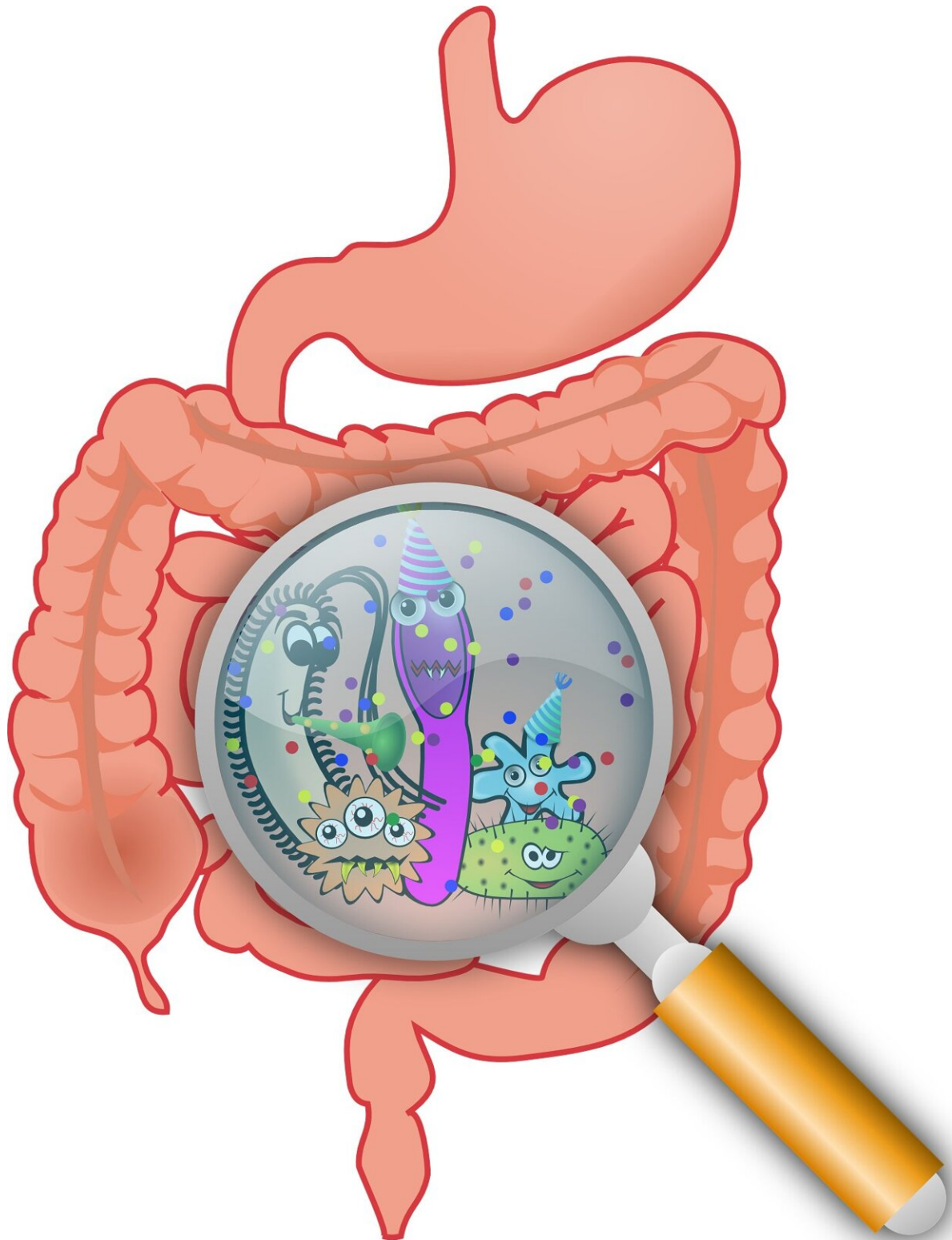


# **More home test kits could prevent 11,000 bowel cancer deaths, study finds**

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More than 11,000 bowel cancer deaths could be prevented by simply sending an additional invitation to people who have not yet been screened, a new study by the University of Sheffield has found.

The study, funded by Cancer Research UK, found that re-inviting those people who had not returned their tests to participate in [screening](#) the following year, was the most cost-effective way to increase participation.

The study predicted that 13.6 percent more people would return their home test kit in the first year alone, and that this could prevent over 11,000 deaths over the remaining lifetime of people aged 50-74 in England (over 500 annually).

In England, everyone aged 60 to 74 who is registered with a GP is automatically sent a [fecal immunochemical test](#) (FIT) every two years. The test looks for traces of blood in your poo, which can be a sign of [bowel cancer](#), or polyps—small growths in the bowel that may turn into cancer over time.

The study, published today in *Preventative Medicine*, found that annual re-invitation could also help combat health inequalities—as people from more deprived communities are currently less likely to complete the tests and benefit from early diagnosis screening, contributing to increased bowel cancer deaths amongst those communities.

Chloe Thomas, the lead researcher from University of Sheffield's School of Health and Related Research (ScHARR), said: "There are many factors that lead to inequalities in bowel cancer mortality, including differences in underlying [health conditions](#) and access to treatment. Although screening is just a small part of the picture, it's vital the program works for everyone.

"We believe this study identified a cost-effective way to increase screening participation and reduce mortality across all groups, while also reducing inequalities. As this was based on modeling, real-world data is needed to confirm our conclusions, so the next step would be to analyze data from a pilot to improve our predictions of long-term mortality benefits."

Other interventions cited in the study to increase participation included [advertising campaigns](#), text message reminders and pre-invite outreach phone calls.

Bowel cancer is the fourth most common cancer and the second most common cause of cancer death in the UK, with [mortality rates](#) for bowel cancer in England 30 percent higher for males living in the most deprived areas compared with the least. That figure is 15 percent higher for females. This is believed to be partly due to lower screening uptake among people who are more deprived.

The government made a recent commitment to expand the [bowel](#) screening program in England to include 50 to 59 year olds over the next four years. Although this move has been welcomed by Cancer Research UK, the charity states that without steps to increase participation among people in the most deprived communities, widening eligibility could worsen inequalities.

Chief executive of Cancer Research UK, Michelle Mitchell, said: "Screening is an effective way of catching cancer early and saving lives, but not everyone engages equally, and this contributes to health inequalities across the UK. This study shows that sending yearly test kits to those who don't complete them could help close this gap and save lives.

"Addressing health disparities is critical to achieving the government's

early diagnosis targets and saving lives. We urge the government to implement a re-invitation pilot as part of its upcoming 10-Year Cancer Plan. We need a [cancer](#) plan for all—and bold action, such as this, will benefit generations to come."

**More information:** Sue Moss et al, Increased uptake and improved outcomes of bowel cancer screening with a faecal immunochemical test: results from a pilot study within the national screening programme in England, *Gut* (2016). [DOI: 10.1136/gutjnl-2015-310691](https://doi.org/10.1136/gutjnl-2015-310691)

Provided by University of Sheffield

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