

# Backing from their GP could lead thousands more to take bowel cancer test

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Almost 40,000 more people might take a bowel cancer test in England each year if the letter inviting them to do so was endorsed by their GP, according to research funded by the National Institute for Health Research and published today (Wednesday) in the *British Journal of Cancer*.

This higher uptake could result in up to an additional 61 cases of [bowel cancer](#) (more than one extra case each week) being identified annually following the [test](#), which looks for hidden traces of blood in faeces that can be a sign of the disease.

It could also lead to high or medium-risk bowel polyps - growths in the lining of the bowel which might become cancerous - being detected in up to 165 more people each year. They could potentially avoid developing the disease by having their polyps removed.

In England, people between the ages of 60 and 74 are invited to take the do-it-yourself FOB (faecal occult blood) test every two years. An invitation letter is sent to them two weeks before the testing kit arrives in the post - and researchers looked at the effect of adding a GP practice endorsement. This was a simple sentence added across the top of the letter, stating that the recipients' own, named GP practice supports the bowel cancer screening programme.

The research involved more than 265,000 people and showed that a higher percentage completed the screening test after receiving the

endorsed letter than the usual letter. Across England, this increase in uptake could mean up to almost 40,000 more people being screened for bowel cancer every year.

The researchers also looked at whether adding the endorsement might help narrow the gap between people from deprived and more affluent areas taking the FOB test - but found that it had no significant effect.

Chief investigator Professor Rosalind Raine, head of the Department of Applied Health Research at UCL (University College London), said: "Our research suggests that adding this endorsement sentence to the invitation letter is a simple, cheap and effective way of encouraging more people overall to take the screening test - which could help some of them detect their bowel cancer sooner, or perhaps even avoid the disease all together.

"We think the endorsement works because people tend to trust their GP and take more notice of a letter that mentions their GP practice, rather than just arriving out of the blue from the national screening programme. We were encouraged that eight in 10 GP practices we approached gave us permission for their name to be used on the letter."

There are around 42,100 new cases of bowel cancer in the UK each year and, although death rates have dropped by 13 per cent over the last decade, around 15,900 people still die from the disease annually. It's predicted that the bowel screening programme will save more than 2,000 lives each year in the UK by 2025.

Dr Jodie Moffat, head of early diagnosis at Cancer Research UK, said: "Bowel screening has already made a big difference to the lives of many people - and this interesting study adds to ongoing work to ensure that the screening programme is as effective as possible.

" GPs aren't routinely involved in the bowel screening programme because the test is done at home, and this lack of involvement can discourage some people from taking part. It's up to individuals whether or not to take the test, but this research highlights the power of engaging with GP practices to help more people benefit from the bowel screening programme.

"Another way to improve the [bowel screening](#) programme is to introduce a better, simpler new test called the Faecal Immunochemical Test (FIT). FIT, which is easier for people to use at home, has already been recommended by the National Screening Committee and so we hope the Government will roll it out across England as quickly as possible."

**More information:** Rosalind Raine et al. Impact of general practice endorsement on the social gradient in uptake in bowel cancer screening, *British Journal of Cancer* (2016). [DOI: 10.1038/bjc.2015.413](https://doi.org/10.1038/bjc.2015.413)

Provided by Cancer Research UK

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