CANCER SCREENING

RC GP LEARNING

Introduction

What is screening?

- Testing apparently healthy people for signs of a disease.
- UK National Screening committee (NSC) decides what to screen for.
- UK population screening – cervix, bowel, breast.
- UK targeted screening – lung (55-74, ever smoked).

Wilson's screening criteria

- Condition is an important health problem with a natural history that is understood and a recognisable latent or early symptomatic stage.
- Continuous case finding and accepted treatment which is more effective if started early.
- Clear policy on who to treat.
- Diagnosis and treatment cost-effective.

Cervical screening

Who is screened and how often?

- All ♀ (registered ♀ at birth regardless of gender identity) who still have their cervix.
- England/NI 3-yearly 25-49 then 5-yearly 50–64.
- Scotland/Wales 5-yearly 25-64.
- HIV +ve – annually 25–64.
- Stop at 65 unless recent test +ve or haven't had test since age 50, in which case can offer one >65.

How does it work

- Primary HPV screen – if -ve, back to normal recall.
- +ve HPV → cytology → +ve cytology → colposcopy.
- -ve cytology → test 1y later → if this happens 3 times then colposcopy.
- Some evidence for self-take HPV swab as first step, rolling out first among smear non-responders.

Special situations

- HPV can transmit via non-penetrative sex; screen if any sexual contact.
- Learning disabilities – individual decision based on risks/benefits.
- Trans man – screen if has cervix, will need manual recall if gender marker male on notes.
- Perimenopause – 6/52 vaginal oestrogen first if test is painful.

Bowel and breast screening

Bowel

- Age 50 – 74 (England, Scotland), 51-74 (Wales), 60-74 (NI), ≥75 can request if wanted in England and Scotland only.
- Faecal immunochemical test (FIT) 2-yearly.
- +ve FIT → colonoscopy.
- +ve threshold ~120µg/g (screening), 10 µg/g (symptomatic) therefore still send FIT with symptoms even if recent negative screen.

Breast

- All ♀ (registered ♀ at birth regardless of gender identity), 3-yearly mammogram 50 – 70.
- First invite sometime between 50-53.
- Trial ongoing re effectiveness from 47 and to 73.
- Some concerns about overdiagnosis – information for public on gov.uk site.
- High-risk ♀ more often and/or with MRI and frequency/modality adjusted for breast density.

Other cancers

Prostate

- No national programme but guidance for GPs to do PSA if requested and aged >50 or +ve FH. This is unresourced.
- PSA specificity & sensitivity poor, doesn't differentiate between slow growing and aggressive cancers.
- Some evidence that MRI screening is sensitive and picks up aggressive cancers even in those with normal PSA.
- Ongoing research which NSC will review in a few years, including about genetic test done on saliva.

High-risk bowel

- Refer to genetics if one first-degree relative diagnosed <50, or two people who are first-degree relatives to each other and at least one is a first-degree relative to your patient, diagnosed at any age.
- Screening may involve one-off or regular colonoscopy.
- Prophylactic surgery e.g. some with UC or certain mutations.
- No guidance for pancreas – patients can enrol in EUROPAC study if 2 first-degree relatives with pancreatic cancer.

High risk breast

- NICE guidance - refer if:
  - 1 first-degree relative ♀<40, bilateral<50, ♂ any age.
  - 2 first or 1 first and 1 second-degree any age.
  - 1 first or second degree breast and 1 first or second degree ovarian at any age (at least one first degree).
- ↓ referral threshold: FH bilateral/♂ breast cancer, ovarian cancer, Jewish ancestry (≥1 Jewish grandparent → NHS BRCA test in England), sarcoma <45, glioma, childhood adrenal cortical carcinomas, multiple cancers at young age, paternal FH breast cancer.