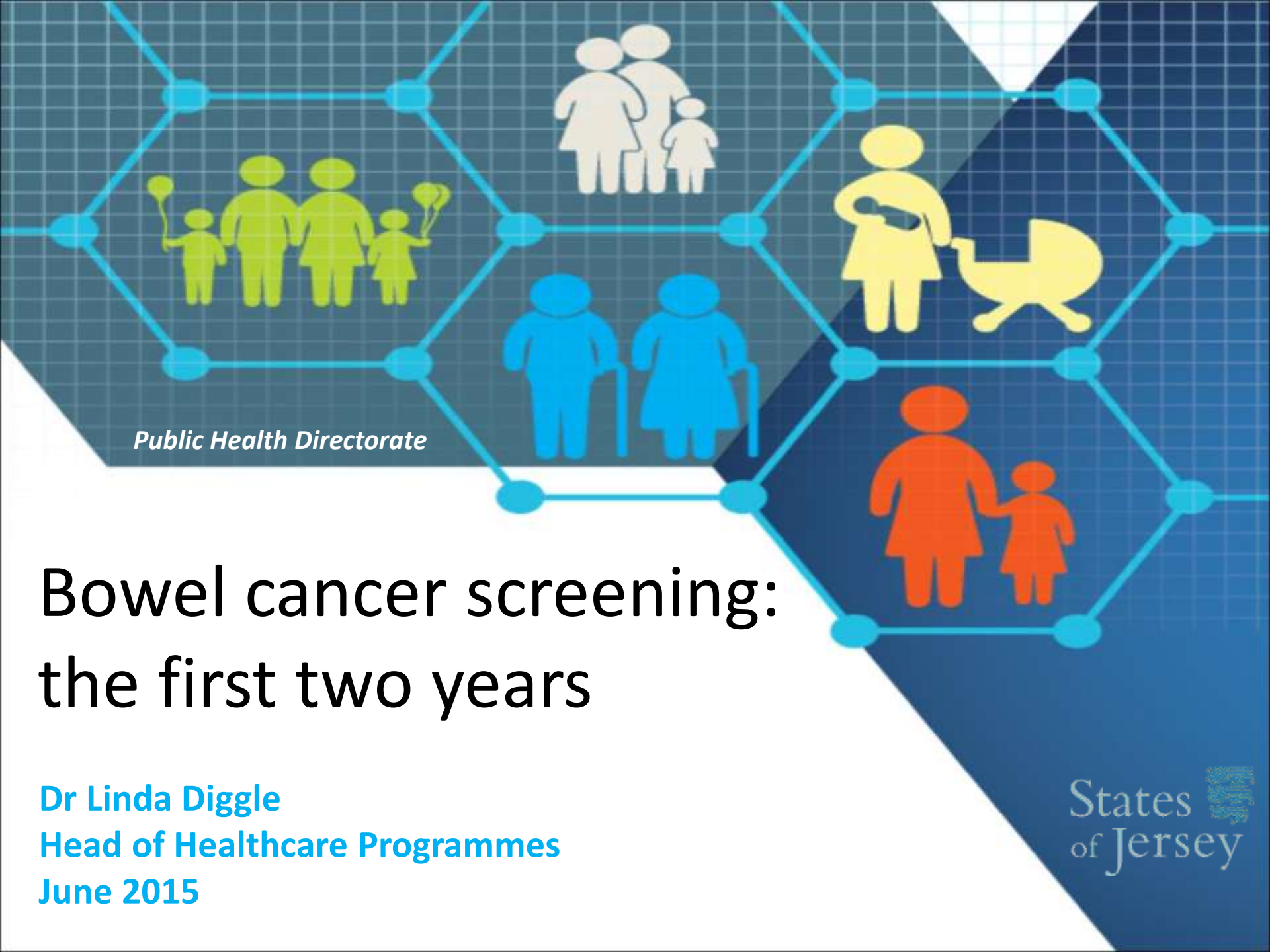

Bowel cancer screening: the first two years

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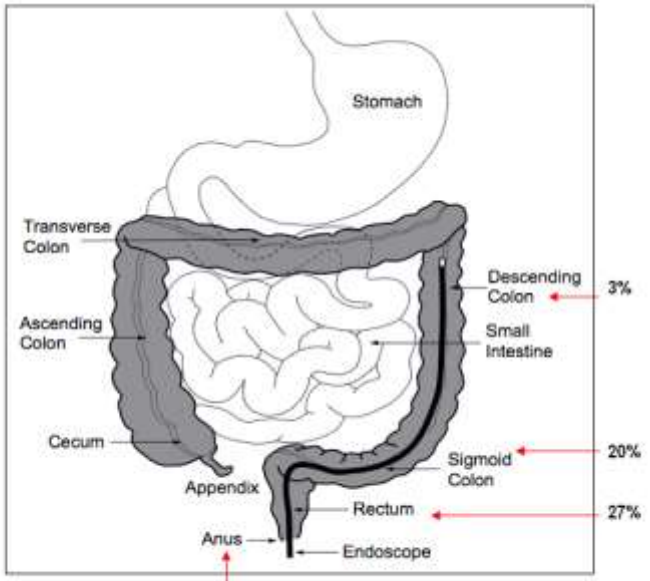
Head of Healthcare Programmes
June 2015

States of Jersey

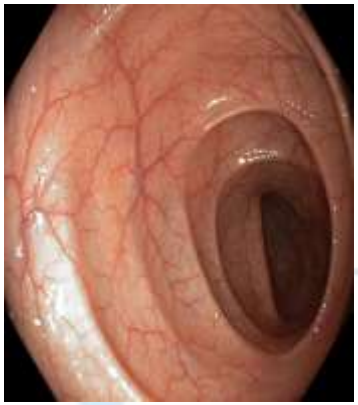
Bowel cancer: situation in 2011

- Amongst Jersey's top 3 most commonly occurring cancers
- Amongst top 3 most common causes of cancer related deaths
- Average of 56 new cases diagnosed annually
- Most requiring major surgery & to go off island for treatment
- No FOB screening in Jersey
- Atkin et al published RCT flexible sigmoidoscopy evidence
- UK National Screening Committee once-only flexi-sig meets criteria for a population based screening test

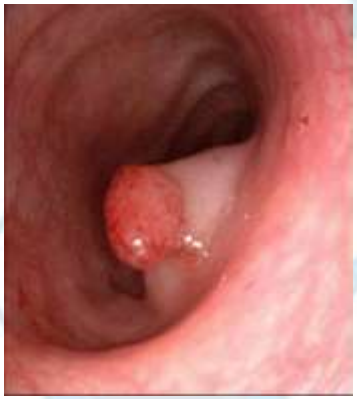


Source: Cancer Research UK

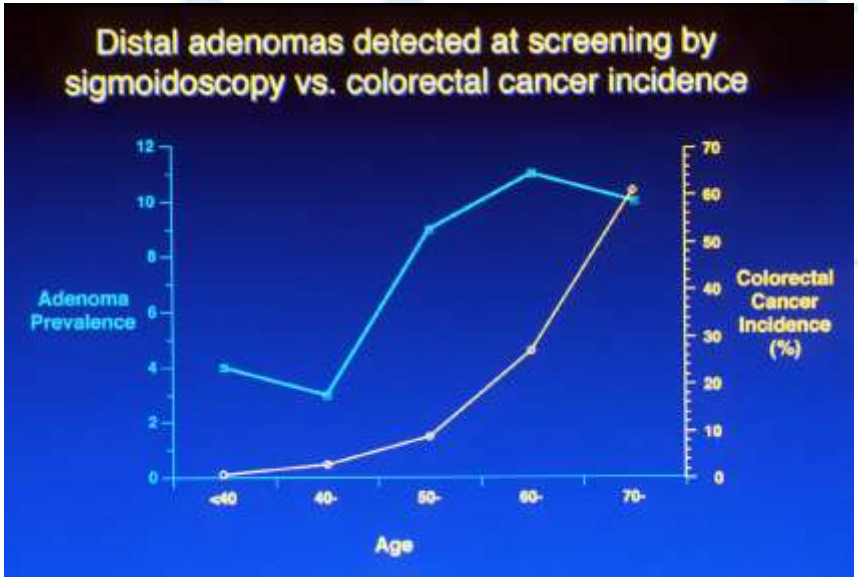
Rationale for screening age of 60



Normal colon



Tubular Adenoma



Atkin et al., Lancet 1993; 341: 736-40

- Detection & removal of polyps using once-only flexi-sig test when aged 55-64 reduced distal bowel cancer incidence up to 33%; deaths by up to 43 (Atkin et al, 2010)
- Greater reduction in % of bowel cancer cases avoided & deaths prevented when flexi-sig carried out at age 60, compared with age 55 (Tappenden et al 2007)

Tappenden et al (2007)

Table 2 Expected health outcomes for alternative screening options for a population of 100 000 individuals invited to attend screening

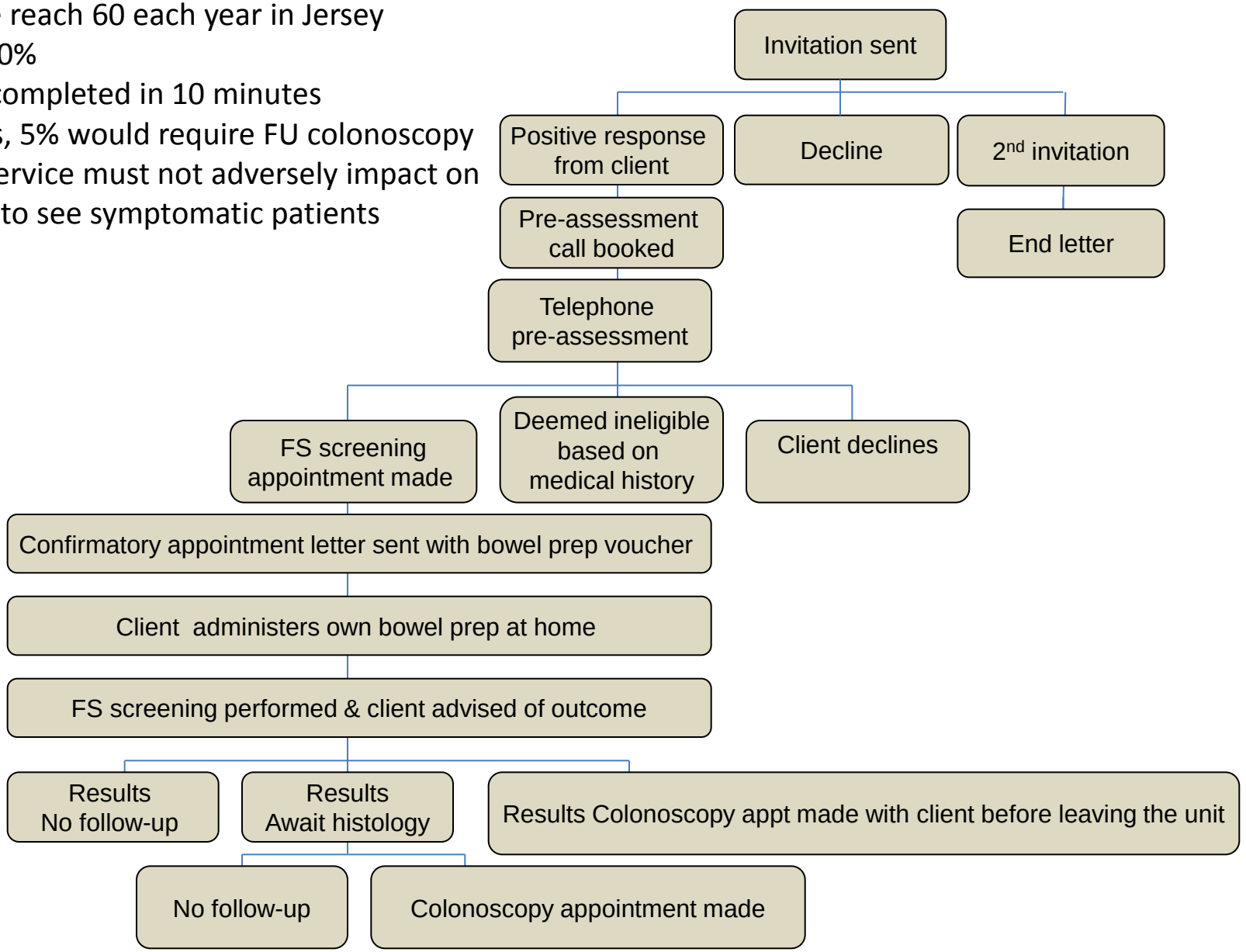
Strategy	Screen-detected cancers	Symptomatic cancers	CRC deaths	Cases of CRC avoided (% reduction)	CRC deaths avoided (% reduction)
Biennial FOBT at 50–69 years	715.88	3029.68	1655.00	354.70 (8.65%)	506.05 (23.42%)
Biennial FOBT at 60–69 years	531.73	3407.88	1852.79	160.80 (3.92%)	308.26 (14.26%)
FSIG once at 55 years	150.83	3146.55	1662.04	802.61 (19.57%)	499.01 (23.09%)
FSIG once at 60 years	240.22	3032.97	1636.60	826.54 (20.16%)	524.45 (24.27%)
FSIG once at 60 years and biennial FOBT at 61–70 years	581.96	2586.75	1439.60	930.85 (22.70%)	721.45 (33.38%)
No screening	–	4100.70	2161.05		

FOBT, faecal occult blood test; FSIG, flexible sigmoidoscopy.

Greater reduction in % of bowel cancer cases avoided & deaths prevented when flexi-sig carried out at age 60, compared with age 55

Flexi-sig screening test pathway

- 1000 people reach 60 each year in Jersey
- Uptake of 70%
- Procedure completed in 10 minutes
- Of 700 tests, 5% would require FU colonoscopy
- Screening service must not adversely impact on unit's ability to see symptomatic patients



Context & potential impact drove the design of our client pathway

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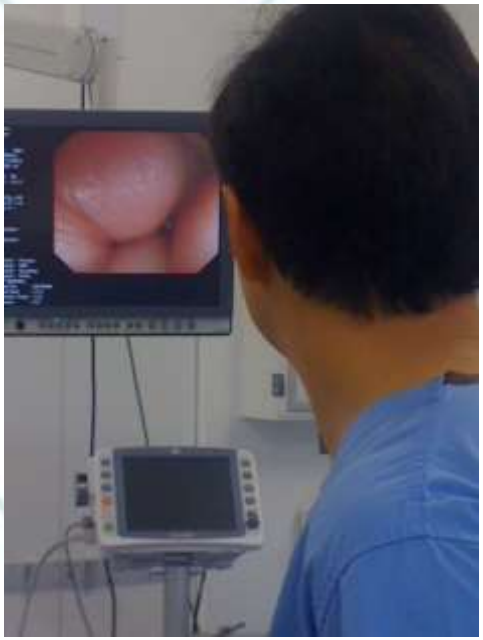
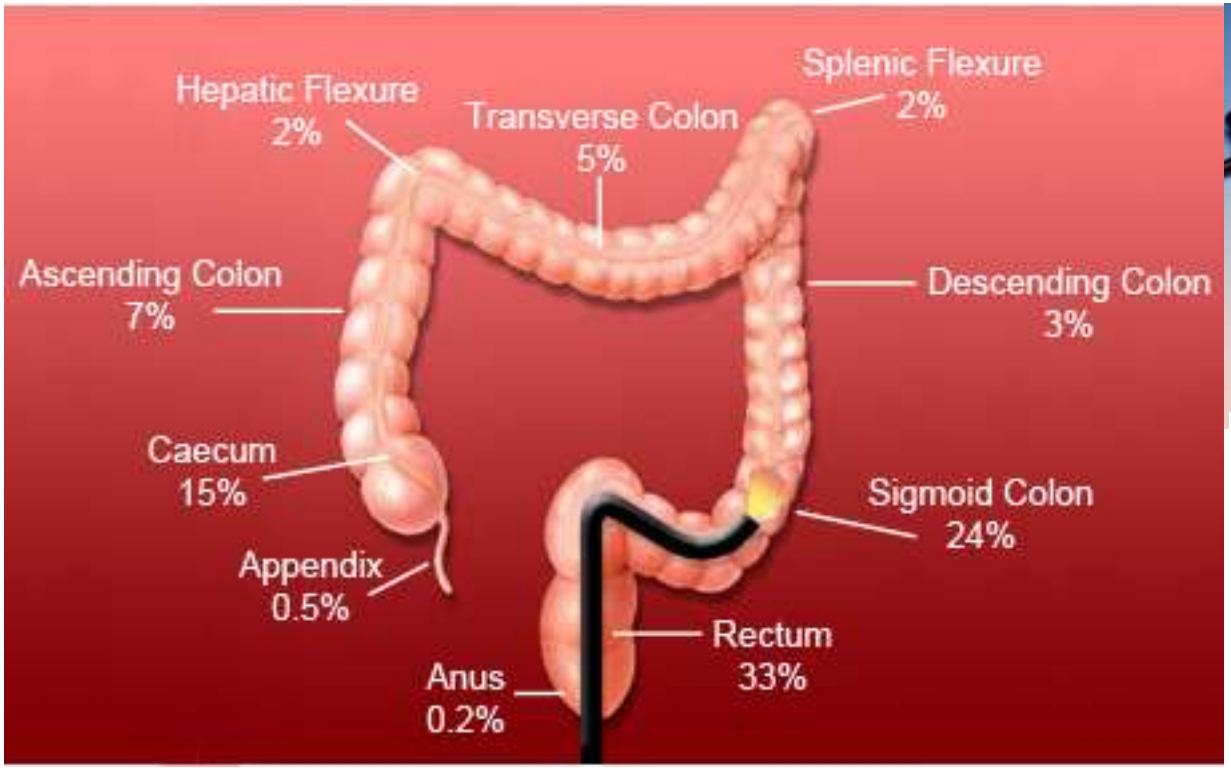
- One opportunity to prevent distal bowel cancer amongst our population
- Maximising uptake by ensuring comfort & convenience is key
- Success in preventing distal cancer is dependent on a clear view of the bowel
- Good bowel prep essential, <u>but</u> ageing infrastructure, unit in old ward area,

  limited toilet facilities
- One island, one hospital, one endoscopy unit
- Telephone pre-assessment
- Personalised bowel prep
- ‘Re-education’ call few days before test
- Use of paediatric colonoscopes



What we did differently in Jersey



- Consultants knew that paediatric colonoscopes more comfortable for adults
- Opted to scope to Splenic Flexure rather than stopping at sigmoid colon
- Bowel prep individualised for each client
- Consultant scoring of bowel cleanliness collated
- Client scoring of pain collated
- Two lists x 9 /10 clients
- Charities approached to purchase four more paediatric scopes at £39K each

Focus on client needs

- States of Jersey pre-retirement course focus group of 55 – 60 yr old men & women
- ‘Be upfront about the need to administer the enema ourselves’
- ‘Be clear that we’ll need time off work’
- ‘Leaflet doesn’t give enough information about the test’
- ‘You’ve downplayed the reality of what’s actually involved ‘
- ‘Be more direct, promote more strongly the test is about prevention, give us more information to weigh up pros and cons of having this test & enable us to respond via email’
- We changed our materials & approach
- We staggered appt times, provide early starts
- We educated staff

Results

- Two annual cohorts screened
- We're achieving a 70% positive response rate
- 83 (7% of those screened) had high risk polyps removed
- 234 clients had low risk polyps removed
- Our adenoma detection rate is high at 15.7%
- Number of adenomas per 100 people screened is 19
- 94% of clients reported none/mild discomfort
- 3% (year 2) reported severe pain
- 9% of clients used Entenox
- Only 7.8% required re-scopes in 1st year; 5.2% in year 2
- No major complications have occurred from the procedures
- 5 cancers detected
- We're delivering within budget
- Client feedback has been overwhelmingly positive

Cleint feedback

- *“Both conversations with the nurse by telephone and before my appointment were helpful and reassuring, especially with reference with diet and using the enema. Thank you for the opportunity to be screened.”*
- *“Thanks for the phone pre-session, saving another trip to the hospital. All staff very kind, helpful and friendly.”*
- *“I found it easier than I thought it would be. Thank you.”*

What we achieved

- A safe, comfortable and effective screening programme to prevent bowel cancer which minimises inconvenience for the client
- From the outset, we designed a flexible pathway that would maximise uptake (the higher the uptake, the more bowel cancer cases and deaths we'll prevent)
- We've worked to optimise the bowel view by individualising the bowel prep (the more adenomas we remove, the greater the prevention for our population)
- We've successfully embedded a screening programme without impacting upon the unit's promptness for seeing symptomatic' patients
- We adapted functionality from our breast screening IT call/recall system to achieve 'paper light' administration
- We were the 2013 winner of the Jersey HSSD Quality Awards
- Shortlisted for 2014 national 'Health Service Journal Value in Healthcare' Awards which recognise & reward outstanding efficiency & improvement by the NHS in England (diagnostics & communication categories)
- Publication in Gastrointestinal Nursing; presented at the 2014 British Society of Gastroenterology conference

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Any questions?