INCREASING PARTICIPATION IN BOWEL CANCER SCREENING IN WALES

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INTRODUCTION
BOWEL CANCER IN WALES, UK
- 4th most common cancer and 2nd most common cause of cancer death in Wales
  - Around 2,400 people diagnosed with it in Wales each year
  - Around 900 people die from it in Wales each year
- Bowel screening aims to detect bowel cancer at an early stage when treatment is more likely to be effective

BOWEL CANCER SCREENING IN WALES
- Men and women aged 60 to 74 years are invited every 2 years
- A Guaiac Faecal Occult Blood (gFOBt) test kit is sent by post for completion at home
- Uptake of the test remains lower than target (60%), ranging from 52.5% to 55.6% across Wales
  - Poor knowledge of benefits and eligibility
  - Belief that it is difficult, unpleasant or unhygienic
  - Belief that it is unnecessary if you don’t have any symptoms
  - Fear and denial around the test outcome
### INCREASING PARTICIPATION IN BOWEL CANCER SCREENING

- **London pilot: January – April 2014**
  - Tested combinations of endorsement flyer, kit enhancement pack and outdoor advertising
  - Most intensive intervention, including all 3 elements, increased uptake by 6.1% in ages 60-69 and 7.3% in ages 70-74

- **Wales pilot: February – April 2015**
  - Aimed to test the individual impact of each intervention and different ways of implementing them

#### Interventions

**A:** Personalised CRUK endorsement letter.* Posted 3 days following an NHS test kit. Pan Wales, n=9,300

**B:** Personalised CRUK endorsement letter plus gloves (x3). Pan Wales, n=7,300

**C:** Personalised CRUK endorsement letter plus gloves and ‘poo catcher’ (x3). Pan Wales, n=7,300

**D:** Advertising only. Outdoor and regional press advertising. Aneurin Bevan and Cardiff & Vale HBs, n=11,094.

* Both English and Welsh versions of the letter are shown. This was formatted as one double-sided letter.
METHODS

UPTAKE ANALYSIS: METHODS

- Uptake (returned kit) at 12 weeks after invite, among 60-74s
- Controls: those sent kits 16th Jan – 29th May 2015, not included in an intervention
- Logistic regression
- Contamination

Separate results for:
- “First-timers”
- “Non-responders”
- “Previously screened”

Analysis accounted for:
- Age group
- Gender
- Deprivation quintile
- Ethnicity quintile
OVERALL: LETTER (A) ACHIEVED SIGNIFICANT UPLIFT ACROSS ALL GROUPS

- **First-timers**: A: Letter, B: Letter and Gloves, C: Letter, Gloves and Poo-Catcher, D: Advertising only
- **Non-responders**: A: Letter, B: Letter and Gloves, C: Letter, Gloves and Poo-Catcher, D: Advertising only
- **Previously screened**: A: Letter, B: Letter and Gloves, C: Letter, Gloves and Poo-Catcher, D: Advertising only

* Statistically significant difference at 95% confidence level
MORE DEPRIVED**: LETTER & GLOVES (B) LARGEST IMPACT ON UPTAKE (3.2%) AMONGST NON-RESPONDERS

**WIMD quintiles 4-5
*Statistically significant difference at 95% confidence level

LIMITATIONS

- Advertising
  - Area-based controls
  - Local contexts
  - Not an individual-level intervention

- No pre-invitation letters – increase value of additional point of contact?
TARGETED APPROACH MORE BENEFICIAL IN REDUCING INEQUALITIES?

- CRUK endorsement letter (A) to first-timers only as it had a large impact in this group

- CRUK endorsement letter plus gloves (B) to non-responders in more deprived groups, as it had the largest impact in this hard-to-engage group
NEXT STEPS
- Cancer Research UK long-term advertising campaign in England
- New partnership with Public Health England – regional ‘Be Clear on Cancer’ campaign now live


THANK YOU

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