

# Cancer Awareness

Sally Ann Furness  
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CANCER  
RESEARCH  
UK

Together we will beat cancer



# What we will cover

- Staging / Early Diagnosis
- Signs & Symptoms
- The 3 cancer screening programmes
- Uptake / barriers of each programme
- Interventions to improve participation
- Why all cancers don't have a screening programme
- Treatment



# Warm up question

According to the National Cancer Diagnosis Audit, what percentage of patients first reported their symptoms to a GP? Was it:

1. 48%
2. 58%
3. 68%
4. 72%

# Early Diagnosis

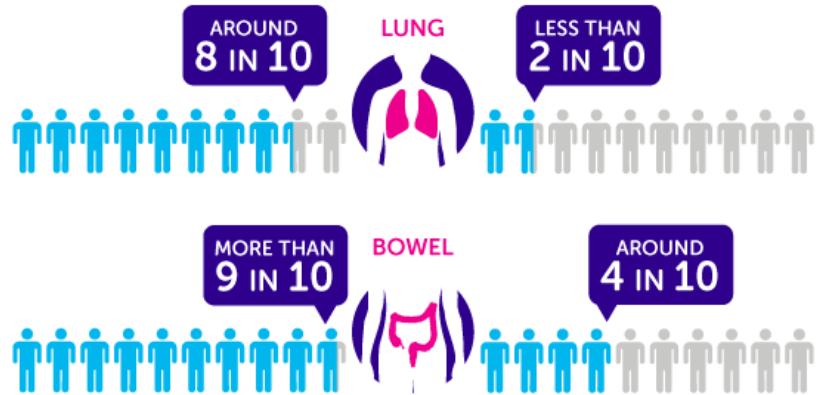
## SURVIVAL BY STAGE AT DIAGNOSIS



= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED **EARLIER**  
AT STAGE I

DIAGNOSED **LATER**  
AT STAGE IV



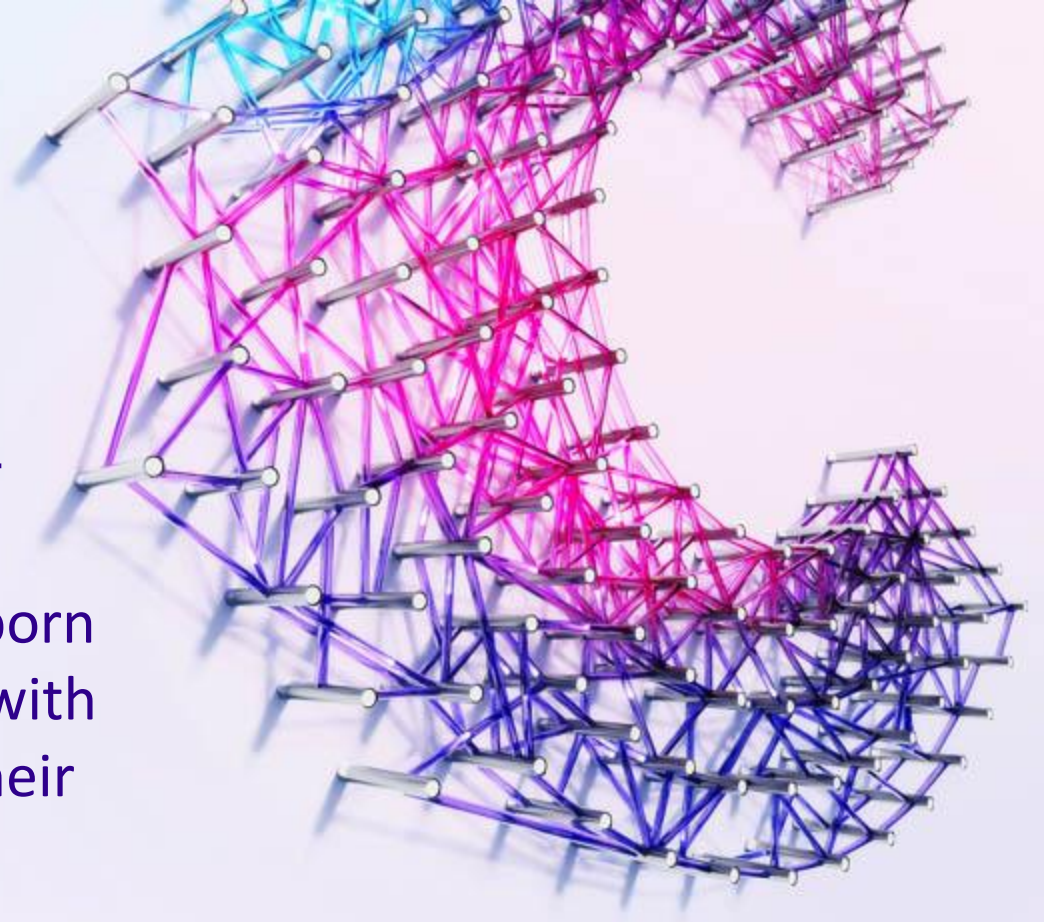
ONLY **54%** OF CANCERS  
ARE DIAGNOSED AT  
AN EARLY STAGE

Data for people diagnosed in England in 2014

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

## The scale of the challenge

**One in two** people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime



# Common signs & symptoms

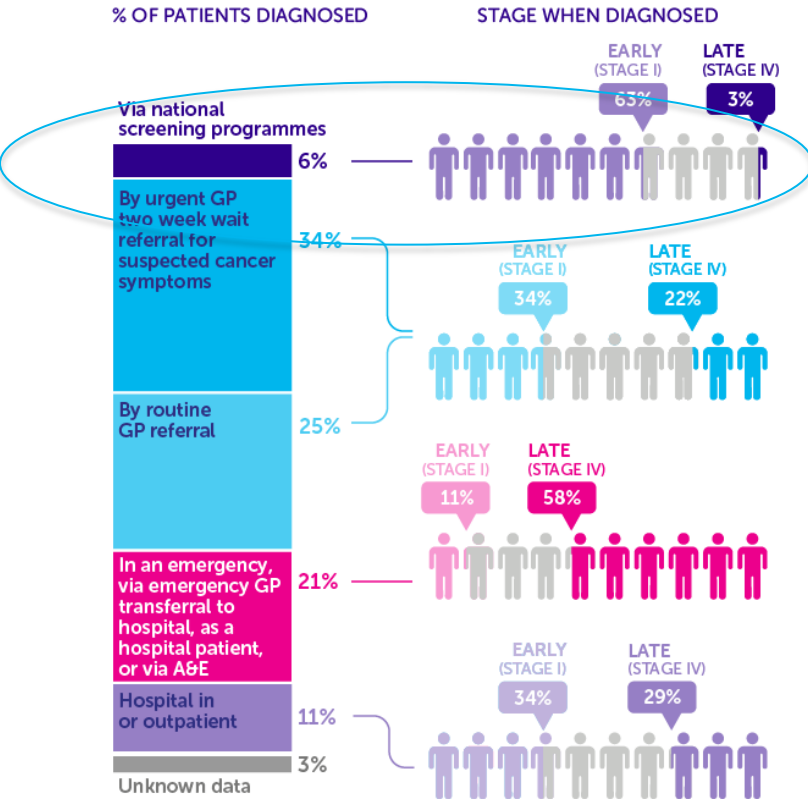
Unexplained weight loss

Unexplained bleeding

A lump or swelling

Unexplained pain

# Why is screening important?



Source: National Cancer Intelligence Network, data for England 2012-2013

Screening reduces the number of people dying from cancer by:

- **Detecting cancer early**  
63% of cancers detected through screening are at an early stage (stage I)
- **Preventing cancer**  
Bowel screening and cervical screening can both prevent cancer

# What is screening?

Screening is a way of **detecting** the **early signs of disease** – it is meant for people **without any symptoms**. A filter process ...





# What Are The Cancer Screening Programmes in England?



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# Screening programmes

## Bowel screening

- Men and women aged 60–74yrs, invited every 2 years
- Over 74, can request a kit
- FOBt (Faecal Occult Blood test) kit received in the post, FIT will introduced in **2019**
- One off bowel scope test at 55yrs

National target  
60%

## Breast screening

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

National min standard  
70%

## Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- Cytology and HPV (Human papillomavirus) Triage. HPV will become the primary test from December 2019

National target  
80%

# Bowel Screening



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# Bowel cancer facts

- Bowel cancer is the **4<sup>th</sup> most common** cancer in the UK, accounting for 12% of all new cancer cases (2015).
- Approx **16,000 bowel cancer deaths** a year, that's 44 every day (2014-2016).
- **57% of people survive** bowel cancer for 10 or more years
- More than **50%** of bowel cancer cases are linked to **modifiable risk factors**



# What Are The Symptoms of Bowel Cancer?

<https://www.youtube.com/watch?v=il6VSceMWfM>



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# Bowel cancer: Symptoms to be aware of

- A **change in normal bowel habit**: looser poo, going to the toilet more often, and/or constipation
- **Bleeding from the bottom** or **blood in the poo** (this can be red, or it can be black and make poo look dark – like tar)
- **Pain in the tummy or bottom** (especially if severe)
- **Unexplained weight loss**
- A feeling of **needing to strain in your back passage** (as if you need to poo), even after opening your bowels
- A **lump** in the back passage or abdomen, more commonly on the right side
- **Tiredness** and **breathlessness**

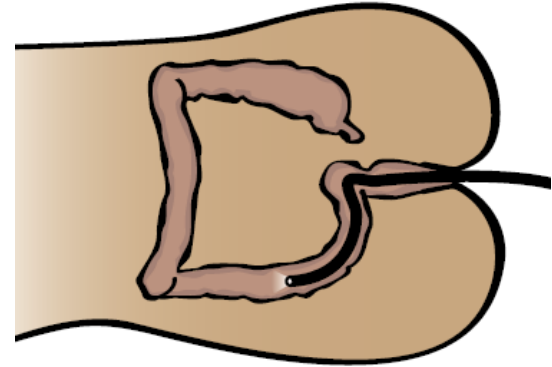
# Bowel scope (flexible sigmoidoscopy)

A **one-off** bowel screening test offered to men and women at **55 years** who are registered with a GP.

Aims to **detect polyps and bowel cancers in the lower part of the bowel**

- Uses a thin flexible tube with a tiny camera on the end

For every **220 people screened by bowel scope, 1 less person will die** from bowel cancer over 17 years.



# What happens to the completed kits?

The hub/centre/laboratory tests the kit to see whether there are any traces of blood

There are 3 potential outcomes:

- **No blood detected (normal result)** – person receives letter informing them no further action is needed
- **Result is unclear** – test needs to be repeated (programme sends individual a second kit)
- **Blood is detected (abnormal result)** – The patient will have an appointment with a specialist nurse to discuss and arrange a colonoscopy

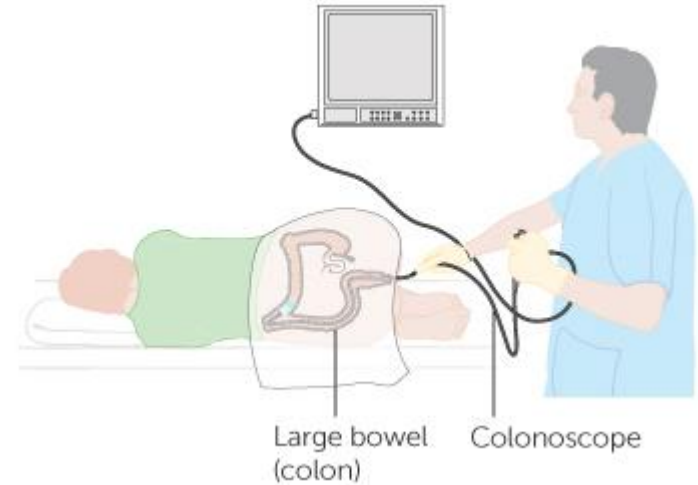


# Having a colonoscopy following an abnormal result

The colonoscopy looks at the inside of the large bowel

Data from 2012 tells us that for every 100 people having a colonoscopy following an abnormal FOBT:

- 50 have nothing abnormal detected
- 40 have polyps
- 10 have cancer



# Bowel cancer screening uptake

## National uptake

% of invited people screened adequately within 6 months of invitation:

England: 57.7%

Wales: 55.7%

Northern Ireland: 59.4%

Scotland: FIT uptake 63.9% compared to 55.9% for FOBT.



# Breast Screening



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# Breast cancer facts

Breast cancer is the **most common cancer** in the UK  
– around 150 cases are diagnosed every day

There are around **11,400 breast cancer deaths** in  
**the UK** every year

**78% of women survive** breast cancer for 10 or more  
years

**23%** of breast cancer cases in the UK are  
**preventable**



# What Are The Signs and Symptoms Of Breast Cancer?



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# Signs and symptoms of breast cancer

- A change in the size, shape or feel of a breast
- A new lump or thickening in a breast or armpit
- Fluid leaking from a nipple in a woman who isn't pregnant or breastfeeding
- Changes in the position of a nipple
- Skin changes such as puckering, dimpling, a rash or redness of the skin
- Pain in a breast

**Women who notice any unusual or persistent changes should see their GP straight away – they shouldn't wait to be screened**

# What happens to women's mammograms?

- Mammograms are examined and the results are sent to the woman and her GP within **two weeks**
- Women may be asked to go to an **assessment clinic for further tests** if a potential abnormality is detected at initial screening
- Women may also be asked to go to an assessment clinic if their mammograms need repeating (e.g. if an x-ray was not clear enough)

# Breast screening uptake

## National uptake

% of women aged 50 to 70 screened adequately within 6 months of invitation:

England: 71.7%

Scotland: 70.2%

Wales: 72.8%

Northern Ireland: 73.9%



National  
target  
70%



# Cervical Screening



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# Cervical cancer facts

In women, cervical cancer is the **14th most common cancer**

Around **870 deaths** a year

**63% of women survive** cervical cancer for 10 years or more

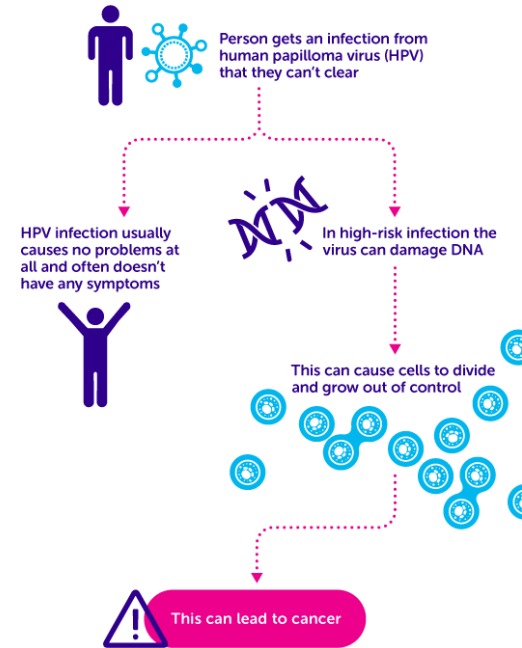
Virtually all cases of cervical cancer are **caused by HPV infection**



# Human Papilloma Virus (HPV)

- HPV causes **99.8%** of cervical cancer cases.
- **HPV is a very common infection.** Around **80%** of people will come into contact with HPV during their lifetime. Most people will clear the infection naturally.
- Around 12 types of HPV are considered high risk for cancer of the cervix.
- Since 2008, **girls aged 11-13** have been offered a vaccination against the **two** most common 'high-risk' types of HPV (HPV 16 and 18).
- As the HPV vaccine does not protect against all types of high risk HPV, regular cervical screening remains important.

## HOW CAN HPV CAUSE CANCER?



# What Are The Signs And Symptoms of Cervical Cancer



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# Symptoms of cervical cancer

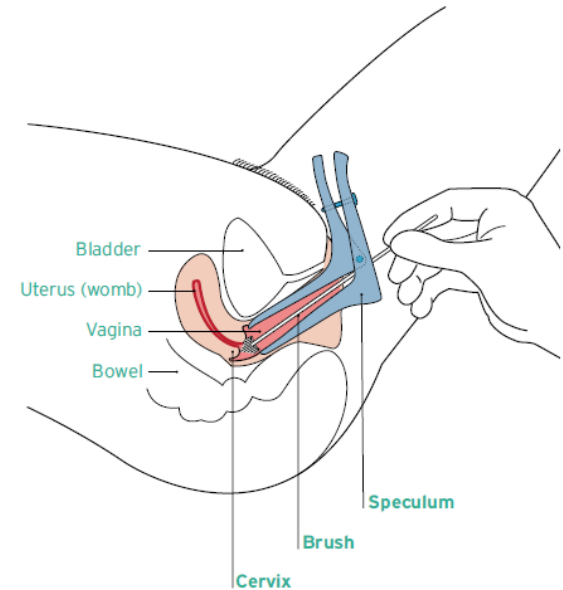
- Bleeding between periods
- Bleeding during or after sex
- Bleeding after the menopause
- Change in vaginal discharge
- Pain



**Women who notice any of these symptoms should see their GP straight away  
– they shouldn't wait to be screened**

# Cervical screening aims to prevent cancer

- It is **NOT a test to find cancer**. It is a test to detect changes to the cells of the cervix that may develop into cancer in the future
- Women from 25-64, who are **registered with a GP** are invited for cervical screening
- Women aged 25-49 are invited every 3 years. After that, women are invited every 5 years until the age of 64
- The test **collects samples of cells** from the cervix



YouTube Video:  
<https://youtu.be/QjuEYqQvb0E>

# The results

- Samples are checked by a cytologist under a microscope. If the results show **mild cell changes**:
  - In England and Northern Ireland the sample is checked for HPV. If it is HPV positive, women will be invited for a colposcopy. If it is **HPV negative**, the woman will be **returned to routine screening**.
- If the results show **moderate to severe changes** women will be invited for a colposcopy
- If the result is **unclear** women are asked to repeat the test

# What Are The Barriers to Screening?



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# Barriers

- Relevance of screening
  - E.g. assumption of low risk
- Fear of cancer
  - E.g. fear of cancer diagnosis and treatment following screening
- The test itself
  - E.g. feeling shame or embarrassment
- Practical barriers
  - E.g. competing priorities
- Beliefs related to ethnicity, culture or deprivation
  - E.g. BME women sometimes fear poor clinic hygiene will lead to infections

# Interventions to increase uptake

## Following up non responders

- Contact non responders and those overdue for screening, for example by sending letters or texts
- Use READ codes to record these interventions
- Have an alert or screen prompt on patient notes if they are overdue a screen to opportunistically remind patients
- Regularly cleanse practice list to ensure removal of 'ghost patients'

# Improved awareness of screening

## Training

- Ensure all staff know about the screening programmes
- Have a screening lead
- Use the CRUK GP Good Practice Guide

## Display screening information

- Screening information cards
- Leaflets and posters about cancer and cancer screening
- Animation: how to do the test



**Make the most of Cancer Awareness Months throughout the year**

# Why Don't All Cancers Have A Screening Programme?



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# Cancer screening criteria

The **National Screening Committee** makes recommendations on screening programmes. For screening to be introduced, it must be:

- Accurate
- Acceptable to the public
- Cost effective
- Doing more good than harm (at a population level)

# Treatment

Treatment depends on where the cancer is, how big it is, whether it has spread, and general health. There are different types of treatment. Understanding the treatment and the side effects can help the person to cope.

- <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment>

- <https://www.macmillan.org.uk/information-and-support/treating>

# Lung Cancer



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# Lung cancer facts

- Over 47,000 new cases a year
- Around 75% diagnosed at a late stage
- People getting younger
- Relatively poor survival – 5% survive over 10 years
- Looking at screening programme for high risk people



# What Are The Signs And Symptoms of Lung Cancer



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# Symptoms of lung cancer

- Having a cough most of the time
- Having a change in a cough you have had for a long
- Getting out of breath doing the things you used to do without a problem
- Coughing up sputum with blood in it
- Having an ache or pain in the chest or shoulder
- Chest infections that keep coming back or a chest infection that doesn't get better
- Losing your appetite
- Feeling tired all the time losing weight

# Risks

- Smoking
- Occupational hazards
- TB
- COPD
- Air pollution
- Radiotherapy

# Bladder Cancer



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# Bladder cancer facts

- >10,000 new cases a year
- Peak age is 85-89
- Around 75% diagnosed at an early stage
- 49% are preventable
- Lifetime risk is 1 in 50 men and 1 in 133 women

# What Are The Signs And Symptoms of Bladder Cancer



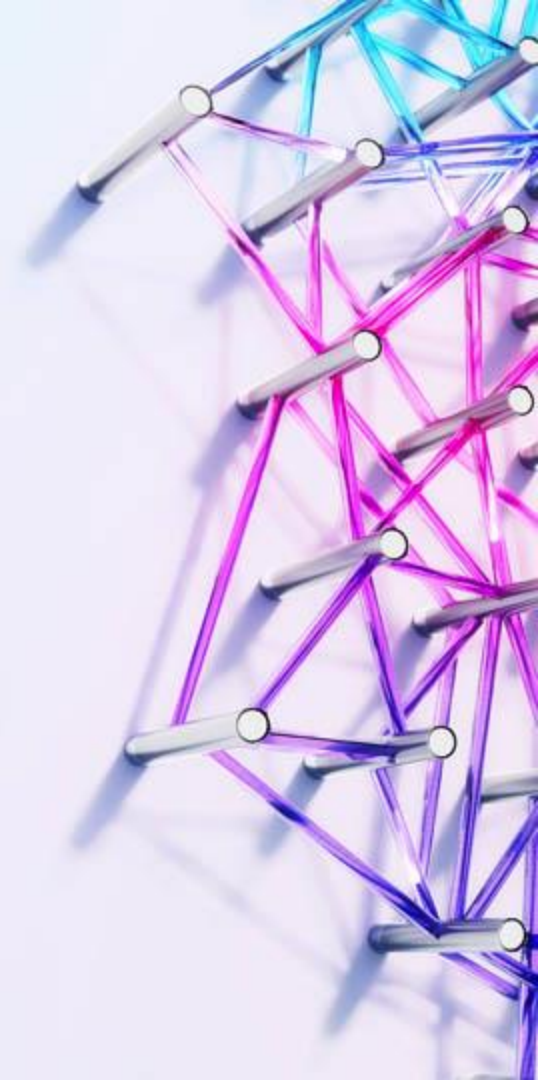
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# Symptoms of bladder cancer

- Passing blood
- passing urine very often (frequency)
- passing urine very suddenly (urgency)
- pain or a burning sensation when passing urine
- weight loss
- pain in your back, lower tummy or bones
- feeling tired and unwell

# Risks

- Smoking
- Recurrent infections/inflammation
- Chemicals





Thank You

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