

**MACMILLAN
CANCER SUPPORT**



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RESEARCH UK
FACILITATORS

NHS

Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

Social prescribing: navigating patients from cancer prevention to life after treatment

A series of 3 webinars for social prescribers

Thank you for joining us

Please note, many of these slides contain hyperlinks to resources

Social prescribing: navigating patients from cancer prevention to life after treatment

Webinar II: Cancer Prevention and Cancer Screening

24 Sept 2020



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What we will cover

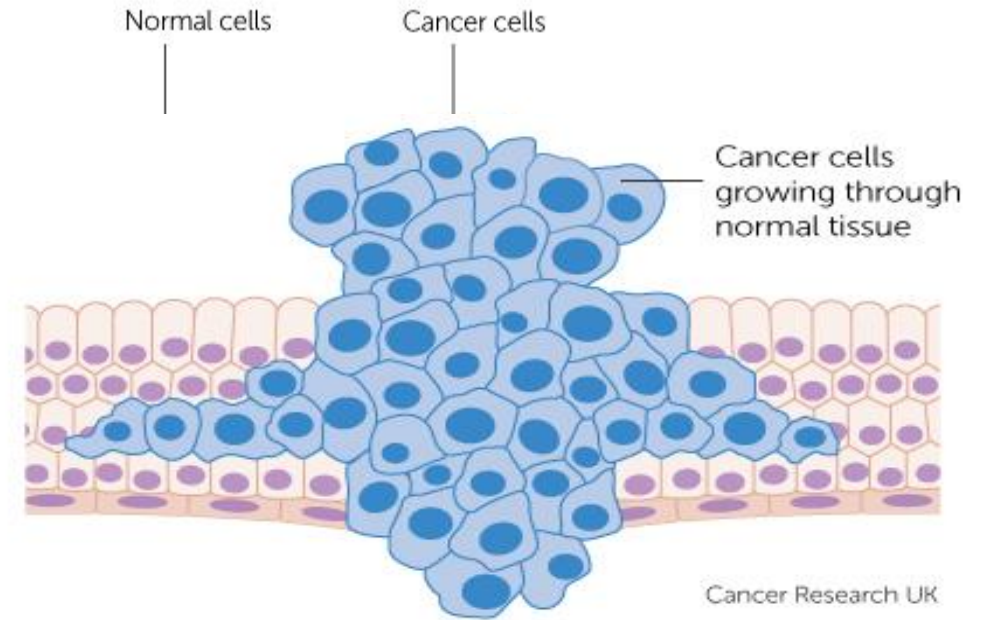
- What is cancer
- The key preventable causes of cancer
- How we can help prevent cancer
- The three cancer screening programmes (in England)
- The screening tests and how they work
- Benefits and harms of screening
- Barriers to participation
- Why all cancers don't have a screening programme
- Interventions to improve participation
- Useful resources
- Questions & Answers session



About Cancer

<https://www.cancerresearchuk.org/about-cancer/what-is-cancer>

- Most cancers develop because of cell damage that can happen because of things in our lifestyle and environment.
- The biggest risk factor for cancer is age – half of cases in the UK are diagnosed in people aged 70 and over.
- There are a range of risk factors that can damage our cells, which can increase the risk of developing cancer, including using tobacco, being overweight or obese, consuming alcohol or exposure to ultraviolet radiation



Preventable causes of cancer



Together we will beat cancer

4 in 10 cancer cases in England can be prevented...



...make a change to reduce the risk of cancer



● ● ● Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.

Source: Brown et al, British Journal of Cancer, 2018

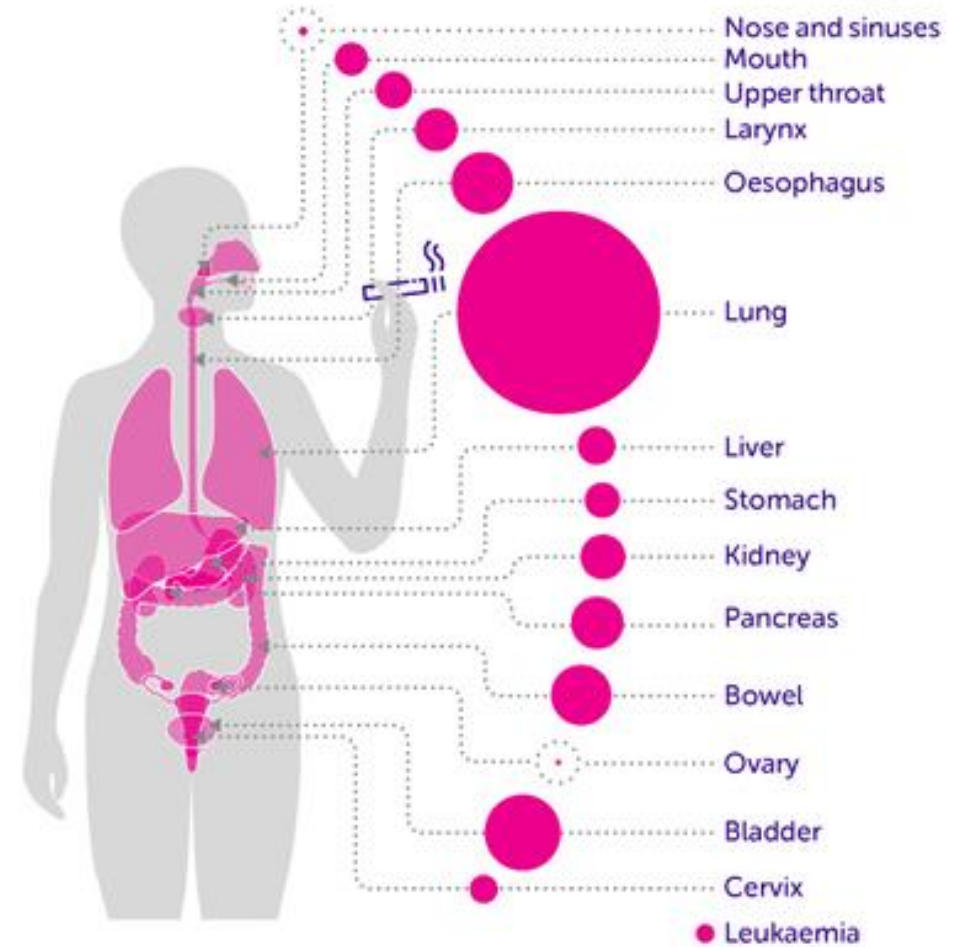
cruk.org/prevention
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Tobacco:

Smoking causes around **44,100** cases of cancer every year in England

Being smoke free
can prevent 15 types of cancer



●●● Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

What's the most successful way to stop smoking?

Support and medication

Combined specialist support and prescription medication* including NRT or varenicline



225%

More successful than going cold turkey



Medication on prescription

Health professional advice and prescription medication including NRT



60%

More successful than going cold turkey



E-cigarettes

Using electronic cigarettes without professional support



60%

More successful than going cold turkey



NRT over the counter

Using Nicotine Replacement Therapy without a prescription or support



No more successful than cold turkey – probably because people don't use enough

Cold turkey

Quitting with no support



*Visit [nhs.uk/smokefree](https://www.nhs.uk/smokefree)

Source: Kotz, D, Brown, J, West, R. 2014 'Real-world' effectiveness of smoking cessation treatments: a population study. *Addiction*. 109(3):491-9. doi: 10.1111/add.12429; Brown J, Beard E, Kotz D, Michie S, West R. 2014. Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study. *Addiction*. 109(9); 1531-1540.

[cruk.org](https://www.cruk.org)
Together we will beat cancer

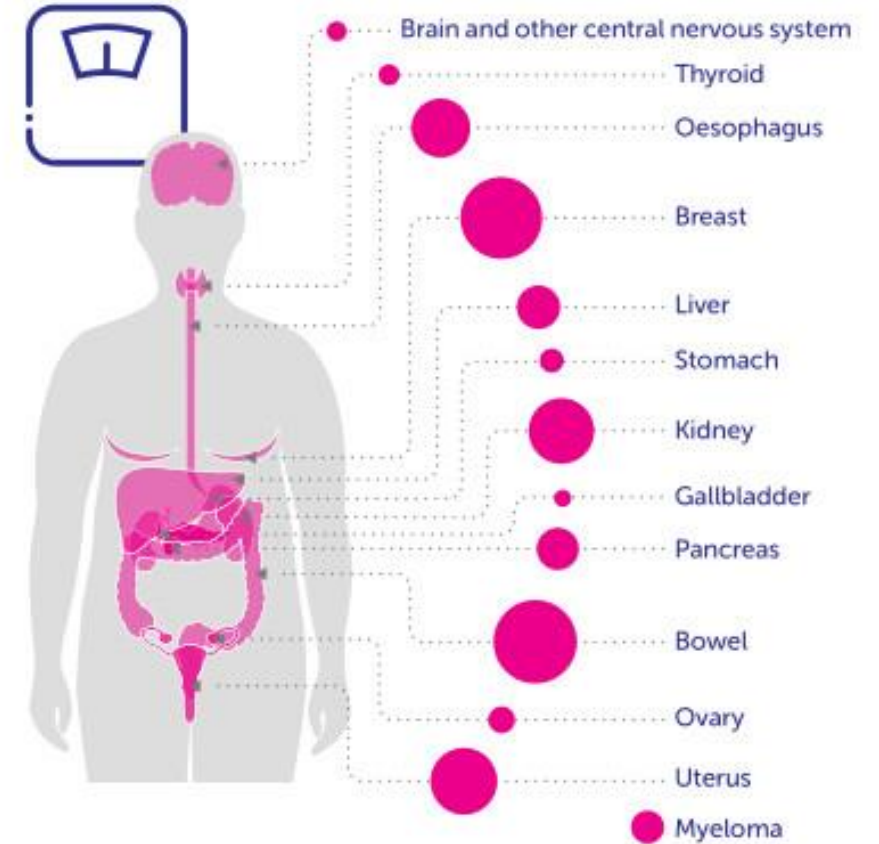


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Obesity:

Overweight and obesity causes around **19,000** cases of cancer every year in England

Overweight and obesity is England's biggest cause of cancer after smoking



●●● Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018
Source: Brown et al, British Journal of Cancer, 2018

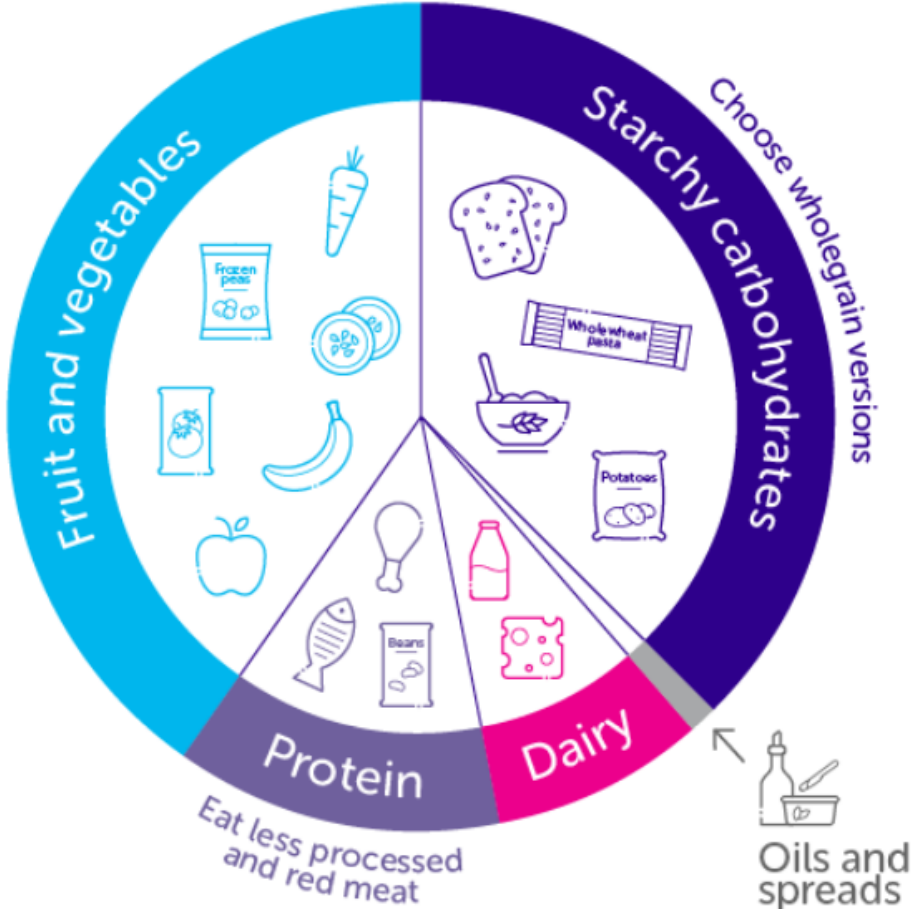
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What to eat for a healthy balanced diet

Diet:

Reduce the risk of cancer by enjoying a healthy balanced diet



This shows how much of what you eat should come from each food group for a healthy balanced diet. It is based on information from Public Health England.

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SIX KEY WAYS TO REDUCE THE RISK OF BOWEL CANCER

Make a change to reduce the risk of cancer




Source: Brown et al, British Journal of Cancer, 2018


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10 top tips to help you lose weight

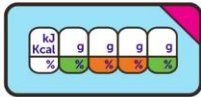
These tips are designed to fit into your everyday life. Plan how and when you will start using them.

1  **Keep to a meal routine**
– eat at roughly the same times each day

2  **Cut down on calories** and look for low fat options

3  **Walk off the weight** with 10,000 steps each day


4  **Pack a healthy snack** – for example, fresh fruit instead of biscuits or crisps


5  **Look at the labels** – pick options higher in fibre and lower in fat, salt and sugar

6  **Caution with your portions**
– don't heap food on your plate and think twice before having seconds

7  **Up on your feet**
–break up sitting time

8  **Think about your drinks** – choose water or sugar-free squashes, and limit fruit juice to one glass per day

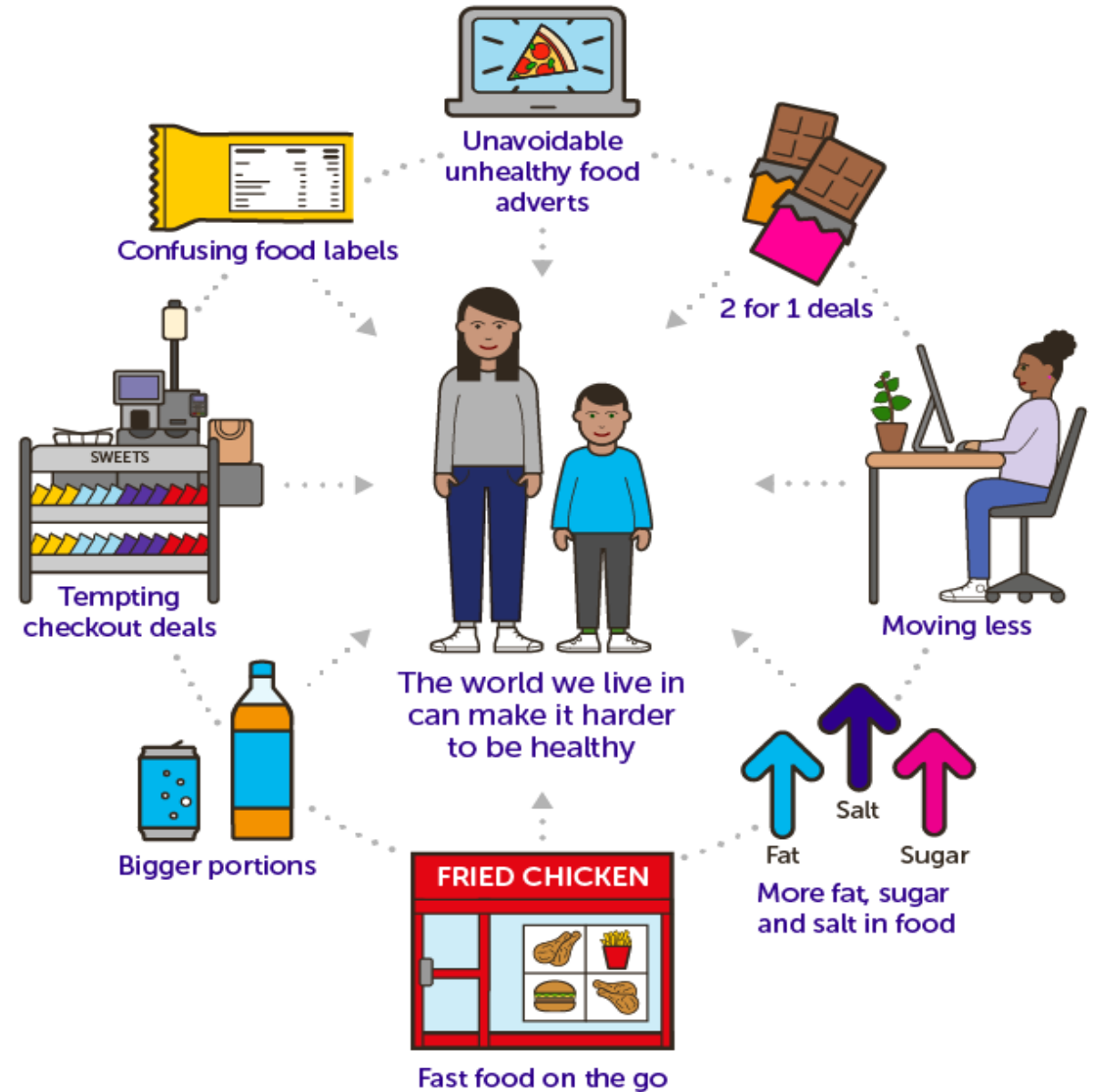
9  **Focus on your food** – don't eat on the go

10  **Don't forget your 5 a day** – whether fresh, frozen or tinned



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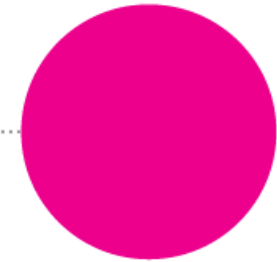
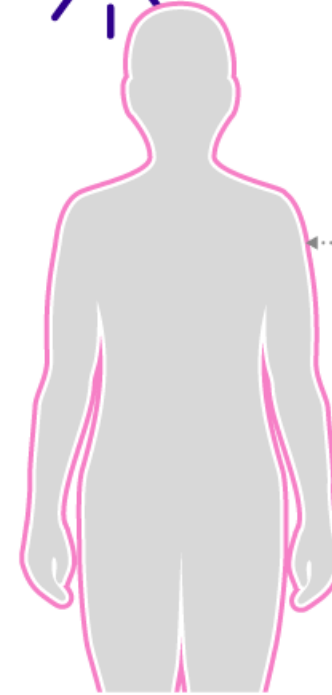
The world around us affects how healthy we are



Sun & UV exposure:

Overexposure to ultraviolet (UV) radiation causes around **11,400** cases of melanoma each year in the UK.

Being safe in the sun
can prevent 1 type of cancer



Melanoma

●●● Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

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Reducing the risk of skin cancer

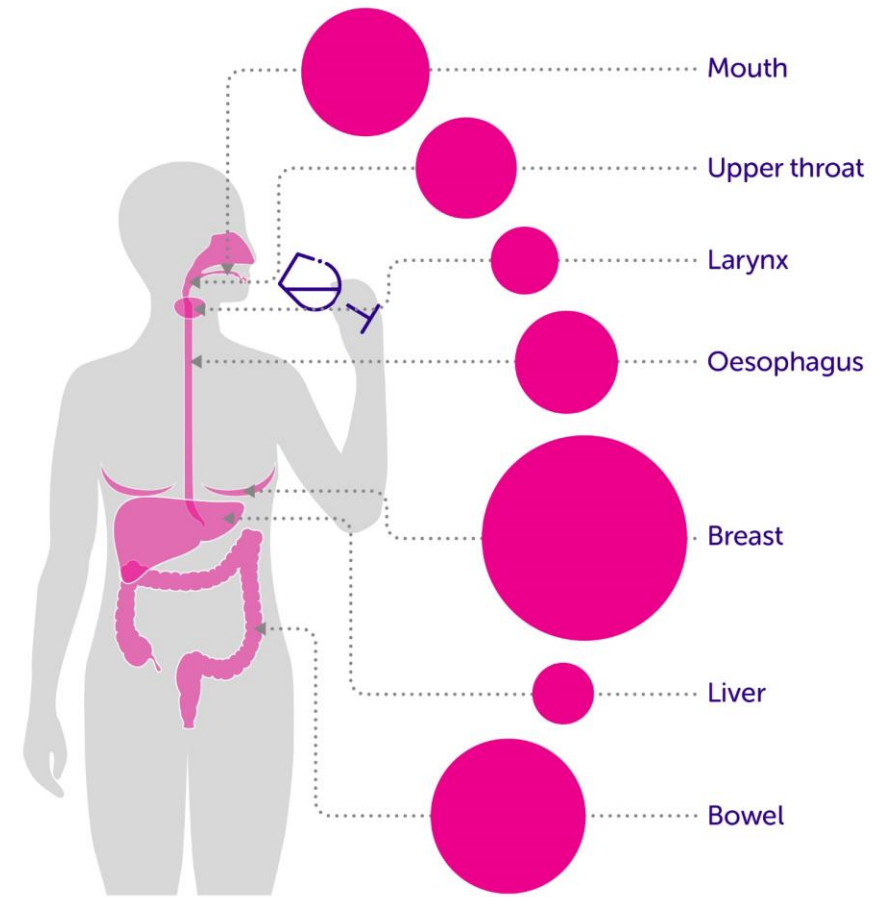
- Spend time in the shade when the sun is strong (between 11am and 3pm).
- Cover up with a t-shirt, wide-brim hat and sunglasses.
- Use a sunscreen of at least SPF15 UVB rating and 4 or 5 stars UVA rating. Use generously and reapply regularly.



Alcohol:

Drinking alcohol causes around **9,800** cases of cancer every year in England.

Drinking less alcohol can prevent 7 types of cancer



●●● Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

The more you cut down alcohol the more you lower your cancer risk

How many units are in your drink?

● 1 unit =  10 ml of 100% pure alcohol
Two 5 ml teaspoons



Just under
10 units



Wine

One bottle
of wine (13%)



2 units



A pint

Ordinary strength
(3-4%) lager,
cider or bitter



3 units



Pint of premium

Premium strength
(5-5.5%) lager,
cider or bitter



1.5 units



Alcopop

A 275ml bottle
of alcopop (5%)



Just under
2.5 units



Small wine

A 175ml glass
of wine (13%)



Just under
3.5 units



Large wine

A 250ml glass
of wine (13%)



Just under
3 units



Large double

Two 35ml measure
of spirits (40%)



1 unit



Small single

A 25ml measure
of spirits (40%)

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See also: www.alcoholconcern.org.uk/unit-calculator

Facilitating cancer prevention



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Facilitating behaviour change **Key Points**

There are a number of tools/techniques to help Health Professionals facilitate behaviour change –

- **Very Brief Advice (VBA)** is a structured model of conversation with an individual around current behaviour and opportunities to make a change. It is also an integral part of MECC.
- **Talk Cancer** is about having more effective conversations about cancer and health. Focus is on the confidence and know how to talk about cancer in relation to healthy habits.
- **MECC** can help health professionals recognise appropriate opportunities and have a basic understanding of what sort of conversation and support is appropriate for a particular individual at a particular time
- Health care teams are highly trusted by the public, and brief opportunistic discussions are considered helpful by patients.

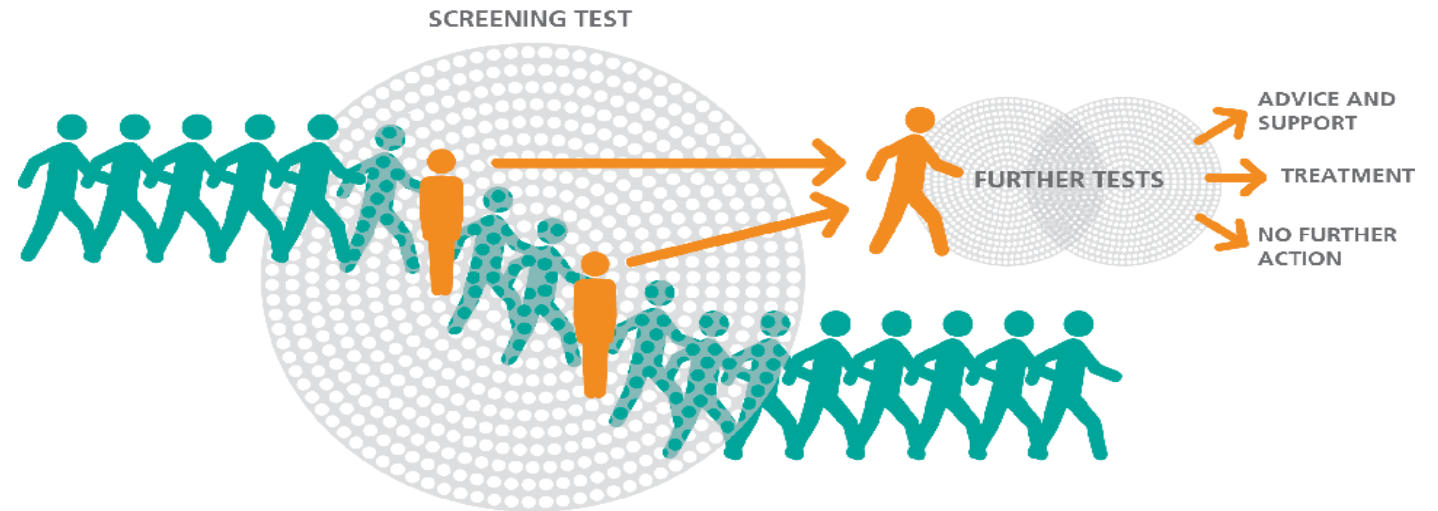
Cancer screening



Together we will beat cancer

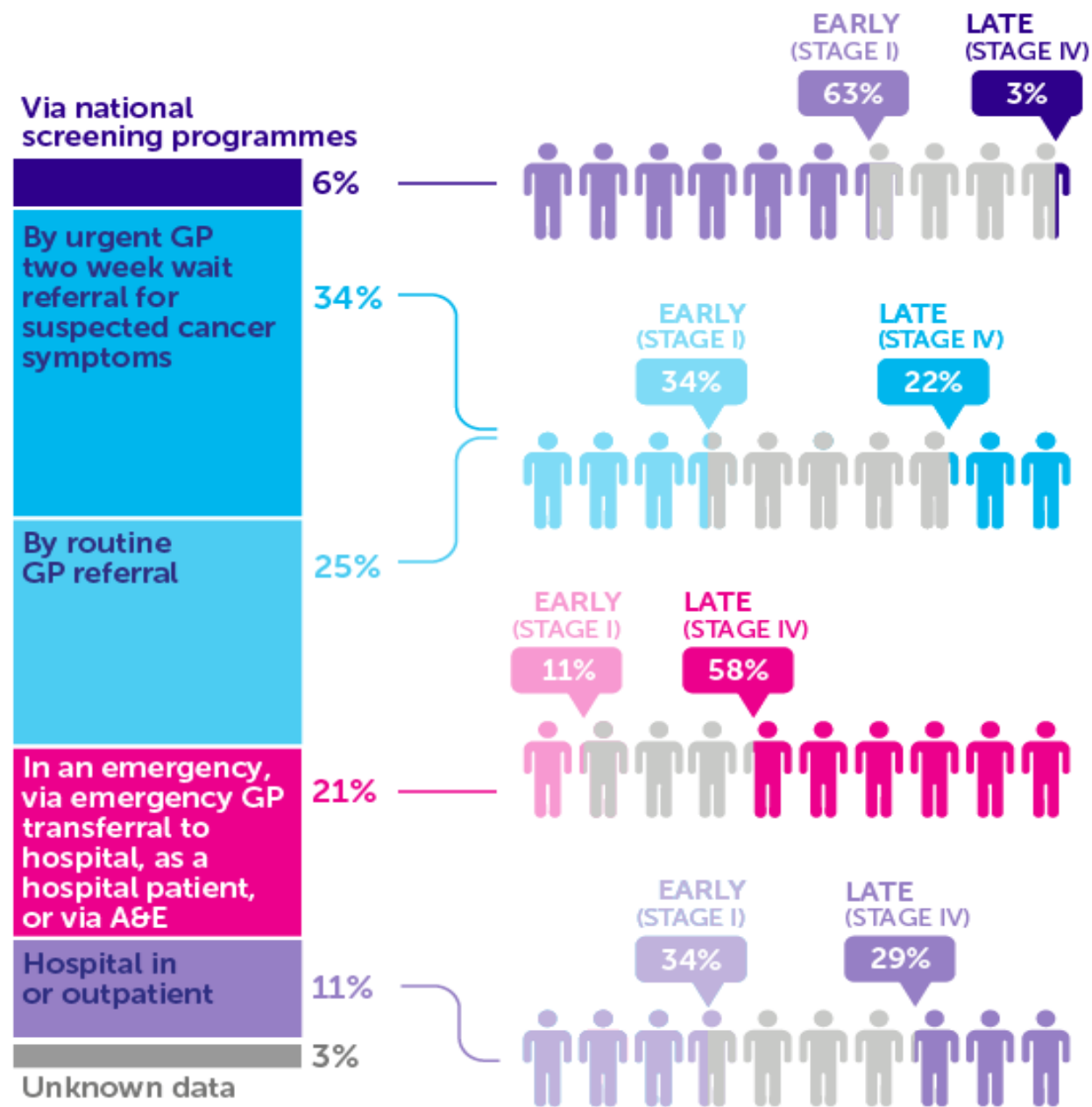
What is screening?

- It is like a filter - a way of **detecting disease before there are symptoms** **it is intended for people without any symptoms**
- It **targets a specific population** or group of people
- **Most people are unlikely to have the condition** and will pass through the filter (screening test)
- People whose results suggest they are more likely to have the condition are **caught in the filter** - they need **further tests** to determine if they really do have the condition



% OF PATIENTS DIAGNOSED

STAGE WHEN DIAGNOSED



Source: National Cancer Intelligence Network, data for England 2012-2013

Why is screening important?

Screening reduces the number of people dying from cancer by:

- Detecting cancer early
63% of cancers detected through screening are at an early stage (stage I)
- Preventing cancer
Bowel screening and cervical screening can both prevent cancer

What are the three
cancer screening
programmes in England?



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The 3 cancer screening programmes

Bowel screening

- Men and women aged 60–74yrs, invited every 2 years
- Over 74, can request a kit
- FOBt (Faecal Occult Blood test) kit received in the post - a new type of FOBt called a Faecal Immunochemical Test [FIT] was introduced **June 2019**
- One off bowel scope test at 55yrs



Breast screening

- Women aged 50–70yrs, invited every 3 years
- Women over 70 screened on request
- Mammography



Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- HPV (Human papillomavirus) Triage test and cytology if required - changed from just cytology aka “smear test” (early 2019 in SW Eng.).



Bowel screening



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Bowel cancer

- Bowel cancer is the **4th most common** cancer in the UK, accounting for 12% of all new cancer cases (2015).
- Approx **16,000 bowel cancer deaths** a year, that's 44 every day (2014-2016).
- **57% of people survive** bowel cancer for 10 or more years
- More than **50%** of bowel cancer cases are linked to **modifiable risk factors**



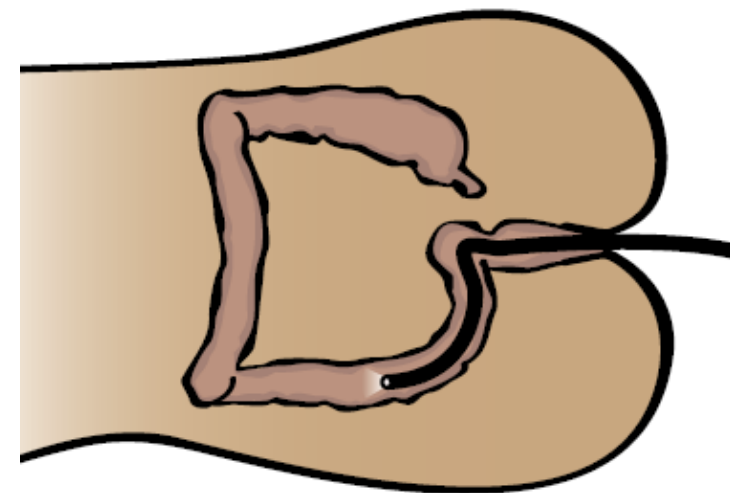
Bowel Cancer Screening – FOBt

- Patients must be **registered with a GP practice** to receive invitation
- Men and women aged between 60-74
- Eligible people are sent a kit in the post every 2 years
- **Anyone over 74 can opt-in** by requesting a kit by calling 0800 707 6060
- Screening kit is **completed at home** and sent to the hub
- The screening hub analyses the kit
 - The test detects tiny amounts of blood in the sample of poo, which can't be seen by the eye
 - The test **does not diagnose bowel cancer**

Following the UK NCS recommendation England & Wales have agreed to lowering the screening age to 50

Bowel Scope - Flexible Sigmoidoscopy

- A **one-off** bowel screening test offered to men and women at **55 years** who are registered with a GP.
- People are invited by post
- A **home enema kit** is sent, which the person should complete on the day of the test.
- Uses a thin flexible tube with a tiny camera on the end
- The procedure takes about **20 mins** – if polyps are found they can usually be removed there and then
- Aims to **detect polyps and cancers in the lower part of the bowel**



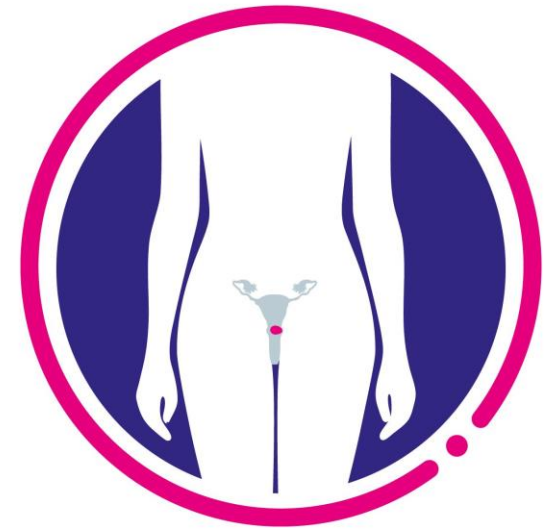
Cervical screening



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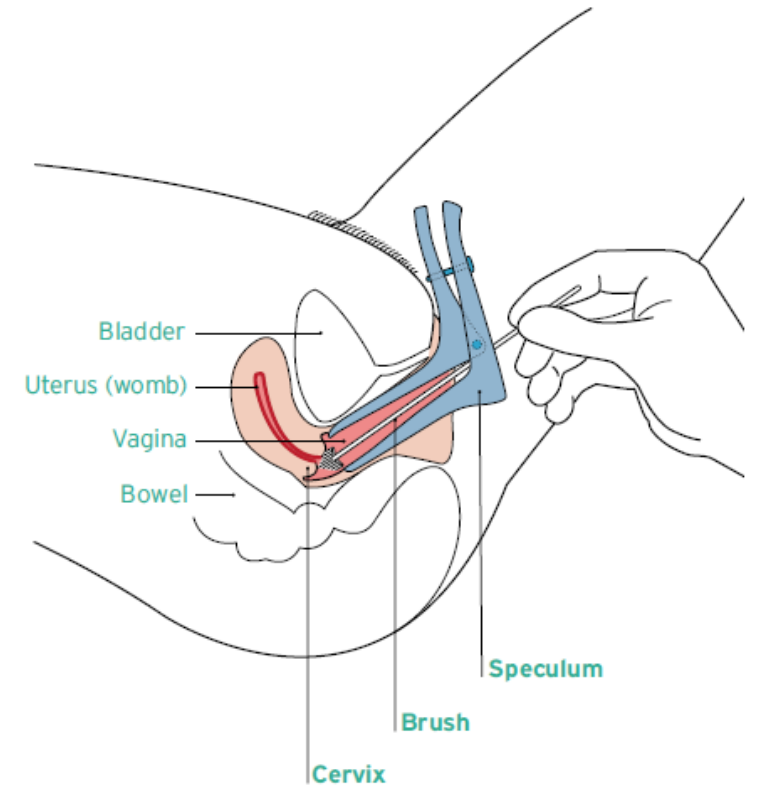
Cervical cancer facts

- In women, cervical cancer is the **14th most common cancer**
- Around **870 deaths** a year
- **63% of women survive** cervical cancer for 10 years or more
- Virtually all cases of cervical cancer are **caused by HPV infection**



Cervical screening aims to prevent cancer

- Women (anyone with a cervix) aged 25-64 and registered with a GP are invited for cervical screening
- Ages 25-49 are invited every 3 years. After that, invites are every 5 years until the age of 64
- The test collects samples of cells from the cervix
- It is **NOT** a test to find cancer. It is a test to check for HPV and detect changes to the cells of the cervix that may develop into cancer in the future

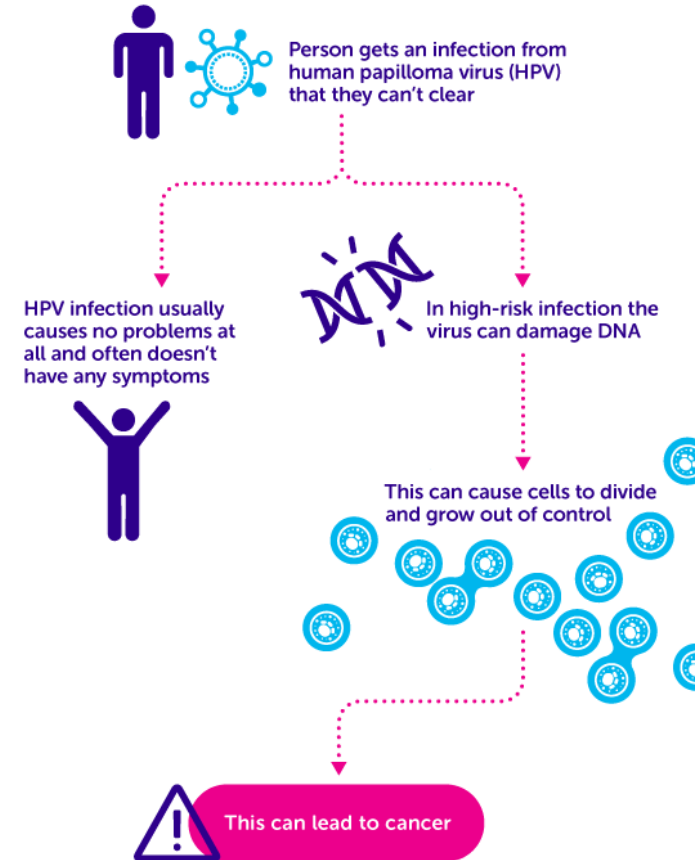


YouTube Video:
<https://youtu.be/QjuEYqQvb0E>

Human Papilloma Virus (HPV)

- HPV causes **99.8%** of cervical cancer cases.
- **HPV is a very common infection.** Around **80%** of people will come into contact with HPV during their lifetime. Most people will clear the infection naturally.
- Around 12 types of HPV are considered high risk for cancer of the cervix. Two of these types (HPV 16 and HPV 18) cause about 7 out of 10 (70%) cervical cancer cases.
- Since 2008, **girls aged 11-13** have been offered a vaccination against the **two** most common 'high-risk' types of HPV (HPV 16 and 18) and now boys are offered it too.
- As the HPV vaccine does not protect against all types of high risk HPV, regular cervical screening **for everyone with a cervix** remains important.

HOW CAN HPV CAUSE CANCER?



Breast screening



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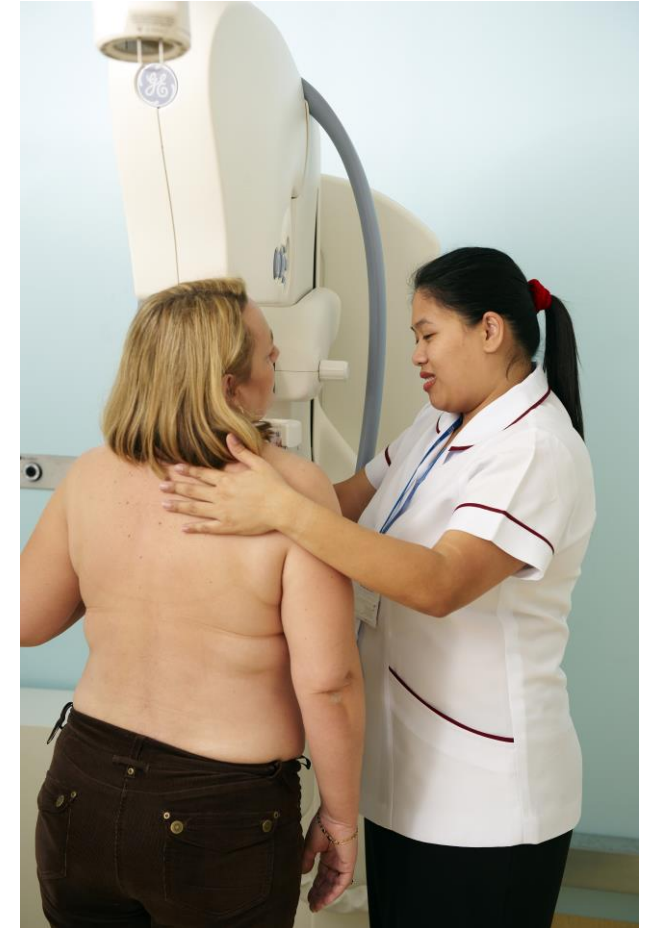
Breast cancer facts

- Breast cancer is the **most common cancer** in the UK – around 150 cases are diagnosed every day
- There are around **11,400 breast cancer deaths in the UK** every year
- **78% of women survive** breast cancer for 10 or more years
- **23%** of breast cancer cases in the UK are **preventable**



Breast Screening: Mammography

- For women aged between 50 and 70 years, who are registered with a GP or via opt-in over 70
- Test is a mammogram – 2 x-rays of each breast
- Carried out at special clinics or mobile breast screening units
- Mammograms are examined and the results are sent to the patient and the patients GP within two weeks
- If a potential abnormality is detected at initial screening or if their mammograms need repeating (e.g. if an x-ray was not clear enough) women may be asked to go to an assessment clinic for further tests



What are the benefits and harms of cancer screening?



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BREAST SCREENING IN WOMEN

THE BENEFITS AND HARMS OF BREAST CANCER SCREENING

Of 1,000 women aged 50–70, without any symptoms...



WITHOUT SCREENING

58

will be diagnosed with breast cancer

21 will die of breast cancer

37 will be treated and survive their cancer



WITH SCREENING

75

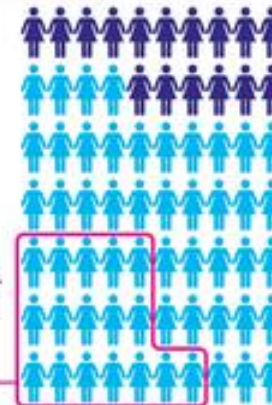
will be diagnosed with breast cancer

16 will die of breast cancer

59 will be treated and survive their cancer

17 of the 59 will be overdiagnosed. These are cancers that wouldn't have caused any harm.*

5 lives will be saved due to screening



DUE TO SCREENING

5 lives will be saved but around 17 women will be diagnosed with cancers that would not have caused them any harm.

*It is not possible to tell who these women are. They may go through unnecessary treatment, worry and potential complications.

Source: Independent UK Panel on Breast Cancer Screening. The benefits and harms of breast cancer screening: an independent review. The Lancet. 2012; 380 (9855): 1778-1786.

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cruk.org



The potential harms of cancer screening

- Screening can give an abnormal result even though the person doesn't have cancer – a **false positive result**
- Screening can miss cancer – a **false negative result**
- People over-interpret a normal result and do not report symptoms they experience in the future – **false reassurance**
- A cancer that would not have caused any harm within a normal lifespan is diagnosed and treated - **overdiagnosis/overtreatment**
- **Follow up tests have risks** such as bleeding
- Potential **psychological impact** of being informed about HPV infection
- **Harms related to the screening test**, such as pain, radiation exposure etc

KEY POINT: Deciding whether to be screened is individual - a person's attitudes and values shape their view on the relative benefits and harms

The benefits of cancer screening

Cancer screening **saves lives**

Some screening tests can **prevent** some cancers from developing

Cancers found by screening are generally at an **early stage**

Early stage cancers are **more likely to be cured**
and may need **less treatment**

What are the
barriers to participation in
the cancer screening
programmes?



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Barriers to screening

Knowledge of screening

thinking screening isn't relevant because they don't have symptoms

Fear and fatalism

believing that death is predetermined or of cancer diagnosis and treatment following screening

Motivation and practical barriers

competing demands on time

completing the test for those with manual dexterity problems or visual impairments (bowel screening)

Beliefs related to culture, gender, or deprivation

screening and preventative tests are not familiar parts of healthcare

The test itself

dislike and social taboo around handling faeces (bowel screening)

feeling shame or embarrassment (cervical and breast screening)

Deprivation, inequalities and risk factors for cancer

There are unfair and unnecessary inequalities at every stage of the cancer pathway – from cancer prevention through to screening, diagnosis, treatment and survival.

Preventable risk factors for cancer are often inequitably distributed in the population, leading to differences in cancer incidence between different groups of people.

Poverty affects cancer. The lower a person's income, the more likely they are to get unwell and suffer cancer.

Smoking rates are consistently higher in more deprived groups.

Obesity is more than twice as prevalent among the most deprived 10% of children in England compared to the most affluent 10%

In the UK, cancer outcomes are substantially worse among men than women; Men access health services less frequently and smoking/alcohol consumption and rates are higher than in women.



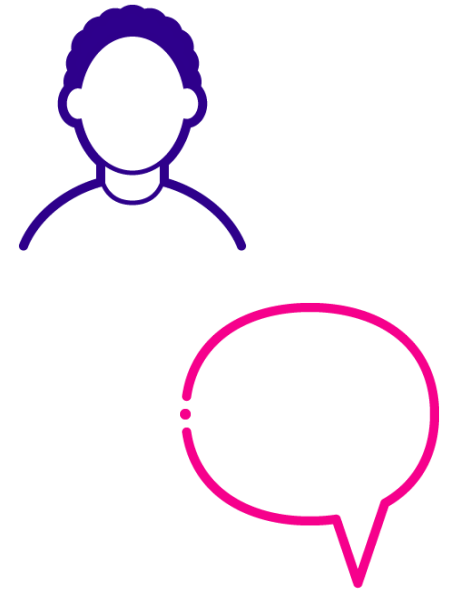
Ethnic diversity and cancer risk factors

- **Smoking:** Smoking tobacco varies by ethnic group.
The proportion of current smokers ranges from 7.9% among Chinese respondents (and 9.2% among Asian respondents), to 20.4% among respondents from the mixed ethnic group. Chewing tobacco use is higher in South Asian communities compared with the general population.
- **Physical Activity:** Lower levels of activity among ethnic minority groups.
- **Obesity:** Varies by group (e.g. higher rates for Black African, lower for Chinese).
- **Alcohol:** Almost all ethnic minority groups are less likely to binge drink.
- **Diet:** Higher intake of fruit and veg for most ethnic groups in the UK.



People with learning disabilities

- Prevalence of severe and profound learning disability is fairly uniformly distributed across the country and across socio-economic groups.
- Mild to moderate learning disability, however, has a link to poverty and rates are higher in deprived and urban areas.
- Inequalities in health affect people with learning disabilities.
- Everyone, including those with a learning disability, is different and has his/her own needs.



How can
health care professionals
support screening
uptake?



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Improve awareness of cancer screening

Staff training

- Ensure all staff know about the 3 screening programmes
- Have a screening lead at the practice to act as a point of contact; this can be a clinical or non-clinical team member
- Share what works for your practice and learn from others

Endorsement of the screening programmes

- Send text reminders or extra letters to patients
- Highlight screening to patients who may need support e.g during Learning Disability health checks - use coding to identify these patients

Follow up non responders

- Add pop-up alerts on your clinical system to trigger conversations with eligible patients who are overdue screening
- Offer telephone support to non responders (use a coding search monthly and assess capacity for the task – do it if you can)

Remove barriers to participation

Display screening information

- Use cancer screening information cards/leaflets/posters/animations
- Provide information in a range of languages and easy read versions
- Make the most of Cancer Awareness months/weeks/PHE or NHS campaigns

Make reasonable adjustments

- Be ready to offer support to those who ask for it. This includes explaining/demonstrating how to tests work and talking through screening information
- Consider liaising with community health teams to identify people who may benefit from additional support
- Support people to request replacement kits/renew invites

Respect and enable informed choice



Why don't all cancers
have a screening
programme?



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Cancer screening criteria

The **National Screening Committee** makes recommendations on screening programmes. For screening to be introduced, it must be **evidenced** to be:

- Accurate
- Acceptable to the public
- Cost effective
- Doing more good than harm (at a population level)

Resources

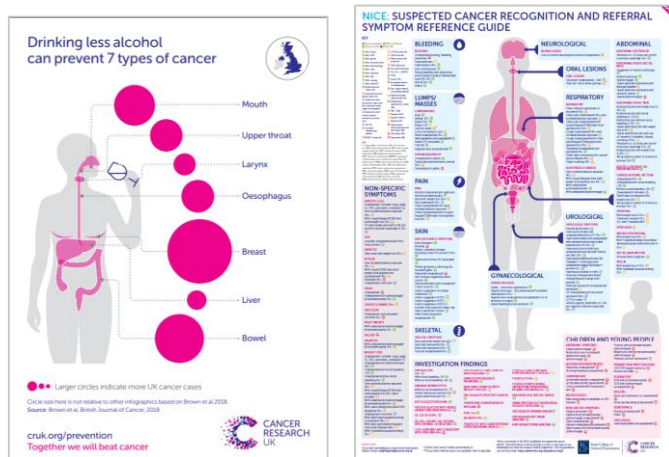


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Free CRUK resources to support your practice and patients

<https://publications.cancerresearchuk.org/>

Posters and Infographics



Prevention Leaflets



Reports and Insights



Bowel screening animation

<https://www.youtube.com/watch?v=il6VSceMWfM&feature=youtu.be>

Cervical screening Animation

<https://www.youtube.com/watch?v=QjuEYqQvb0E>

CRUK web page for full information about screening

<https://www.cancerresearchuk.org/about-cancer/screening>

RCGP Behaviour change and cancer prevention E-learning (includes VBA)

https://www.cancerresearchuk.org/health-professional/learning-and-support/online-learning/e-learning?_ga=2.190857448.330421564.1600962054-1802663505.1548685817#edmodule1

Thank You

If you would like to get in touch, please contact;

deborah.jones@cancer.org.uk 07900 738129

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Q & A Session