

Improving participation in cancer screening should be a priority

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Early diagnosis of cancer is linked to better survival rates. Unfortunately, participation rates for cancer screening worldwide are low even when screening programmes are free. The ESMO 2016 Congress is showcasing five studies on this important area of cancer management which look at alternative ways to overcome barriers and improve screening rates

Professor J-F Morère who conducted the EDIFICE1 survey, intended to improve insight into participation in screening programmes in France, explains, "Population commitment and physician implication in promoting screening are both necessary criteria for reaching the recommended participation goals. In this Fourth Nationwide Observational Survey, we hypothesized that individual opinions may affect physicians' and laypersons' attitudes toward prescribing or participating in screening; we assessed physicians' and laypersons' opinions, focusing on colorectal (CRC), breast (BC), cervical (CC), prostate (PC) and lung (LC) [cancer screening](#)."

"In general, screening was more reassuring than worrying, more so for physicians than for laypersons. The official guidelines for CRC and BC screening are a good setting for GPs' medical practice. The most widely used screening programmes (CRC, BC, CC) enable GPs to make objective prescriptions, regardless of individual opinions. In the absence of guidelines (PC), prescription rates are correlated with physicians' confidence in screening. Reassurance in screening was found to have a positive impact on laypersons' participation rates."

In Australia, a patient-centred approach to improving screening participation rates was the subject of a study² by Dr Amanda Bobridge at the University of South Australia. She comments, "The aim of this study was to investigate enablers and barriers to cancer screening and how screening participation may be improved. An overwhelming percentage of respondents to our questionnaires would support a combined cancer screening service. Offering a combined, co-located service - a 'one stop cancer screening shop' - has the potential to address barriers to screening (such as time constraints), improve participation rates and maximize utilization of public health resources."

A significant proportion of cancer patients across Europe are diagnosed with their disease as the result of an emergency presentation (EP) to acute secondary care services³. This route to diagnosis is associated with poorer survival and worse patient experience. Previous work has shown that EP patients usually describe a long history of symptoms (>12 weeks), and that 70% had seen their general practitioner (GP) in the days and weeks prior to presentation. Tackling EP of cancer is important when improving the outcomes of patients across Europe. In the majority of cases there are opportunities for earlier diagnosis and hence prevention of EP. Dr. Tom Newsom-Davis led a one-year pilot of a nurse-led Acute Diagnostic Oncology Clinic (ADOC) in a district general hospital. Based in the oncology department with consultant supervision of every case, the service was targeted at primary care referrals.

Newsom-Davis describes the results of this pilot, "ADOC is a novel, effective and efficient pathway for patients who might otherwise be diagnosed as part of EP. This pilot shows the feasibility of a nurse-led service based in an oncology department, and a high level of user satisfaction. This model of acute diagnostic oncology clinic should be considered as an addition to existing outpatient cancer diagnostic pathways."

Improvement in cancer detection and treatment has led to an important increase of the number of long-term cancer survivors, many of them being at risk of a second cancer. Facing the lack of information on cancer screening practices in this population, second cancer screening among 5-year female cancer survivors was analysed⁴ by Marc Bendiane in France. He says, "Survivor care plans are needed to increase awareness among patients and physicians of the importance of screening patients for second cancers, which are not a recurrence of the first one. New targeted interventions must be invented to improve the participation of cancer survivors in screening programmes."

This study found an underutilisation of mammography screening in those cancer survivors (non-breast cancer), compared with women in the general population (78% vs 87%). The study concludes that programmes to raise awareness of the risks of second cancers (which are not recurrences of their first cancer) are needed among cancer survivors and physicians.

Professor Virgilio Sacchini of the University of Milan comments, "Breast cancer screening is the most important determinant of quality of life of cancer patients after surgery. Screening decreases the chances of axillary lymph-node involvement, avoiding axillary dissections, the most worrisome sequela of cancer surgery: the arm lymphedema. We know that breast cancer screening will need more personalisation in our era of genetics, but by increasing the awareness and compliance of mammography screening, we can better identify high risk patients to involve in more specific surveillance."

Also in France, a study⁵ assessed smokers' intentions to take part in a hypothetical lung cancer screening (LCS) programme. Two comprehensive multivariate stepwise logistic regression analyses were performed in current and in former cigarette smokers to identify factors associated with the intention to take part in a LCS programme. The

study authors conclude that intending to take part in LCS programs is a complex decision; explanatory factors differ between current and former smokers. Among current smokers, intended participation in screening was strongly associated with the intention to quit smoking.

Professor Sacchini concludes, "The studies being presented at the ESMO 2016 Congress should help encourage doctors and patients to respond to screening programmes proposed by national health services. Screening tests may help diagnose cancer at an early stage, before symptoms appear. When cancer is found early, it may be easier to treat or cure. In this particular period of extreme evaluation of cost/effectiveness ratio, screening is still the best investment for the health of our populations."

More information: 1327P: Opinion on cancer screening: impact on prescription and participation rates. J.-F. Morère et al

1325PD: a 'one stop cancer screening shop', a way of improving screening participation rates? A Bobridge et al

1375P: acute diagnostic oncology clinic: tackling emergency presentations of cancer T. Newsom-Davis et al

1367PD: Second cancer screening among 5-years women cancer survivors (French national survey vican5) M.K. Bendiane et al

1381P: current or former smokers: who wants to be screened? S. Couraud et al

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