

The Bowel Cancer Challenge: **three steps to saving lives**

1



Screening

2



Awareness

3



Treatment & Care



January 2011

The Bowel Cancer Challenge: three steps to saving lives

In 2007 we set the agenda with our 2012 Challenge; four years on we have seen excellent progress but there is still more to be done to tackle the UK's second biggest cancer killer and save lives.

In this document we launch a new challenge to ensure that the government initiatives to improve outcomes for bowel cancer patients set out in the Cancer Reform Strategy achieve their potential to save many lives.

Almost half of the 38,600 people diagnosed with bowel cancer each year will die from the disease. Yet bowel cancer can be beaten if diagnosed earlyⁱ. Over 90% of patients diagnosed with early stage bowel cancer will survive five years from diagnosis compared to less than 7% of patients diagnosed with late stage diseaseⁱⁱ.

This briefing notes the progress that has been made to date and highlights what needs to happen to improve bowel cancer survival.

1

Increase the number of people participating in screening programmes

- ✓ Extension of screening to 75 year olds by end of 2010
- ✓ Commitment to introducing flexible sigmoidoscopy

More to be done... Bring participation up to the levels of the best cancer screening programmes, saving up to 1,279 lives each year

More to be done... Roll out flexible sigmoidoscopy screening

2

Raise awareness of bowel cancer signs and symptoms

- ✓ Department of Health campaign to raise awareness of bowel cancer symptoms
- ✓ Bowel cancer key messages developed for patients by the National Awareness and Early Diagnosis Initiative (NAEDI)

More to be done... Roll out regional pilots across England and UK wide to create a truly national awareness campaign

More to be done... Reward GPs for detecting bowel cancer earlier

3

Deliver high quality treatment and care for all

- ✓ Introduction of new treatments for bowel cancer
- ✓ Cancer Drugs Fund introduced
- ✓ Improved access to written information for patients

More to be done... Ensure every patient gets access to the treatment their clinician recommends

More to be done... Introduce choice of surgical technique and cancer drug where clinically appropriate

More to be done... Ensure every patient gets access to a clinical nurse specialist (CNS)

ⁱ Cancer Research UK, Bowel Cancer – UK incidence statistics, webpage: <http://info.cancerresearchuk.org/cancerstats/types/bowel/incidence/index.htm>. Accessed: February 2010

ⁱⁱ National Cancer Intelligence Network, Colorectal Cancer by Survival Stage, webpage: http://www.ncin.org.uk/docs/090623-NCIN-colorectal_survival-databriefing.pdf. Accessed: November 2009

Increase the number of people participating in screening

Participation in screening programmes

Bowel cancer screening is essential for early diagnosis and has been highlighted as a priority within the Cancer Reform Strategy. However only 23 per cent of the population are aware that there is a bowel cancer screening programmeⁱⁱⁱ and just over 50% of those eligible are completing their screening tests^{iv}. Beating Bowel Cancer is calling for an increase in uptake of bowel cancer screening to match the best cancer screening programme participation

rates of around 77% with the potential of saving up to 1,279 lives each year^v.

In addition we are calling for MPs to support a new campaign to encourage people aged 60-75 in England to take part in screening. Furthermore it is vital that local authorities commit to increasing participation in bowel cancer screening when they take on responsibility for commissioning screening services.



Each year there are nearly 60 diagnoses and 25 deaths from bowel cancer in every Parliamentary constituency^{vii}. You can help save lives in your constituency by supporting the 1,2,3 Campaign and encouraging those aged 60-75 years to take part in bowel cancer screening by explaining the process in easy to follow steps.

To support the campaign contact Anita Ralli, Policy & Public Affairs Officer: anita.ralli@beatingbowelcancer.org or 020 8973 0004.

www.bowel123.co.uk

Flexible sigmoidoscopy

Beating Bowel Cancer called for the introduction of flexible sigmoidoscopy in England and welcomed the Government's commitment to allocate £60 million to fund the introduction of a flexible sigmoidoscopy screening programme over four years. Flexible sigmoidoscopy screening has been found to reduce deaths from the disease by 43% and the incidence of bowel cancer by one third when carried out once in those aged between 55 and 64 years^{vi}.

Beating Bowel Cancer fully supports the introduction of a national flexible sigmoidoscopy screening programme for people aged 55 and over – extending to those aged 50 and over as the evidence justifies it. We are committed to working with the NHS, both on a national and local level, to ensure that this programme is rolled out and that participation is high.

ⁱⁱⁱ UCL/NAEDI, Public awareness of cancer in Britain, December 2009

^{iv} DH data on bowel cancer screening

^v Calculation based on Cancer Research UK's estimate that if 60% of those eligible for participated in bowel cancer screening over the next 20 years, there would be 20,000 fewer deaths and worked out for the current participation rate of 77% over the next two years. Cancer Research UK, Charity predicts 20,000 fewer deaths from bowel cancer. Webpage: <http://info.cancerresearchuk.org/news/archive/pressrelease/2007-07-24-charity-predicts-20000-fewer-deaths-from-bowel-cancer> Accessed: November 2009

^{vi} "Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial", The Lancet, Volume 375, May 2010

^{vii} Calculation based on Cancer Research UK bowel cancer incidence and mortality statistics for the UK, divided by 649 constituencies. Webpage <http://info.cancerresearchuk.org/cancerstats/types/bowel/incidence/index.htm>. Accessed: December 2010

Raise awareness of bowel cancer signs and symptoms

Raising awareness

As the National Cancer Director, Professor Sir Mike Richards has observed, *“Raising awareness and promoting early diagnosis are essential if we are to bring cancer survival rates up to the level of the best in Europe^{viii}.”* However, NAEDI’s report on public awareness of cancer in Britain found that only 7% of the population are aware that bowel cancer is the third most common cancer^{ix}.

Beating Bowel Cancer is an active member of the NAEDI forum and supported the development of bowel cancer key messages.

With only one third of cancer diagnoses made through general practice, we run high profile campaigns annually to raise awareness of bowel cancer among healthcare professionals and the public^x.

Beating Bowel Cancer welcomed the Government’s commitment to fund national and local NHS campaigns to support early diagnosis of bowel cancer. We are now calling for the timely roll out of regional pilots across England and UK wide to deliver a truly national awareness campaign for bowel cancer.

General practice and cancer diagnosis

Despite being one of the most common cancers, a GP will only see one or two cases of bowel cancer each year – which can make it difficult for GPs to readily identify the symptoms of cancer and refer the patient for further testing^{xi}.

Beating Bowel Cancer welcomes the changing role of GPs as outlined in the Cancer Reform Strategy and will work with government and GPs to help them improve the quality of diagnosis across all age ranges.

The following steps should be taken to improve the identification and referral of suspected bowel cancer in primary care:

- GPs should be rewarded for early diagnosis – with Quality and Outcomes Framework (QOF) points allocated for the number of patients diagnosed with stage 1 or stage 2 cancer.
- GPs should be encouraged to learn from the experience of their bowel cancer patients. The case of every patient who first presents as an emergency should be subject to a significant event audit.
- Linking to the information revolution, data on a GP’s referral practice should be published to encourage benchmarking between providers in order to drive improvements.

^{viii} Department of Health, The Operating Framework for the NHS in England 2010/11, December 2009, page 51

^{ix} UCL/NAEDI, Public awareness of cancer in Britain, December 2009

^x Rosen, R., Smith, A., and Harrison A. Future Trends and Challenges for Cancer Services in England: A review of literature and policy, 2006, available at: http://www.kingsfund.org.uk/research/publications/future_trends.html

^{xi} Department of Health, Cancer reform strategy: achieving local implementation: second annual report, 2009

Deliver high quality treatment and care for all

Access to treatment

New treatments have transformed the survival prospects of bowel cancer patients. But whilst the quality of care and outcomes for bowel cancer patients have improved, Beating Bowel Cancer is concerned that the UK still lags far behind Europe in terms of survival and access to treatments. It has been estimated that if bowel cancer survival matched the best in Europe, 1,700 extra lives a year could be saved^{xii}.

We have campaigned for improved access to all forms of treatment; by providing patients with a comprehensive guide empowering them to seek

access to treatments, and by working with NICE and others to make the best treatments available to all NHS patients.

The Interim Cancer Drugs Fund has improved access to treatments for patients with bowel cancer. However we are concerned that patients in some areas have access to treatments that are being denied elsewhere. It is vital that when the full Cancer Drugs Fund is introduced in April 2011 treatment decisions are based on clinical judgement, ending any regional variations in access.

Choice of treatment

Beating Bowel Cancer has welcomed improvements to written information for patients and looks forward to the roll-out of information prescriptions across the NHS. We have called for patients to be provided with written and verbal information which meets their needs at all stages of the patient pathway. The current

focus on choice and control for patients within the NHS reforms further highlights this need. Bowel cancer patients should be supported to make informed choices on the clinically appropriate treatments they receive, including the type of surgical intervention such as laparoscopic surgery, and on cancer drugs.

Improved care for patients

The Cancer Reform Strategy recognises the value of Clinical Nurse Specialists (CNS) who have been shown to not only improve patients' experience of care but also their adherence to treatment programmes, which is critical to improving survival. The Cancer Patient Experience Survey showed that 87 per cent of bowel cancer patients were given the name of a clinical nurse specialist (CNS)^{xiii}.

The National Cancer Action Team's CNS census found that the ratio of newly diagnosed bowel cancer patients to specialist nurse ranged from 48 to 137^{xiv}. This variation is unacceptable - every bowel cancer patient should have access to CNS support to ensure that they have the best possible experience of care.

^{xii} Richards, M.A. British Journal of Cancer, The size of the prize for earlier diagnosis in cancer, November 2009

^{xiii} NHS, Cancer Patient Experience Survey, December 2010

^{xiv} NCAT, Clinical Nurse Specialists in Cancer Care; Provision, Proportion and Performance, December 2010

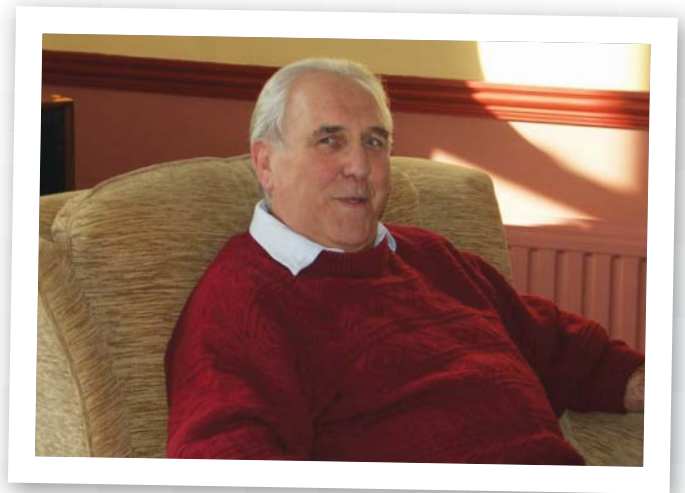
Roger's story

“ If it wasn't for the bowel cancer screening programme, I may not be alive today.

Just over ten years ago I was asked to take part in a bowel cancer screening pilot that was being run by my local hospital.

I completed the screening test and within a week was asked to repeat it, both tests were positive. A colonoscopy revealed that my bowel was almost completely blocked and I was diagnosed with stage 3 bowel cancer.

After surgery and a six month course of chemotherapy I was clear of bowel cancer. After the shock of my initial diagnosis, I decided the only way was to face up to it and get on with my life. However, the following year I



underwent further surgery to remove a secondary tumour from my liver.

I am happy to say I am now clear of cancer. I feel very fortunate to have been given a second chance and urge everyone who receives a screening test to take part. ”

Key Facts

- Bowel cancer is the UK's second biggest cancer killer – claiming over 16,000 lives each year
- Over 100 people are diagnosed with bowel cancer every day, more than half of these with advanced cancer
- If diagnosed early, over 90% of bowel cancer cases could be successfully treated.

[source: Cancer Research UK CancerStats]

Beating Bowel Cancer is a UK charity for bowel cancer patients, working to raise awareness of symptoms, promote early diagnosis and encourage open access to treatment choice to all those affected by bowel cancer.

For further information, please contact Anita Ralli, Policy & Public Affairs Officer: anita.ralli@beatingbowelcancer.org or 020 8973 0004.



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