

## BOWEL CANCER SCREENING

CRC 3<sup>rd</sup> commonest cancer (incidence: 40,000/year) w/ 16000 deaths/yr

21% present as emergency + later stage (3x more likely than screened cancers) → poorer outcome

Stage correlates with overall outcome

## METHODS

### **Guaiac-faecal occult blood testing (gFOBT):**

Normal blood loss 1ml/day; polyps/cancers produce more

Haem contains psueoperoxidase → PP exposed to  $H_2O_2$  → releases  $O_2$  → turns guaiac blue

Sensitivity: 92-94% from 3 samples over 2 weeks (25-38% from single sample)

NHSBCSP: All 60-74yo every two years in England/Wales/NI (earlier in ighi risk groups)

Positive test (20/1000) → colonoscopy (16) or OPD in 14d → 2 cancers/6 polyps/8 normal

### **National Bowel Scope Programme:**

Flexible sigmoidoscopy to all at 55yo (can opt in up to 60) – now dropped

Reduces CRC incidence 23%/mortality 31% (Atkin et al 2010)