The Bowel Cancer Screening Programme

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Bowel Cancer: The facts

* Third biggest cancer
* Second cause of cancer deaths
* It affects men and women equally
* If caught early is the most curable cancer
Bowel Cancer Screening Programme

* Introduced in 2006
* Men and women aged 60-74 and registered with GP
* 75 or over opt in
* Invites sent every 2 years
Our Team

* Clinical Director
* Lead Nurse
* Screening Endoscopist
* Specialist Screening Practitioner

* Programme’s Manager
* Service Manager
* Admin Staff
Bowel Cancer Screening Programme: Aims

* Early cancers
* For people with no symptoms
* Polyp detection
The Hubs

- Midlands and North West Programme Hub
- North East Programme Hub
- Eastern Programme Hub
- Southern Programme Hub
- London Programme Hub
Bowel Cancer Screening Programme

* Receive an invitation
* FOBt kit - Test Kit
* Hidden blood in the motion
Nurse led Clinic

- Reassurance
- Full history and assess suitability
- Write to consultants
- Discuss the procedure
- Consent
Bowel Prep
Bowel prep
Bowel Prep
Bowel Prep

Let me guess... the prep tasted terrible. You're nauseous, you were up all night and you're starving...

You're the first person this has happened to. Please, tell me more.
Colonoscopy

- Re assessed sedation/entonox
- Cannulated
- Consent
- 30-45 mins
- Remove most polyps
- SSP present
Follow up

- Result/Discharge
- Staging
- 24 hr call back
- Clinic
- Surveillance
The Facts Bowel Screening

From January 2015-December 2015

* 124,376 people were invited
* 6,958 opt in
* 68,986 people completed and returned
* 55,390 did not take part

53% uptake
The Facts Bowel Screening

* 1,475 colonoscopies performed

* 93 patients were found to have bowel cancer
  19 of which were polyp cancers

6% cancer detection rate
Case Study 1 Bowel Screening

* 66yr old female
* X2 previous negative kits
* Laparoscopic Cholecystectomy
* Piles, BO x2 daily

* Clinic 20th Sept
* Colon 25th Sept Annular tumour sigmoid
* MDT 4th Oct
* Sigmoid colectomy 29th Oct
* Dukes A T3 N0 Mx
Case Study 2 Bowel Screening

- 71yr old male
- x2 pervious kits NAD
- PMH hernia repair,
- Glaucoma and hypertension
- Brother died at 47yrs from Bowel cancer
- Clinic 15^{th} Oct
- Colon 31^{st} Oct 15mm sessile polyp EMR
- Results 8^{th} Oct
- MDT 15^{th} Nov
- Dukes A T1N0M0
- 3 month rescope
Bowel Scope Screening Programme

- Introduced in 2014
- Two thirds of colorectal cancers occur in the sigmoid colon or rectum
- One off flexible sigmoidoscopy
- Men and women aged 55yrs
- Slow roll out
South Yorkshire Roll Out

- Northern General Hospital October 2014
- Doncaster Royal Infirmary August 2015
- Barnsley District General Hospital
- Rotherham District General Hospital
How it works?

- Invite
- Confirm
- Attend
Bowel Preparation
Guidelines

Post procedure conversion
- 1cm polyp
- Technically difficult to remove polyp (pain/prep)
- 5 or more polyps
- Patients who are on anticoagulation

Histology conversion
- 3 or more adenomas
- An adenoma with villous or tubulovillous component
- An adenoma with high grade dysplasia
From January 2015-December 2015

* 3,299 invited
* 23 self referrals
* 1,737 responded

52% response rate

* 1,429 Attended

53% uptake
67 people went on to have a colonoscopy

5% conversion rate

1 confirmed cancer has been found

0.07% cancer detection rate
* 55yr male
* No PMH
* Still working
* No change in bowel habit

* Flexible sigmoidoscopy
* Annular rectal tumour
* Felt PR
* Colon
* MDT
Case Study 2 Bowel Scope

- 55yr male
- No PMH
- Still working
- No change in bowel habit
- Flexible sigmoidoscopy
- Annular rectal tumour
- Felt PR
- Colon
- MDT
The Future

New office

FIT kit
THE IMPORTANT THING IS NOT TO STOP QUESTIONING.

Albert Einstein
www.quote-coyote.com