Challenges in (cancer) screening

- Uptake/coverage
- Inequalities
- Capacity to do screens and follow on tests and treatments
**Uptake of bowel cancer screening England 2015**

- **Women**
- **Men**

**Cervical Screening – Coverage by age group (25-64)**

- Coverage - age appropriate (less than 3.5 / 5.5 yrs since last adequate test)
- 5 year coverage (less than 5 yrs since last adequate test)

2006 data as at 10th August 2006
Breast cancer 2016 headline BBC news

- Breast Cancer Now responds to new screening stats showing decline - to 'decade low' - of uptake of first invitations to screening
- New statistics show a decline in the number of women taking up their first invitation to attend a screening appointment as part of the Breast Screening Programme.

Breast coverage

[Bar chart showing breast coverage from 2006 to 2016 with a peak of 75.5% in 2016]
% Uptake FOBT kits
First 2.6 million invitations in England

% Uptake – Relationship to Socioeconomic Status
First 2.6 million Invitation
(BCSP - UCL Study)
What to do

Get some evidence

• Rapid review of evaluation of interventions to improve participation in cancer screening services: Stephen Duffy et al October 17, 2016
Conclusions

• Across different countries and health systems, a number of interventions were found more consistently to improve participation in cancer screening, including in underserved populations: pre-screening reminders, general practitioner endorsement, more personalized reminders for non-participants, and more acceptable screening tests in bowel and cervical screening.

Public Health Commissioning Intentions for 2017/18

• NHS England and screening service providers will work together to:
• (?) ensure that up-to-date population registers and lists of GP registered populations are maintained and cleaned to guarantee accuracy and completeness
• (?) optimise coverage and uptake across their catchment area
• (?) cooperate with regular analysis of breast screening coverage to identify groups of women who either access breast screening at lower levels, or do not access services at all
Other work underway to improve uptake

- Package of: reminders, GP endorsement, short gain or loss letters with clear call to action, timed appts (2nd timed appts), into specs and QA, LA doc
- CASH clinics
- Capita text reminders
- PHOF all about access
- PH network
- Spotlight sessions
- PHOF
- Research workshop on next actions and questions
- Focus on round length (DS meetings)
- FIT
- HPV self sampling
- Don’t forget it’s a choice

Capacity

Bowel

- Colonoscopy (FIT thresholds will need to be adjusted so as not to overwhelm the system)

Breast

- The backbone of the screening programme is the mammography workforce and current vacancy rates are 15%.
- The breast screening workforce is ageing with around half of all practitioners aged 50 plus and likely to retire in the next 10 to 15 years.
- Advanced practitioners currently have lower vacancy rates (5%). However, 62% of the workforce are aged 50 plus and only 17% are aged below 40 years.
- Consultant practitioners have a high vacancy rate (22%) although this relates to eight WTE posts. Two thirds of consultant practitioners will retire in the next 10 to 15 years.
FIT – An opportunity to **personalise** stratefying population-based screening?

**Better Screening by** -

...focusing on **individuals**...
...as well as on **populations**?

*Personalis-Stratifying population-based screening*

1. Intelligent use of FIT data (variable cut-offs)
2. Incorporate personal risk in a *Multivariate Risk Scores*
3. Personalised invitation which is sensitive to sex & screening history
Current Breast Screening in UK

- 3 yearly mammography for population 50 - 70
- Very high risk have annual MRI plus mammography (gene carriers)
- Moderate risk (with FH) annual mammograms 40 – 50 years.
- 8% women with extremely dense breasts – mammography 58% sensitivity
- Women have different risks of developing the disease

Breast screening: Personalised Imaging – Proposed trials

<table>
<thead>
<tr>
<th>Increasing risk</th>
<th>Low screening compared to FFDM 3 yearly</th>
<th>FFDM compared to DBT 3 yearly</th>
<th>Feasibility DBT plus US annually?</th>
<th>CESM FAST MRI</th>
<th>Fast MRI compared to MRI annually</th>
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Update on evidence review for varying screening intervals in HPV

• The Evidence Review group have looked at all the primary studies in relation to HPV primary screening intervals and self-testing.
• What is a safe routine screening interval for HPV negative women?
• What is a safe surveillance recall interval for women testing HPV + / cytology - ?
• How should women with persistent HPV infection in post screening surveillance be managed prior to exiting the screening programme?
• What is the accuracy of HPV testing in self-collected specimens?
• Does self-collection of vaginal specimens increase uptake of cervical screening?
• Aiming to open a public consultation by mid-March 2017 in order to get the review to the UK NSC meeting on 23 June 2017.