plans to extend breast screening to women aged 47-73 and to introduce digital mammography across the whole country
- The age extension will be introduced as a randomised trial to give robust information on the additional benefits of extra screening rounds

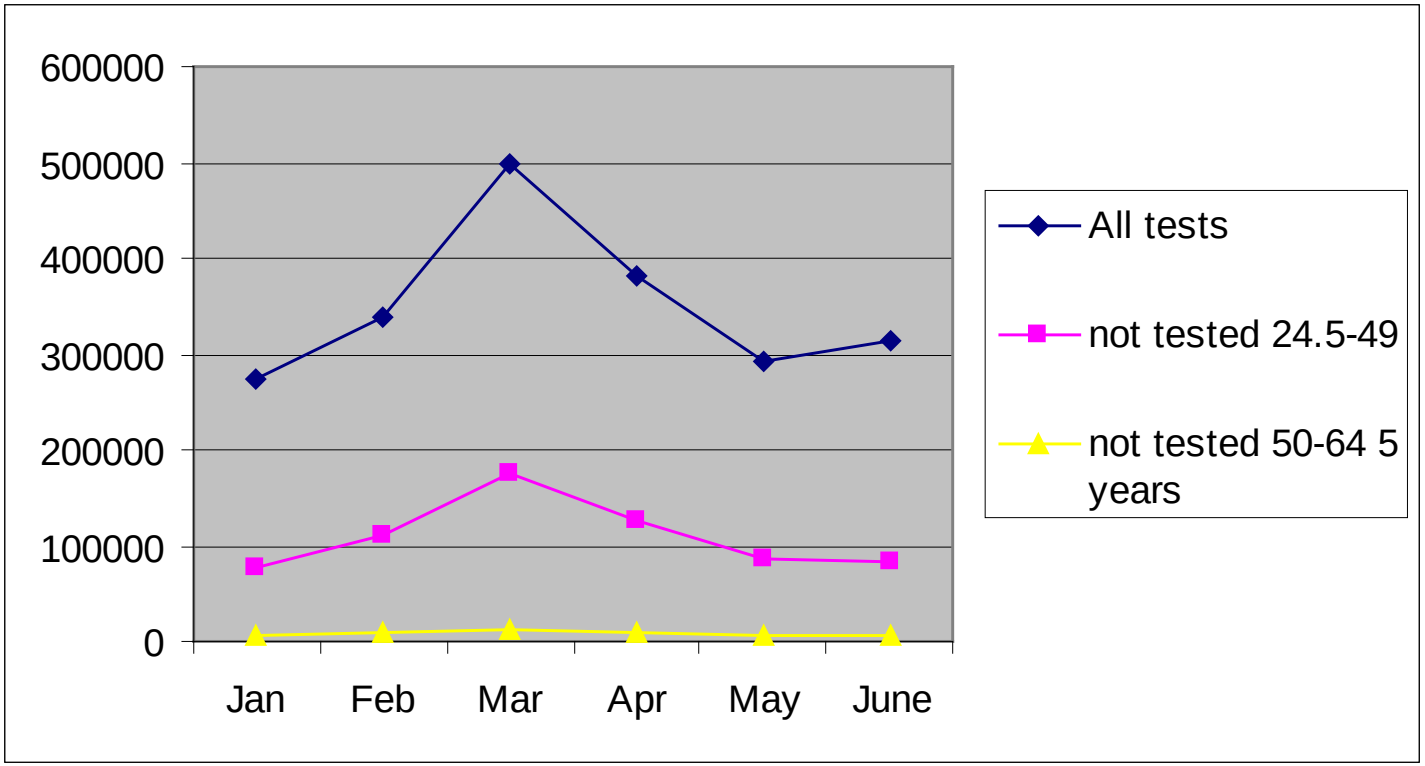
What has this meant in practice for cervical cancer?

- We have a longstanding cervical cytology programme, which underwent a major upgrade around 20 years ago. It is estimated to save around 4500 lives pa
- Developments over the past 5-7 years
  - Introduction of liquid based cytology, leading to major reductions in women being recalled because of inadequate smears (from almost 10% to around 2%)
  - Standardisation of age range (25-65) and screening intervals
  - Service redesign to reduce 'turnaround times' to a maximum of 2 weeks
  - Work to reduce variations in coverage and falling participation in younger women
  - Handling of the "Jade Goody" effect. Jade Goody was a reality TV (Big Brother) star diagnosed with cervical cancer in August 2008 who died in March 2009

Women screened Jan-Jun 2008



Women screened Jan-Jun 2009



What has this meant in practice for colorectal cancer?

- Large scale pilot of the feasibility and acceptability of routine FOBT completed in 2002
- July 2006 onwards: Rollout of FOBT for men and women aged 60-69 years
  - 5 “Hubs” and around 100 “Centres”
  - Centres had to demonstrate that endoscopy services met quality and timeliness standards before being accepted into the programme
  - Acceptance rate 53%
  - 5.5 million invited; 3.2 million kits returned; over 50,000 colonoscopies; over 5000 cancers detected and over 20,000 polyps removed
- Now: Extending the programme to people aged 70-75 years

What has this meant in practice for prostate cancer?

- No formal screening programme (i.e. involving routine invitations being sent to men)
- PSA testing is available from GPs, subject to informed choice
- Results (2009) of RCTs are being carefully considered, especially in relation to the problem of over diagnosis

Where next on screening in England? (1)

Several developments are currently being considered:

- Cervical screening
  - HPV triage?
  - Primary HPV screening?
    (NB link to HPV vaccination programme)
- Colorectal screening
  - Immunochemical FOBT?
  - Flexible sigmoidoscopy (e.g. at age 55)?

Where next on screening in England? (2)

- Greater linkage between screening and the broader National Awareness and Early Diagnosis Initiative (NAEDI)
  - 95% of all cancers are diagnosed symptomatically
  - We estimate that around 10,000 deaths could be avoided each year through earlier diagnosis of symptomatic cases
- How? Local and national campaigns to encourage uptake of screening and to promote earlier presentation with symptoms
- We are piloting a one-to-one intervention in women at their final routine screen. This has been shown to increase awareness

Making the case for screening in a national cancer strategy (1)

- Breast, cervical and colorectal cancer screening programmes undoubtedly save lives (with a potential to save over 7,500 lives pa in England)
- Screening is generally highly cost effective in comparison with other cancer interventions (e.g. new drugs)

Making the case for screening in a national cancer strategy (2)

- Political and public support for screening has been and remains strong in this country
- But …
  - We face severe financial constraints
  - There are multiple (and often vocal) demands on the cancer budget
  - We need ongoing public/patient advocacy
  - We have not convinced all GPs of the benefits of screening, possibly due to publicity in the British Medical Journal

Summary

- Screening is central to the national cancer programme in England, and is saving thousands of lives each year
- We can and we must do more, even at a time of financial constraint