

# Prevention, Screening and Early diagnosis of cancer

Victoria Wright & Lucy Pickup

Non-clinical primary care leads, Wessex Cancer  
Alliance

[Victoria.Wright42@nhs.net](mailto:Victoria.Wright42@nhs.net)

[Lucy.Pickup4@nhs.net](mailto:Lucy.Pickup4@nhs.net)



# This session



- Cancer prevention
- Cancer screening
- Early diagnosis of cancer
- What you can do as a cancer care coordinator in these areas



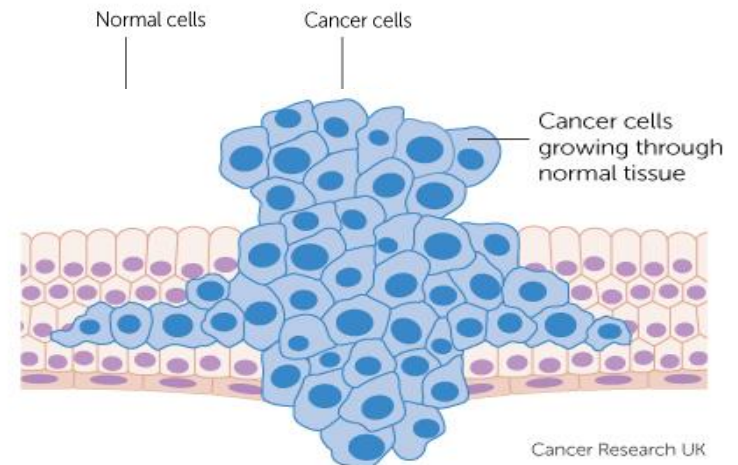
**Wessex**  
Cancer Alliance

# Cancer Prevention



# About cancer

- Most cancers develop because of cell damage that can happen by chance or because of things in our lifestyle and environment.
- The biggest risk factor for cancer is age – half of cases in the UK are diagnosed in people aged 70 and over.
- There are a range of risk factors that can damage our cells, which can increase the risk of developing cancer, including using tobacco, being overweight or obese, consuming alcohol or exposure to ultraviolet radiation





4 in 10 cancer cases can be prevented...



...make a change to reduce the risk of cancer



●●● Larger circles indicate more UK cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.  
Source: Brown et al, British Journal of Cancer, 2018



## 7 ways to cut down cancer



Be smoke free



Drink less alcohol



Eat a high fibre diet



Keep a healthy weight



Cut down on processed meat



Be safe in the sun



Be more active

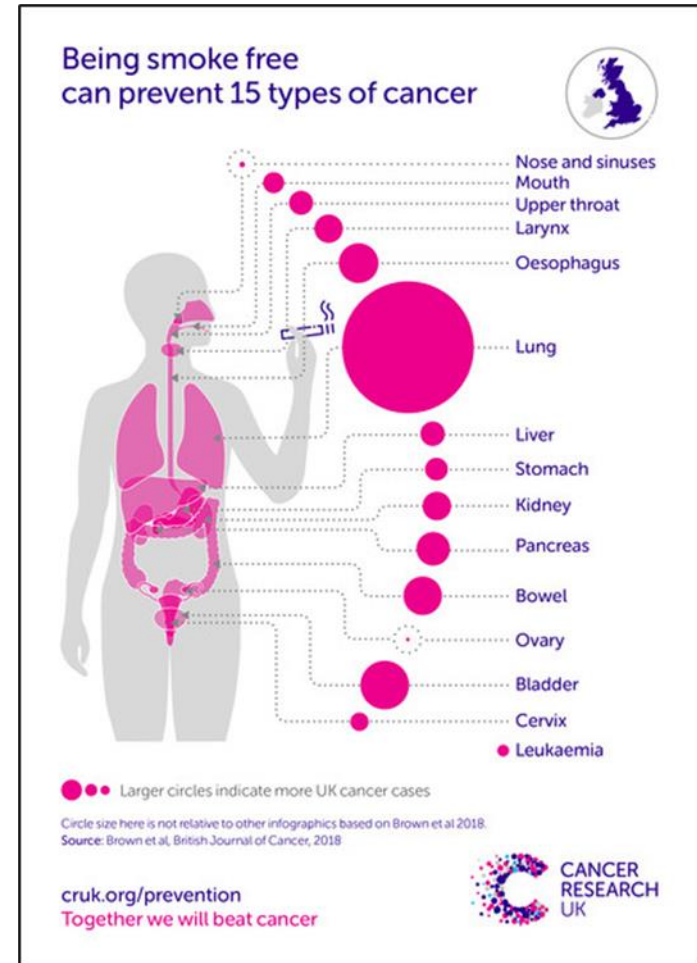
Make a change to reduce the risk of cancer



● ● ● Larger circles indicate more UK cancer cases  
Circle size here is not relative to other infographics based on Brown et al 2018.  
Source: Brown et al, British Journal of Cancer, 2018



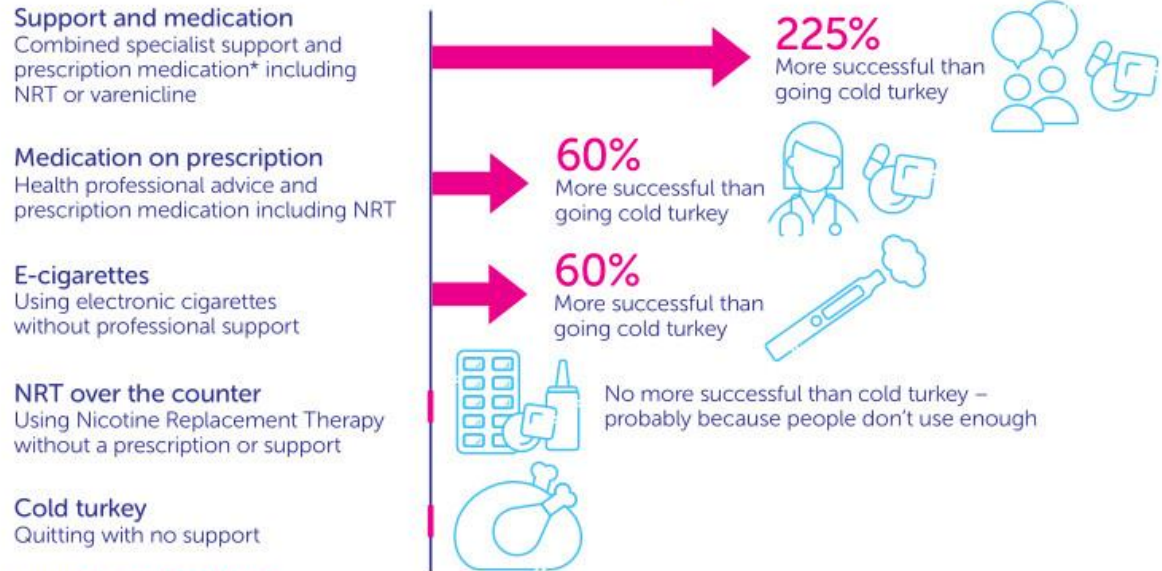
1 in 7 people in the UK still smoke.  
Not smoking could prevent around **54,300** cases of cancer every year in the UK.





The best thing that people who smoke can do is **stop smoking completely**

## What's the most successful way to stop smoking?



\*Visit [nhs.uk/smokefree](http://nhs.uk/smokefree)

Source: Kotz, D, Brown, J, West, R. 2014 'Real-world' effectiveness of smoking cessation treatments: a population study. *Addiction*. 109(3):491-9. doi: 10.1111/add.12429; Brown J, Beard E, Kotz D, Michie S, West R. 2014. Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study. *Addiction*. 109(9), 1531-1540.

[cruk.org](http://cruk.org)  
 Together we will beat cancer







# Do you know what your local services are?



# Signposting to services

- [Cancer Matters Wessex](#)
- [Live Well Dorset](#)
- [Portsmouth Wellbeing Service](#)
- [Healthy Lifestyles, Isle of Wight](#)
- SmokeFree Hampshire
- [NHS Better Health](#)



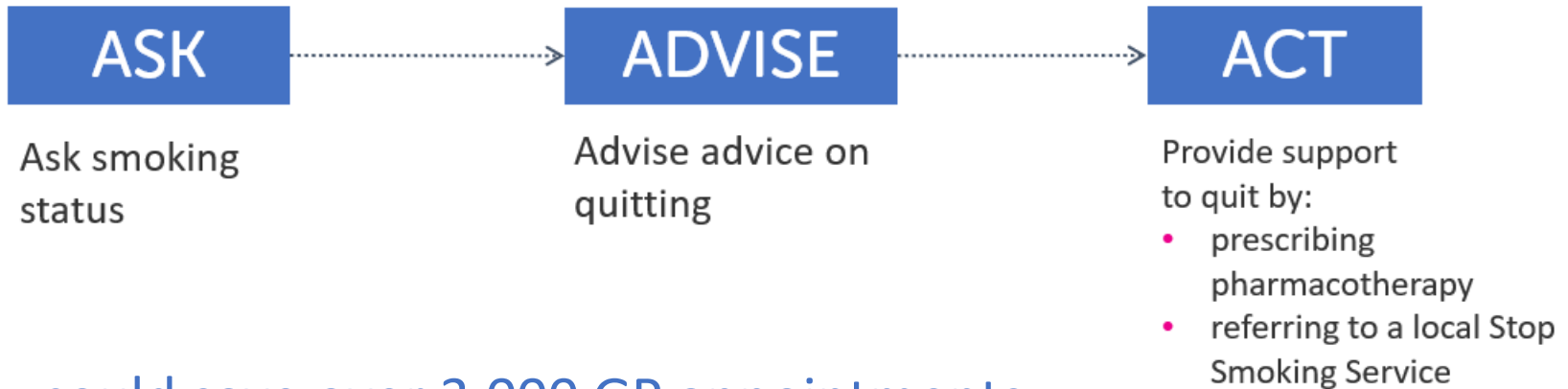
# What work could you do on this?

- How many patients in practice are smokers? If unusually low could look at coding
- Text message campaigns
- Link in with national campaigns like Stoptober
- Share prevention education resources with colleagues- VBA
- Using screens and website for messaging campaigns



# Very Brief Advice

A 30 second intervention (VBA)...



...could save over 3,000 GP appointments for every 10,000 patients by 2039\*.

\* Based on GPs delivering Very Brief Advice on smoking in 75% of consultations, above and beyond current practice.



# VBA resources

- [NCST VBA e-learning](#)
- [Behaviour change and cancer prevention](#) – 30-minute RCGP module for healthcare professionals who would like to promote behaviour change around smoking, obesity and alcohol consumption
- [VBA for smoking cessation podcast](#) – This short (15 minutes) and downloadable podcast for healthcare professionals highlights the importance of smoking cessation for patients and how to use ‘Very Brief Advice’ (VBA) in a consultation



**Wessex**  
Cancer Alliance

# Cancer Screening



# What is Cancer Screening?

- Screening can save lives by finding cancers at an early stage, or even preventing them.
- Cancer screening involves testing apparently healthy people for signs of the disease.
- Screening is not the same as tests a person may have if they have symptoms that could be cancer that need investigating'



# Why is screening important?

## How and when cancer patients are diagnosed



For this infographic, Earliest = Stage 1, Latest = Stage 4  
 \*Inpatient elective, other outpatient, death certificate only, or unknown route to diagnosis

Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook, data for England 2015-2016  
 Public Health England and Cancer Research UK, Stage by Routes to Diagnosis 2015-2016 Workbook

**Screening reduces the number of people dying from cancer by:**

### Detecting cancer early

63% of cancers detected through screening are at the earliest stage (stage I)

### Preventing cancer

Bowel and cervical screening can prevent cancer







# England screening programmes

## Bowel screening

- Men and women aged **56–74yrs**, invited every 2 years
- Over 74, can request a kit
- FIT (faecal immunochemical) kit received in the post



## Breast screening

- Women aged 50–70yrs, invited every 3 years
- Women over 70 screened on request
- Mammography



## Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- Cytology with HPV triage





# Bowel Cancer Screening: FIT (Faecal Immunochemical Test)

Men and women aged between 56-74 in England

Invited every 2 years

Must be registered with a GP practice to receive invitation

Screening kit completed at home and sent to hub/centre



## How to do the bowel screening kit in England



1 Get ready – collect what you need to catch your poo before you sit on the toilet.



2 Write the date on the sample bottle in biro.



3 Collect your poo - we've given you some ideas for how to do this opposite. Do not let your poo touch the water or toilet.



4 Twist the cap to open the sample bottle. Scrape the stick along the poo until all the grooves are covered. You only need a little poo to test. Please do not add extra.



5 Put the stick back in the bottle and click the cap to close it. Do not reopen the bottle after use. Please wash your hands.



6 Check you have written the date on your sample bottle, put the bottle in the prepaid envelope and post it back as soon as possible.

## Practical Tips

Cling film over the toilet (remember to leave a dip)	Tubs that fruit like grapes come in	Folded toilet paper in your hand
A plastic bag over your hand, or a glove	A clean empty margarine or ice cream tub	A clean empty takeaway container

How to complete the FIT bowel screening test [animation](#)



# Results

- The screening hub/centre analyses the kit
- The kit detects tiny amounts of blood which you cannot normally see in your stool (poo)
- FIT threshold is  $120\mu\text{gHb/g}$  faeces
- If above this level will require further investigation, if below this level no further action taken
- **Does not diagnose bowel cancer**
- Results usually sent within 2 weeks
- Non-responder code is sent to GP practice



# Breast Screening Test: Mammography

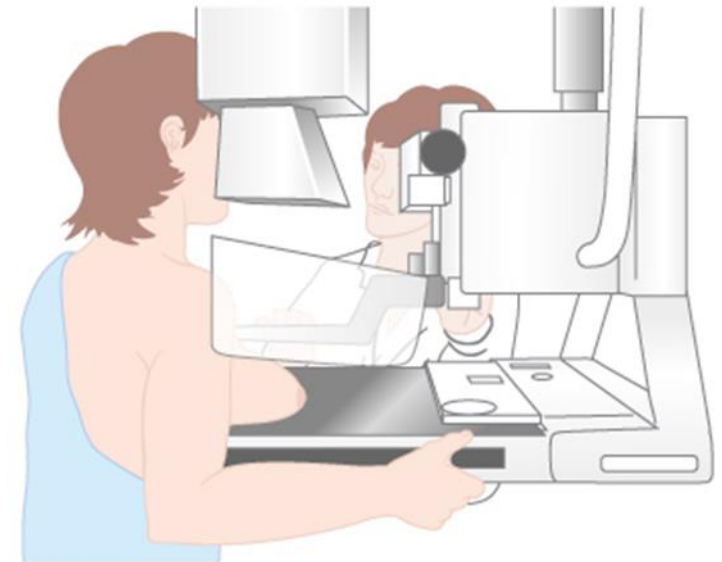
For women aged between 50 and 70 years every 3 years

Test is a mammogram – an x-ray of each breast

Carried out at special clinics or mobile breast screening units

Opt-in over 70

Find out when the screening unit will be coming to your PCN area – any opportunities for raising awareness?





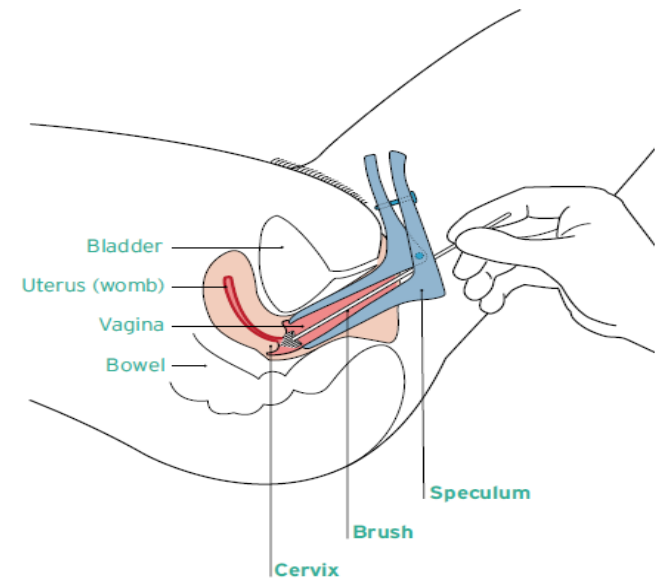
# Human Papillomavirus (HPV) Cervical screening

Cervical screening is available to women and people with a cervix aged 25–64 (25-49 invited every 3 years, 50-64 invited every 5 years)

Cervical screening samples are tested for types of HPV that can cause cervical cancer

Samples tested for HPV first

Only those that are HPV positive will be examined for changes in the cervical cells





# HPV True or False?

'If you have been vaccinated for HPV, you don't need to go to have cervical screening.'

'If your test is HPV positive and you are in a long-term relationship, does that mean partner has cheated?'

'If you have never had sexual intercourse, you can't have HPV'

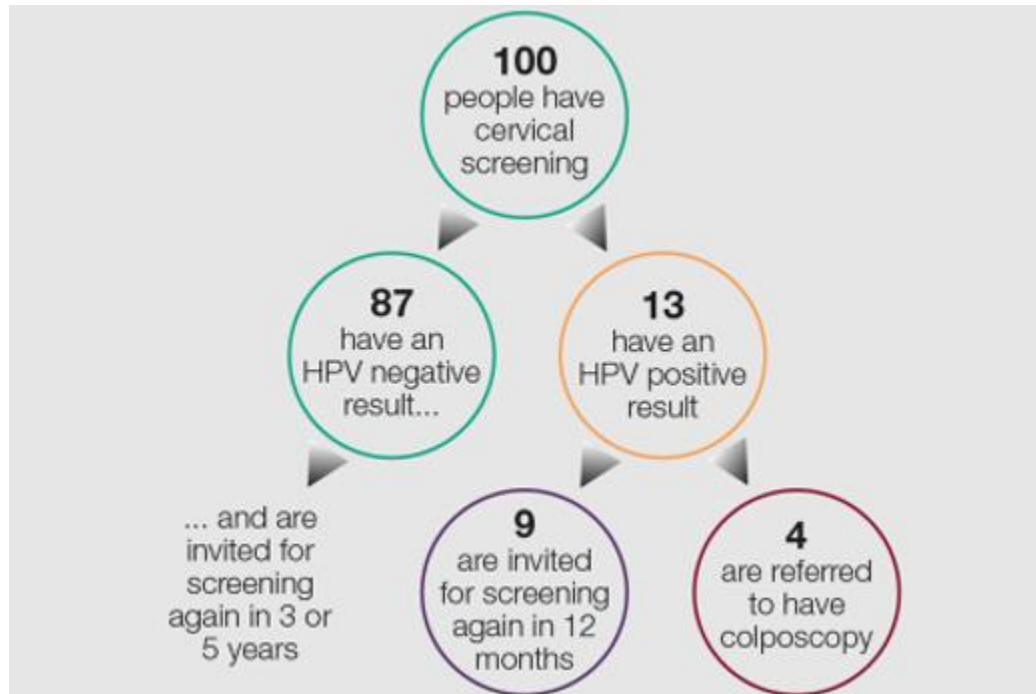
'8 in 10 women will have some form of HPV infection in their lifetime.'

'All types of HPV can cause cervical cancer.'

'Only school age girls can get vaccinated against HPV'



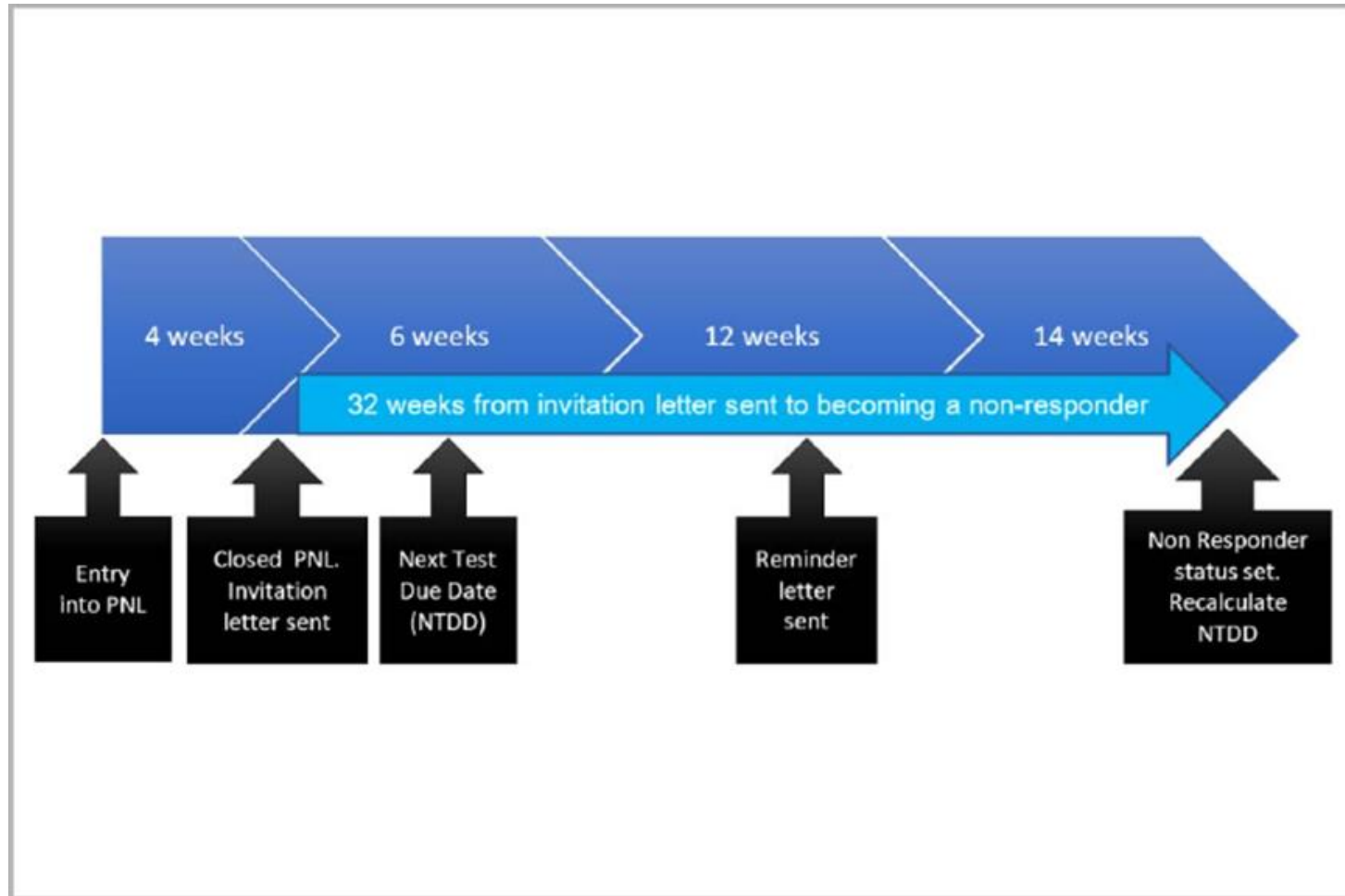
# Results for every 100 people who have cervical screening







# Admin pathway



[Cervical screening: guidance for call and recall administration best practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612211/cervical-screening-guidance-for-call-and-recall-administration-best-practice.pdf)



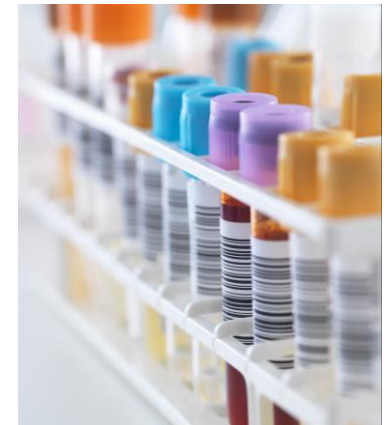


# Informed Choice

- Whether or not to go for screening should be an individual choice
- Health professionals have a key role to play in promoting informed uptake of screening, by raising awareness and reducing barriers for their patients.
- Everyone who wants to take part in screening should be able to do so, and health professionals can play an important role in helping make this a reality.



# Other programmes



## PSA testing – blood test

NICE Guidance states PSA should be:

- Offered to men over 50 years of age who request a PSA test

You may wish to consider promoting the test to those at greater risk:  
Those aged 50 or older, those with a family history of prostate cancer over 45 & black men aged over 45

Important to discuss pros and cons with patients



## Targeted Lung Health Checks – (where available)

Over 55, registered with GP, who have ever smoked

Involves initial assessment and then may be offered a low dose CT





# Data



## Cancer Services ▾

Data view ▾  
Area profiles



### Geography

H85026 - Francis Grove Surgery, 8 Francis Grove, Wimbledon, London, SW19 4DL  
GPs in West Merton PCN

### Topic ▾

Summary of key indicators

▶ [Legend](#) ▶ [Benchmark](#) ▶ [More options](#)

Indicator
% population aged 65+ yrs (GP registered)
Deprivation score (IMD 2019)
New cancer cases (Crude incidence rate: new cases per 100,000)
Breast screening coverage: aged 50 to 70 years old
Cervical screening coverage: aged 25 to 49 years old
Cervical screening coverage: aged 50 to 64 years old
Bowel cancer screening coverage: aged 60 to 74 years old
Two-week wait referrals (Indirectly age-sex standardised referral ratio): Five years

**Area**  
H85026 - Francis Grove Surgery

**Area type**  
GPs

**PCNs (v. 28/10/22)**  
West Merton PCN

**Area type to group areas by**  
PCNs (v. 28/10/22)

Your area lists (Sign in)

Value	Worst/Lowest	Range	Best/Highest
18.4%*	0.0%		94.4%
21.7	68.7		3.4
456	10		1,270
62.3%	3.4%		84.4%
68.6%	0.0%		94.2%
75.0%	28.1%		100%
70.3%*	17.4%		100%

[Cancer Services - Data - OHID \(phe.org.uk\)](https://phe.org.uk)



# Cancer Services ▾

Data view ▲

Compare areas



Geography

GPs in West Merton PCN

Topic ▾

Summary of key indicators

All Available

Trends

Area profiles

Compare indicators

Population

Overview

Compare areas

Definitions

Box plots

Map

Download

2022 Proportion - % ▾

Count ▲▼

Value ▲▼

95% Lower CI

95% Upper CI

# Cancer Services ▾

Data view ▾

Compare areas



Geography

GPs in West Merton PCN

Topic ▾

Summary of key indicators



Indicator

Cervical screening coverage: aged 25 to 49 years old 2021/22 Proportion - % ▾

▶ [Legend](#) ▶ [Benchmark](#) ▶ [More options](#)

Areas **All in West Merton PCN**

Display

**Table**

Table and chart

[Show 99.8% CI values](#)

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	↓	7,142,114	68.6	68.6	68.7
West Merton PCN	→	4,669	64.0*	62.9	65.1
H85026 - Francis Grove Surgery	→	2,263	64.6	63.0	66.2
H85051 - Lambton Road Medical Practice	→	2,406	63.4	61.8	64.9

Source: Data was extracted from the NH&S via the Open Exeter system. Data was collected by the NHS Cervical Screening Programme.



# Cervical screening dashboard

Data last updated: 27 April 2023  
 Next update: July 2023  
 Report contains data for the period: Q3 2020-2021 to Q3 2022-2023



Welcome to the cervical screening interactive resource for primary care and clinical commissioning groups (CCG)  
 From Q1 2022-23, CCGs are replaced by Sub-ICBs in this dataset

**This resource will:**

- Support primary care and clinical commissioning groups (CCGs)/Sub-Integrated Care Boards (ICBs) to pinpoint cervical screening coverage for their practices and CCGs/Sub-ICBs, by providing timely interactive coverage data that is updated on a quarterly basis (e.g. Data for Quarter 4 2021-2022 reflects the status as at 31 March 2022, the end of the financial quarter).
- Enable more timely evaluation of coverage initiatives without having to wait for annual data reports.

**What data are shown in the interactive package?**

- These reports focus primarily on screening coverage at two age groups, 25 to 49 years and 50 to 64 years.
- Coverage is defined as the percentage of women in a population eligible for screening at a given point in time who were screened adequately within the specified period.
- The frequency with which women are screened is dependent on their age. Women aged 25 to 49 are screened every 3.5 years and women aged 50 to 64 are screened every 5.5 years.
- They also include data for the number of women eligible and screened at each GP practice.
- Data is provided on how GP practice's cervical screening coverage ranks within their CCG/Sub-ICB and nationally.

Data for this report is sourced from Open Exeter, which is hosted by NHS England.

**What is the purpose of this report?**

- This online resource will help support the programme to be effective in achieving its aim to reduce the number of women who develop invasive cervical cancer and reduce the number of women who die from it.
- This report supports the primary care level data pack and provides data for GP practices and CCGs/Sub-ICBs to improve cervical screening attendance and coverage rates.
- The data will support the CCGs/Sub-ICBs in local improvements and setting priorities in relation to cervical screening.

**Who is it for?**

- For GP practices the resource provides interactive data on the number of women in each practice that have not had a smear test but remain eligible for screening in the practice. This data supports practices to identify the size of the cohort to address.

**Relevant/Related Sources:**

- To discover more general information on the NHS cervical screening programme and tips on how to address coverage in your area, please use the links below:
- NHS England links:  
<https://www.gov.uk/topic/population-screening-programmes/cervical>  
<https://www.gov.uk/government/publications/cervical-screening-coverage-and-data>  
[http://digital.nhs.uk/pubs/cervicalquarterly\\_mi](http://digital.nhs.uk/pubs/cervicalquarterly_mi)
- Information about ICBs can be found here:  
<https://digital.nhs.uk/services/organisation-data-service/integrated-care-boards>
- Jo's Cervical Cancer Trust link:  
<https://www.jostrust.org.uk/professionals/cervical-screening>

**Author:** Analytical Services: Population Health, Clinical Audit and Specialist Care, NHS England  
**Lead analyst:** David Connelly

**Contents**  
 (click icons below)

GP Practice Coverage Time Series	GP Coverage for Age Groups
GP Practice Coverage Map	GP Data Table
Further Information and Feedback	User Guide



# Primary Care Toolkit

## How to do the bowel screening kit in England



1 Get ready – collect what you need to catch your poo before you sit on the toilet.



2 Write the date on the sample bottle in blue.



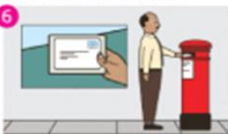
3 Collect your poo – we've given you some ideas for how to do this opposite. Do not let your poo touch the water or toilet.



4 Twist the cap to open the sample bottle. Scrape the stick along the poo until all the grooves are covered. You only need a little poo to test. Please do not add extra.



5 Put the stick back in the bottle and click the cap to close it. Do not reopen the bottle after use. Please wash your hands.



6 Check you have written the date on your sample bottle, put the bottle in the prepaid envelope and post it back as soon as possible.

You will receive your result by letter, please read it carefully to find out what the next steps will be. If you get a result saying further tests are needed, it could be down to lots of different things and does not necessarily mean cancer. But if it is cancer, finding it at an early stage means it is easier to treat successfully.

Jo's cervical cancer trust

Enter your search here

Information | Get support | Get involved | Professionals | About us | Donate

Home | Professionals | Information for professionals: Cervical screening

### Information for professionals: Cervical screening

The information in this section is aimed at primary care professionals, including sample takers and reception staff. It may also be useful for other healthcare professionals.

Cervical screening is offered via the national Cervical Screening Programme to check the cervix for high-risk human papillomavirus (HRV) or cervical cell changes (abnormal cells). Sample takers and non-clinical primary care staff play an important role in ensuring eligible women and people with a cervix can make an informed decision about whether to attend cervical screening.

Cervical screening may be straightforward, but it can present multiple, complex issues for some patients. Everyone has different needs and practice can be adjusted to properly support those needs.

Good practice guidance	Informed decisions	Improving access to cervical screening
Barriers to cervical screening	Myths and facts	Drop-in clinics
Information stands	The impact of COVID-19	Common questions from patients
Language to use	Patient information	Cervical Screening Awards

## Increasing Coverage of Cervical Cancer Screening



A Practical Guide to Cervical Screening in Primary Care  
NHS England South East (HIOW)



## Toolkit

### Increasing the uptake of Cervical Screening in people with a learning disability



The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a white rectangular box.

Wessex  
Cancer Alliance

# Early diagnosis of cancer





# What do we mean by early diagnosis of cancer?



# In a nutshell...

“Cancer that’s diagnosed at an early stage, before it’s had the chance to get too big or spread is more likely to be treated successfully. If the cancer has spread, treatment becomes more difficult, and generally a person’s chances of surviving are much lower”



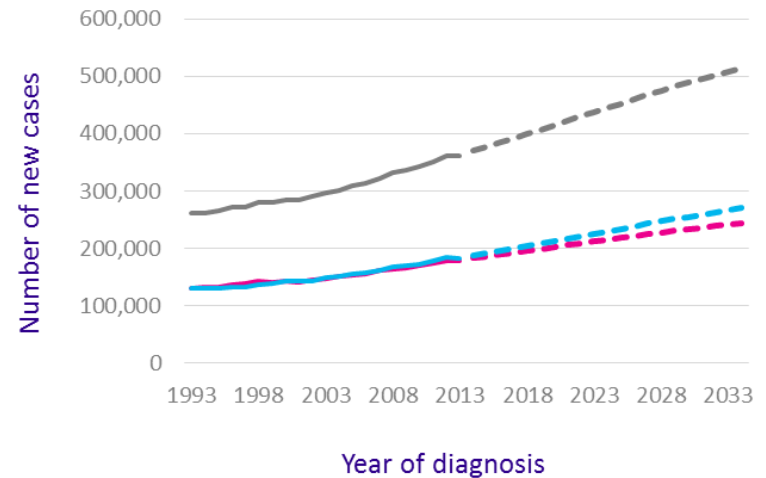
# ...and why is it important?



## Cancer cases are rising

As our population ages, the number of cancer cases are expected to rise:

- 2% increase in the incident rate between now and 2035
- In 2035 over 500,000 cases of cancer will be diagnosed every year



MALES FEMALES PERSONS  
OBSERVED CASES = SOLID  
PROJECTION = DASH



# Early diagnosis and survival rates

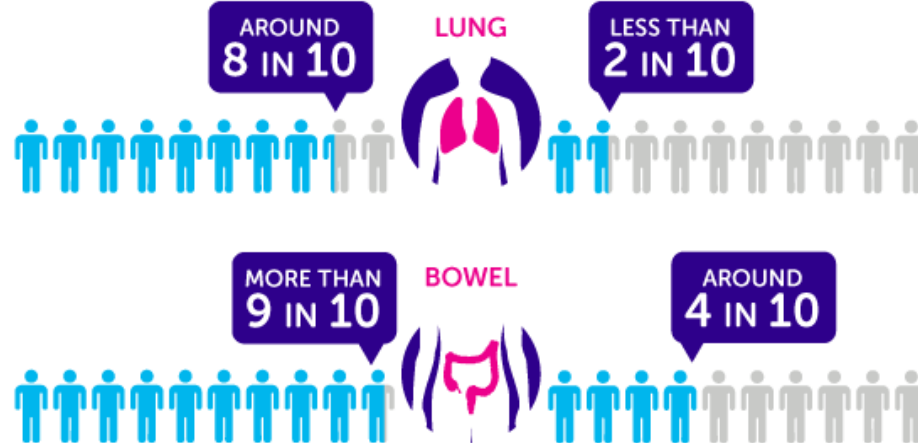
## SURVIVAL BY STAGE AT DIAGNOSIS



= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED **EARLIER**  
AT STAGE I

DIAGNOSED **LATER**  
AT STAGE IV



Data for people diagnosed in England in 2014

Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)

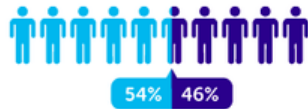


## EARLY AND LATE CANCER DIAGNOSIS

STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2016

EARLY  
(STAGE I + II)  LATE  
(STAGE III + IV) 

ALL CANCERS



BREAST CANCER\*



BOWEL CANCER



LUNG CANCER



PROSTATE CANCER



OVARIAN CANCER



\*Females only  
Source: Public Health England 2018

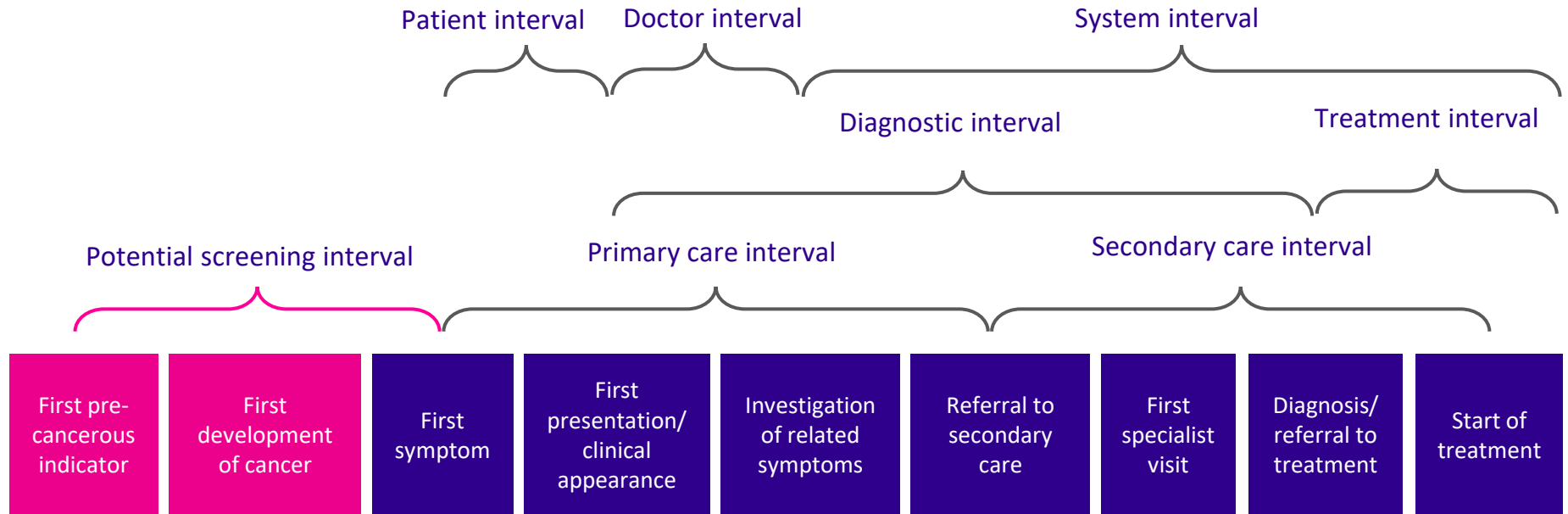
TOGETHER WE WILL BEAT CANCER  
cruk.org



- Only 54% of cancers are diagnosed at an early age
- There is variation in stage distribution by cancer type



# The pathway





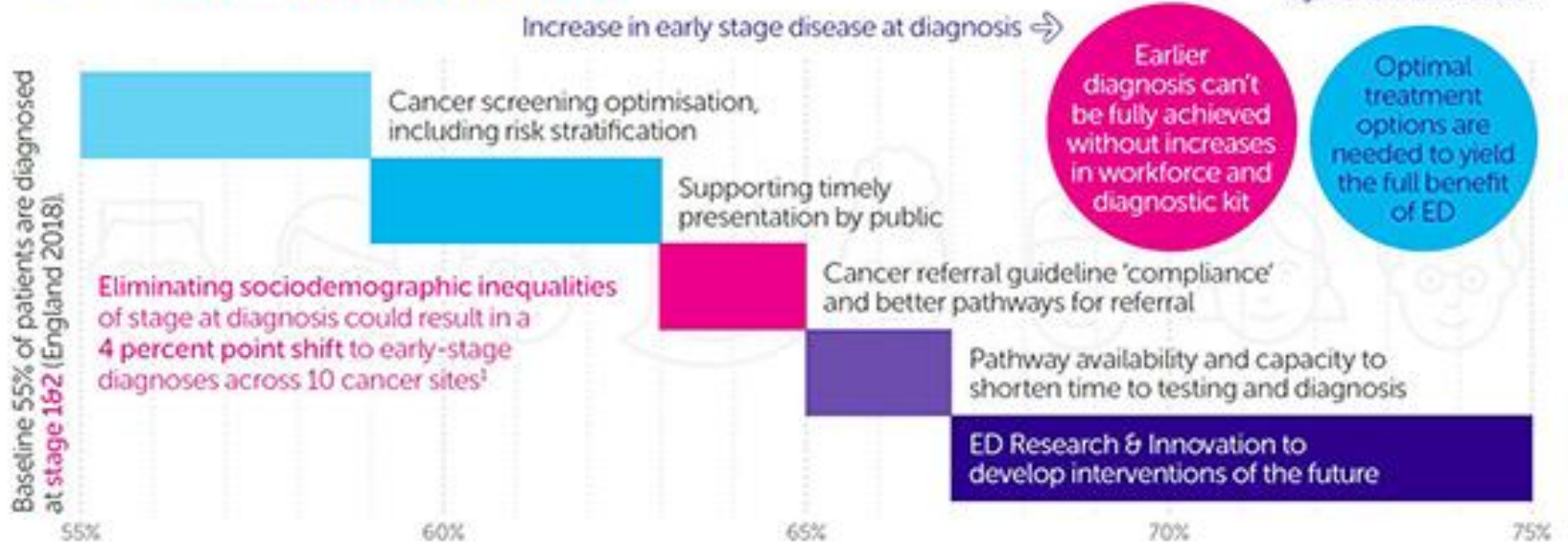
# Waterfall diagram



Improving Early Diagnosis of Cancer  
No one thing will address late stage cancer –  
action is needed on all fronts



Together we will beat cancer



For more information please contact [earlydiagnosis@cancer.org.uk](mailto:earlydiagnosis@cancer.org.uk)

This is an illustrative diagram. Data have been used where available and expert input for the remaining areas. It will be updated as more evidence comes to the fore. Staging baseline data relate to England but estimates of impact on stage are relevant UK-wide.

(1) Barclay, M. E., Abil, G. A., Greenberg, D. C., Rous, B. and Tyratzopoulos, G. (2021) Socio-demographic variation in stage at diagnosis of breast, bladder, colon, endometrial, lung, melanoma, prostate, rectal, renal and ovarian cancer in England and its population impact. British Journal of Cancer.

March 2021







# Supporting timely presentations- campaigns



- Help Us Help You
- <https://campaignresources.dhsc.gov.uk/>
- Communications through newsletter and our non-clinical cancer champions
- Look out for local campaigns and consider your patient population





## Cancer referral guideline 'compliance' and better pathways for referral

- Ensuring up to date referral forms in use and in correct place (this is included in LIS for HLOW)
- CDS tools- sharing with staff
- In Dorset C The Signs about to be launched
- Sharing updates/ education opportunities and newsletters to clinical staff
- Supporting audit
- Data review



# Data

**Cancer Services** ▾

Data view ▾  
Area profiles

Geography ▾  
England

Topic ▲  
Two-Week Wait Referrals

▶ [Legend](#) ▶ [More options](#)

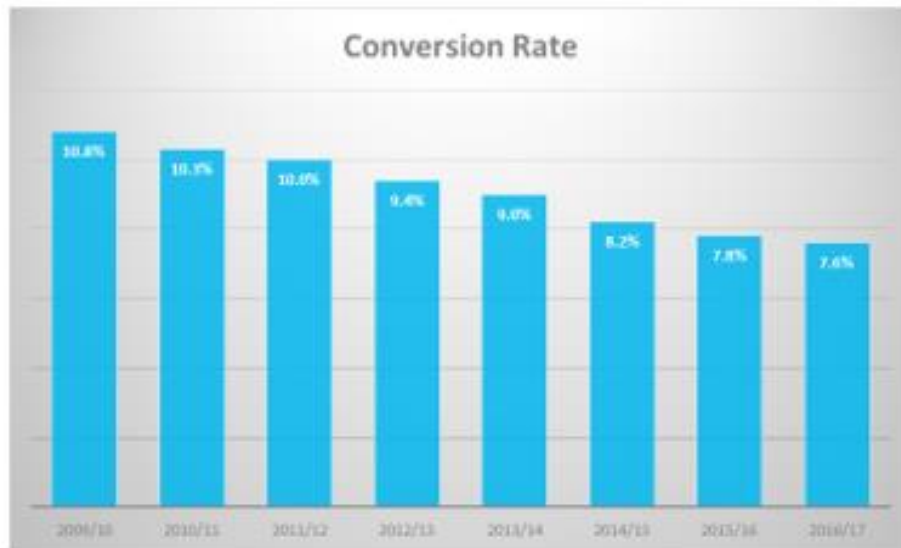
Indicator	Period	England count	England value	Recent trend
Two-week wait referrals for suspected cancer (Number per 100,000 population)	2021/22	2,663,105	4,323 per 100,000	↑
Two-week wait referrals (Indirectly age-sex standardised referral ratio)	2021/22	2,663,105	100 per 100	-

All **Available**

- Summary of key indicators
- Demographics, Screening and Diagnostics
- Two-Week Wait Referrals

<https://fingertips.phe.org.uk/profile/cancerservices>

# Conversion rates (for all suspected cancer types combined)



The **conversion rate** is the proportion of 2WW referrals which result in a cancer diagnosis in England.

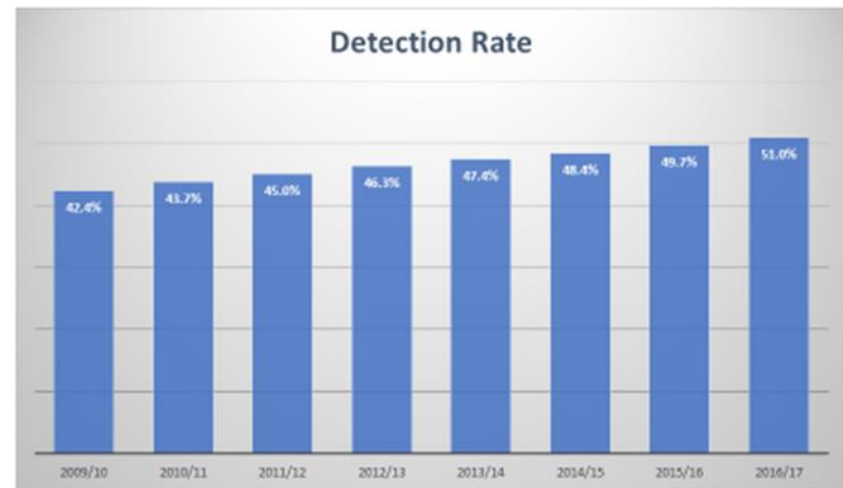
Conversion rates for 2-week wait referrals are decreasing



# Detection rates

**Detection Rates** - the proportion of cancers treated which were 2WW Referrals e.g. not through routine referrals and emergencies

- Cancer detection rates are increasing
- Good news when red flag symptoms often lead to early diagnosis (e.g. breast cancer)
- This is 'not so good' news where there are no clear early red flag symptoms and the cancer is difficult to treat (e.g. brain tumour). But it's also not bad news as it will be better to travel through 2WW from a patient experience point of view



*All cancer types combined*



# Symptomatic FIT

## In Screening



As the primary test in the NHS Bowel Cancer Screening Programme (BCSP)



For people aged 60–74<sup>1</sup> years every 2 years. People aged over 74, can request a kit<sup>2</sup>



The threshold for determining a positive result is set at 120µg Hb/g faeces

## In Primary and Secondary care



As a test to guide the management of patients



For people who present symptomatically\*



The threshold for determining a positive result is lower than BCSP (normally 10µg Hb/g faeces)

## Screening pathway



Screening hub sends kit to eligible individuals by post



Individual completes and returns kit by post to screening hub



Screening hub sends result to individual by post. GPs are informed of all results electronically



Continue to be eligible for screening every two years



Invited for further tests (usually colonoscopy)



If a patient's screening result is negative and they develop symptoms they should be offered a symptomatic FIT test by their GP.

## Symptomatic pathway

### Primary care investigation



FIT is offered to people who present with symptoms



Kit is given out by the GP\* or sent to the patient by the lab on GP request



Patient completes and returns kit to GP practice or nominated lab\*



GPs will be given a result which may include a numerical value and communicates it to the patient



May still warrant further investigation depending on symptoms and clinical judgement (could consider repeat FIT)



GP refers to **lower GI pathway**\*



# Possible actions

- Use system searches to monitor FITs issued and returned
- Ardens searches for Lower GI referrals with a FIT returned (CAN002)
- Ensuring the FIT test result is coded correctly – this happens automatically in some regions and not others
- Ensuring patients issued a FIT are sent the AccuRx reminder text
- Ensure there are enough FIT tests in house to hand out to patients.
- Chase up FIT tests not returned by patients esp' those that are urgent (2ww)
- Report can be run regularly by the practice looking for patients with FIT  $\geq 10$  who have not been referred via two week wait

<https://wessexcanceralliance.nhs.uk/symptomatic-fit/>



# Safety netting





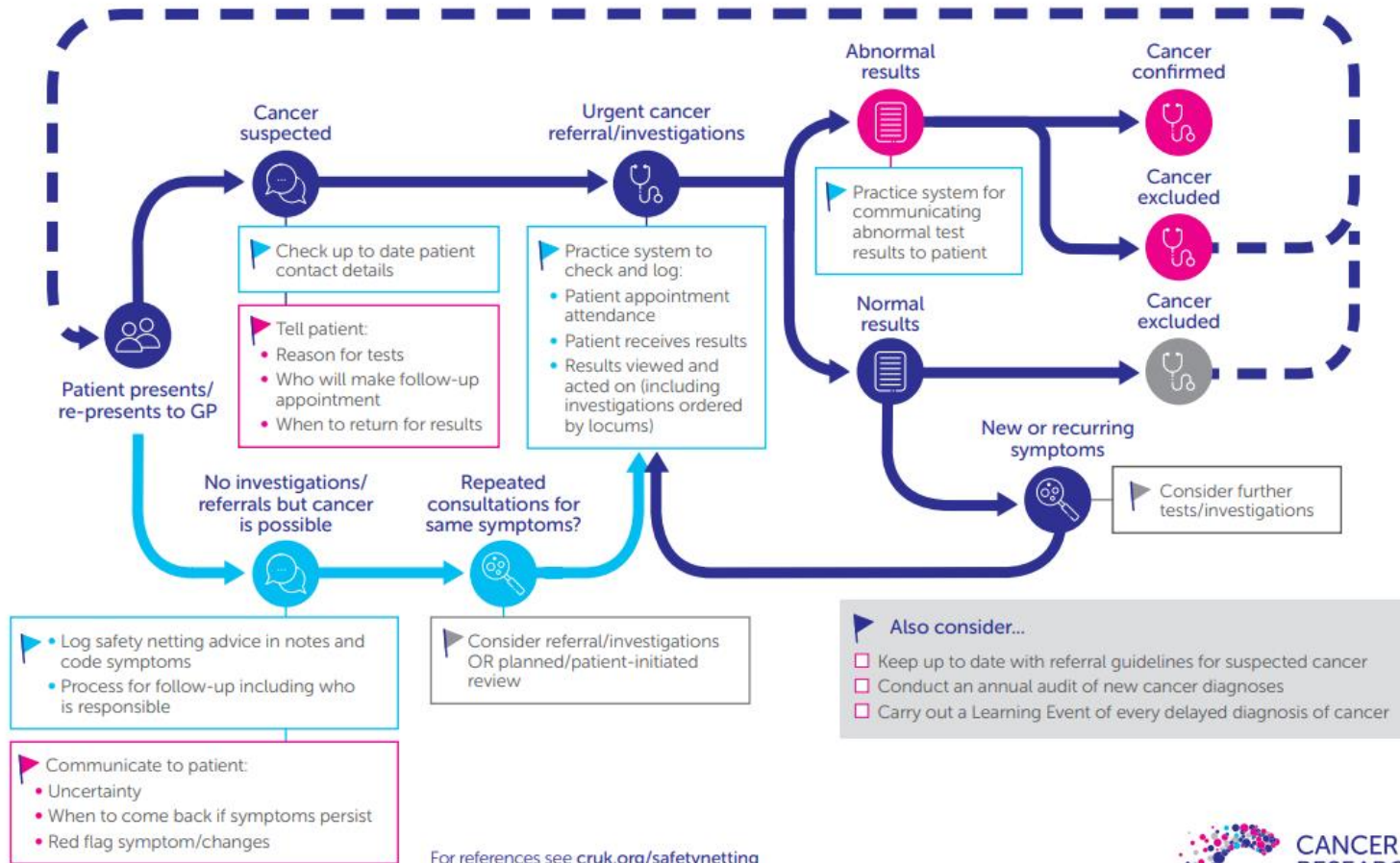
# Safety netting is...

“a diagnostic management strategy that aims to ensures patients are monitored throughout the diagnostic process until their symptoms or signs are explained and results have been acted upon or their symptoms are resolved”



# Safety netting summary

Communication to patients    Action for GPs    Action for practice    Education



For references see [cruk.org/safetynetting](http://cruk.org/safetynetting)

Together we will beat cancer





Actions for practices

- Obtain up to date contact details for patients undergoing tests or referrals
- Inform patients about how to obtain their results
- Have a system for communicating abnormal test results to patients
- Have a system for contacting patients with abnormal test results who fail to attend for follow up
- Have a system to document that all results have been viewed and acted upon appropriately
- Have policies in place to ensure that tests/investigations ordered by locums are followed up
- Have systems that can highlight repeat consultations for unexplained recurrent signs/symptoms
- Practice staff involved in logging results are aware of reasons for urgent tests and referrals
- Conduct learning events for patients diagnosed via an emergency presentation
- Conduct an annual audit of new cancer diagnoses (e.g. internal practice audit or by participating in the National Cancer Diagnosis Audit)

What processes do you have?

Do you have a system for monitoring fast track referrals?



**Thank you**

**Any questions?**