Bowel cancer patients diagnosed through screening more likely to survive

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(Medical Xpress) -- Bowel cancer patients whose disease was found through screening have a better chance of beating their disease than those diagnosed after developing symptoms, new research shows today.

The study, published in the British Journal of Cancer, also adds to evidence that the test used in bowel screening - which looks for blood in stool samples - is better at finding bowel cancers in men, and in the lower part of the bowel.

While the blood test - known as FOBt - has been shown to be effective, it is not flawless. The study found that in people who attended screening nearly a quarter of cancers were diagnosed in between tests - suggesting these tumours were either missed by FOBt or these cancers were particularly fast-growing and developed in the two years between screening tests.

The study findings, based on north-east England, support Cancer Research UK's calls to ensure the bowel screening programs are as effective as possible.

This could be done by including a better stool blood test and implementing the Flexi-Scope bowel screening test swiftly.

Using data from the Northern Colorectal Cancer Audit Group in north-east England, researchers looked at more than 1,300 bowel cancers diagnosed between April 2007 and March 2010.

The results show that nearly 40 per cent of all screen-detected cancers are at an early stage with an improved survival rate compared to cancers found in patients who did not attend screening.

Cancer Research UK figures show that when bowel cancer is found at the earliest stage, more than 90 per cent of people survive their disease at least five years.

Dr. Michael Gill, lead author of the study based at the Wansbeck General Hospital in Northumberland and Durham University, said: "Compared to the trials which led to the introduction of the national bowel screening program, our research shows that the proportion of bowel cancers detected through screening has improved with the roll-out of national screening.

"But too many bowel cancers are slipping through the net. We need to understand why the present blood test is failing to pick up cancers in certain parts of the bowel, and in women."

The Scottish and English bowel screening programs are considering a more effective blood test called Faecal Immunochemical Test (FIT) - which is more efficient at detecting hidden traces of blood in stool samples. And in 2012, the screening programme in England will also begin to include the new Flexi-Scope test.

Sarah Woolnough, Cancer Research UK's director of policy, said: "There is persuasive evidence that the new blood test, FIT, is a more effective test for bowel screening. The test also requires patients to provide fewer stool samples and so is less complicated to complete and return - which we hope will improve take-up of bowel screening.

"Cancer Research UK is pleased that England will add the Flexi-Scope test to its bowel screening programme but the roll-out needs to be rapid. We need ongoing monitoring and resource to ensure the roll-out runs to time and plan.

"While we understand that Scotland, Wales and Northern Ireland will learn from the English pilots, we urge them to begin planning their own roll-out of the test to avoid undue delays and ultimately save more lives.

"Compared with breast and cervical screening, bowel screening uptake is worryingly low,

particularly among men. This study is an important reminder for people to complete their bowel screening kit when it arrives in the post."

Bowel cancer is the third most common cancer in the UK with more than 41,000 people diagnosed with the disease each year - over 100 people each day.

The bowel screening program has only been fully up and running in England since 2010 but it is thought it will eventually save around 2,000 lives each year in the UK.

More information: Gill, M D et al. (2012). Comparison of screen detected and interval colorectal cancers in the bowel cancer screening programme. *British Journal of Cancer* DOI: 10.1038/bjc.2012.305

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