

# Understanding the benefits of bowel cancer screening

28 October 2010

(PhysOrg.com) -- University of Sydney researchers have extended the range of information available on the benefits and harms of bowel cancer screening in order to give Australians an opportunity to make an informed choice about bowel cancer screening, using the faecal occult blood test.

The findings of their randomised trial are published in the latest issue of the [British Medical Journal](#).

In their trial, the authors investigated whether a decision aid (presenting information about the benefits and harms of bowel [cancer](#) screening) helped people with lower levels of education to make an informed choice about cancer screening, compared to information currently used in the Australian Government National Bowel Cancer Screening Program.

The trial showed that the decision aid significantly improved people's understanding about the possible outcomes of bowel cancer screening, including the number of deaths prevented by screening.

It also increased the proportion of people who made an informed choice about screening by 22 percent, from 12 percent in participants who received the government screening information to 34 percent in the decision aid group.

Telling people about the harms or limitations of screening did not increase people's anxiety, but it did make them feel less positive about screening and reduced uptake of the screening test by 16 percent.

Lead author, Dr. Sian Smith, from the Screening and Diagnostic Test Evaluation Program in the Sydney School of Public Health, said that there was now a strong case to give people an opportunity to make an informed choice about screening and to better inform them about the

potential harms or drawbacks of screening, including the chance of having a false alarm, and the possibility of going through unnecessary follow up testing and missing cancers.

"However, at the moment, people may not be given this kind of information when they are invited to undergo screening and knowledge and understanding of the potential downsides of screening, particularly bowel screening, in the community is limited," she said.

"Our study has shown that it is possible to develop and design information to help adults with lower education and literacy to make informed decisions about their health. This is important because these groups in the community generally have poorer levels of knowledge and understanding about disease and prevention and appear less confident in expressing their views and participating in decisions about their health.

"While there may be concern that people who read the decision aid were less likely to do the screening test, there should perhaps be cause for greater concern for those participants who made an uninformed choice about doing the screening test because they may have unrealistic expectations about the possible outcomes of the screening test.

"At the same time, we are aware that not everyone will want to read all the information to make an informed choice and instead prefer to talk a health professional and follow their recommendation. This is equally fine. However, if people want to make an informed choice about screening, we feel it is important that information is available and presented in a clear and accessible so that a wide range of people in the community can use it, regardless of their level of education and literacy."

Provided by University of Sydney

APA citation: Understanding the benefits of bowel cancer screening (2010, October 28) retrieved 14 August 2022 from <https://medicalxpress.com/news/2010-10-benefits-bowel-cancer-screening.html>

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