Colorectal Cancer Screening...
Achievements, Challenges & Opportunities

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Some background Christmas reading!
Almost 40 years ago the WHO commissioned a report on screening from James Maxwell Glover Wilson, then Principal Medical Officer at the Ministry of Health in London, and Gunner Jungner, then Chief of the Clinical Chemistry Department of Sahlgren’s Hospital in Gothenburg, Sweden. The principles described in this short document remain those we still adhere internationally... although a few more have been added!

https://www.who.int/bulletin/volumes/86/4/07-050112/en/

Colorectal (bowel) cancer (CRC) is probably the most common cause of cancer deaths in men that don’t smoke and is the second/third most common across Europe. We are now seeing marked increases in developing countries as they adopt a ‘western’ lifestyle.

Four randomised controlled trials, performed in the 1990s (one in Nottingham), demonstrated that detection of blood in faeces using a crude chemical test could detect early colon cancer and in doing so could reduce mortality by 25% (in those who did the test).


England ran pilot screening programmes between 1999 and 2004, it was proved not only to be cost effective but also cost saving and a national screening programme commenced in 2006. It was the first cancer screening programme to include men! By 31st October 2018 the programme had detected 33,400 cancers most at an early and operable stage and remove 110,000 advanced adenomas many of which would have progressed to cancer.

https://www.nhs.uk/conditions/bowel-cancer-screening/

The European Commission advocated CRC screening in 2003 and in 2009 international experts, several of us from the UK, commenced preparing a comprehensive guide on how to screen for CRC. We advocated adoption of a more accurate and specific test and Scotland adopted this new test in December 2017 and England and Wales will do to in early 2019. A pilot programme using this new test in England was published in 2017.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4482205/
Personal Medical History

Colon Cancer Risk Factors

- Personal cancer history - (colon, rectum, ovary, endometrium, or breast)
- Metabolic syndrome
  - 33-41%
  - 70%
- Gallstones
  - 33%
- Type II diabetes
  - 22-33%
- Ulcerative colitis, Crohn’s colitis
  - 70%
- Family history of colon cancer
  - 25%
- Ethnicity
  - (Ashkenazi Jew)
- Life Style
  - 12%
  - 21%
  - 8%

Bowel cancer risk factors

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Red and processed meat</th>
<th>Excess bodyweight</th>
<th>Low fibre</th>
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<tbody>
<tr>
<td>Preventable cases of bowel cancer, UK</td>
<td>Bowel cancer cases linked to eating red and processed meat, UK</td>
<td>Bowel cancer cases linked to excess bodyweight, UK</td>
<td>Bowel cancer cases linked to eating too little fibre, UK</td>
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