

BOWEL SCREENING REDUCES CANCER DEATHS BY MORE THAN 25 PER CENT

Bowel screening reduces the number of deaths from bowel cancer in Scotland by more than 25 per cent, according to research* presented at the National Cancer Research Institute (NCRI) Cancer Conference in Liverpool this week.

Researchers in Scotland found that bowel cancer deaths were cut by 27 per cent among those who had attended screening compared with those who did not.

Bowel cancer screening uses the faecal occult blood test (FOBT) which is mailed to people to carry out at home. People post a series of small stool samples to a lab to be tested for traces of hidden blood which could be an early sign of bowel cancer.

The study, funded by the Scottish Government Health Department, is the first to show the real impact of using the FOBT in a population-based screening programme.

The results confirmed the findings of randomised controlled trials which were conducted when FOBT was proposed as a method of screening for bowel cancer.**

Study author Professor Robert Steele, based at the Bowel Screening Research Centre in Dundee, said: "For the first time, we can see the effects of a FOBT-based colorectal cancer screening programme in the real world of the NHS."

More than 370,000 people aged 50-69 from three of Scotland's 14 health boards were invited to take part in a population-based pilot study of bowel screening, before a national programme was introduced.

FOBT kits were sent to these people through the post and returned to a lab for analysis.

Researchers studied this screening group alongside a control group of the same size who were from health boards not taking part in the pilot study but had similar bowel cancer death rates.

The results showed that among those invited for screening, there was a 10 per cent reduction in bowel cancer deaths compared with those not invited.

But researchers pointed out that this is an underestimate since 40 per cent of those invited for screening did not actually take up the invitation - the reduction in bowel cancer deaths rose to 27 per cent when looking at those who actually completed the cancer test.

When bowel cancer is found at the earliest stage, there is an excellent chance of survival with more than 90 per cent of people surviving the disease at least five years. But if the tumour has spread to other parts of the body when it is diagnosed, just over six per cent survive their disease this long.

Bowel cancer is the third most common cancer in the UK - around 40,000

people are diagnosed with the disease each year in the UK.

Dr Jane Cope, director of the NCRI, said: "These figures are evidence that the bowel cancer screening programme is helping to lower the number of deaths from the disease.

"It's expected that when all of the national screening programmes across the UK have been up and running for a couple of years, that similar results will be seen for the whole of the UK."

ENDS

For media enquiries please contact Angela Balakrishnan in the NCRI press office on 0151 239 6043, the London office on 020 3469 8300 or, out-of-hours, the duty press officer on 07050 264 059.

Notes to Editors:

*Gillian, L – The impact of population-based faecal occult blood screening on colorectal cancer mortality: A matched cohort study, 2011

View the conference abstract here: <http://www.ncri.org.uk/ncriconference/2011abstracts/abstracts/A34.html>

**Randomised controlled trials (RCTs) of guaiac faecal occult blood testing (gFOBT) have shown a combined overall reduction in bowel cancer (CRC) mortality of 16 per cent in those invited for screening, and a 23 per cent reduction in those who took part in screening. This study showed that the reduction seen in RCTs matched the impact on a population-based screening programme.

The population-based pilot guaiac FOBT screening study took place in Scotland from 2000 to 2007. People involved in the study were followed up until the end of 2009, or until the date of their death if before this.

Bowel screening was rolled out in England in 2006 for men and women aged 60 to 69. Screening is now offered to men and women from ages 60 to 74 in England. A kit is sent out to people every two years.

In Scotland men and women aged between 50 and 74 years are sent a FOBT kit every 2 years.

In Wales the NHS is sending out stool testing kits to people between the ages of 60 and 69 every two years. They hope to roll the service out to people aged between 50 and 74 by 2015.

The UK government has committed to adding the Flexi-Scope test bowel screening test from next year in England. The new test uses a camera and light at the end of a flexible tube to detect and remove pre-cancerous growths from the lower parts of the bowel.

Cancer Research UK scientists led the trial which showed that the Flexi-

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Scope test has the potential to prevent a third of bowel cancer cases in people screened, as well as picking up the disease earlier.

About the NCR Cancer Conference

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's major forum for showcasing the best British and international cancer research. The Conference offers unique opportunities for networking and sharing knowledge by bringing together world leading experts from all cancer research disciplines. The seventh annual NCR Cancer Conference is taking place from the 6-9 November 2011 at the BT Convention Centre in Liverpool. For more information visit www.ncri.org.uk/ncriconference

About the NCRI

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry which promotes co-operation in cancer research among the 22 member organisations for the benefit of patients, the public and the scientific community. For more information visit www.ncri.org.uk

NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with CANCER UK, Department of Health; Economic and Social Research Council; Leukaemia & Lymphoma Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; The Prostate Cancer Charity; Welsh Government (National Institute for Social Care and Health Research); The Wellcome Trust; and Yorkshire Cancer Research.

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