

Sharon Hodgson MP
Parliamentary Under Secretary of State
Department for Health and Social Care
39 Victoria Street
London
SW1H 0EU

Dear Minister,

RE: April Bowel Cancer Awareness Month - prevention and early detection of bowel cancer

Congratulations on your appointment as the Minister for Public Health and Prevention, which is such an important role. I am writing to you as Chair and Founder of the charity CancerWatch during Bowel Cancer Awareness Month to urge a stronger focus on the prevention and early detection of bowel cancer and to set out three key things which would take forward the fight against bowel cancer.

CancerWatch is a charity that was set up by people who have been affected by cancer and are passionate about reducing the incidence of preventable cancers. Around 40% of all cancer cases are preventable, and we campaign for more effective action to prevent cancer. This year our campaigning is focused on bowel cancer prevention.

Focus on bowel cancer prevention

Bowel cancer is the second largest cause of cancer deaths in the UK, with around 17,400 people dying from bowel cancer every year. Yet, more than half (54%) of bowel cancer cases are preventable. Key risk factors include diet, overweight and obesity, smoking and alcohol. The biggest risk by far is a low-fibre diet, with nearly a third (28%) of bowel cancer cases caused by eating too little fibre.¹

Deaths from bowel cancer have fallen by nearly half since the 1970s, and incidence rates have been flat or falling over recent decades.² However, the incidence of bowel cancer in the UK remains worse than in many comparable countries, and the increasing incidence among those under the age of 50 (a global trend) is of real concern.³

We believe that this calls for a much stronger focus on preventing bowel cancer. We further believe that, with a stronger focus on prevention and continued improvements to the bowel cancer screening programme, alongside ongoing improvements in treatment, we could be aiming to virtually eliminate deaths from bowel cancer over the coming decades. This is a goal worth fighting for.

¹ [Cancer Research UK, *Bowel cancer statistics*](#)

² IBID

³ [Cancer Research UK, *Bowel cancer rates rising in younger adults around the world, 2024*](#)

⁴ [Cancer Research UK, *Bowel cancer statistics*](#)

What needs to happen?

A serious approach to bowel cancer prevention needs to focus on the key drivers of bowel cancer. It makes sense to start with a primary focus on low-fibre diets, the biggest risk factor for bowel cancer. As such, we are calling on the government to:

- 1. Implement a wide-ranging plan to boost the number of Britons eating a higher fibre diet.** We are pleased to see the recent announcement regarding improvements in school food standards so that school menus will include more fruit, vegetables, and wholegrains, and we hope that these will be backed by sufficient funding and a robust monitoring framework. However, we would like to see these standards applied to all public sector food provision, as well as more effective promotion of an updated Eatwell Guide through digital and NHS channels, and a high-profile awareness campaign delivered in partnership with celebrity chefs, retailers and industry.

Bowel cancer screening has been successful in increasing early detection rates and saving lives. However, currently only 12% of people with bowel cancer are diagnosed through screening. The National Cancer Plan targets a 20-percentage point increase in early diagnosis by 2035. It is difficult to see how we achieve this in relation to bowel cancer without considering further extensions of, and improvements to, the screening programme.

The downward extension of screening to those aged 50–54 has been a huge step forward, but over 40% of bowel cancer cases occur in those over 74. The recent announcement that the sensitivity of the screening test is to be increased was extremely welcome but further increases in the sensitivity of the test (as recommended by UK NSC) could detect even more cases, if colonoscopy capacity were greater. As such, we are calling for:

- 2. Close consideration as to how we can continue to extend and improve the national bowel cancer screening programme,** including:
 - a. Reviewing the case for extending the screening programme up to those aged 79** – in its next review of the bowel cancer screening programme, the UK National Screening Committee (UK NSC) should actively review the case for extending the screening programme to those aged 75-79.
 - b. Building NHS capacity to continue to increase the sensitivity of the screening test** – the government should set out a plan to build up colonoscopy capacity over time with a view to gradually reducing the screening threshold down to the highest degree of sensitivity recommended by UK NSC.

Finally, we believe that screening programmes present an opportunity for raising awareness of and dispersing information about the prevention of bowel cancer with a view to reducing population incidence. This opportunity is currently being missed. As such, we are calling for:

- 3. Use of the bowel cancer screening programme to boost prevention awareness.** The NHS sends 7 million individual notifications about bowel cancer screening each year in England. We should use this point of intervention to deliver written information

about bowel cancer, including the simple steps people can take to reduce the risk of themselves and their families developing bowel cancer.

We believe these measures are fully in accordance with the shift from treatment to prevention, and the approach set out in the National Cancer Plan. Indeed, we believe the above measures are necessary to achieve the objectives set out in the Plan.

We would be pleased to meet with you and officials to discuss these ideas in more detail and look forward to working with you on cancer prevention in the months and years to come. I look forward to hearing from you.

We are also writing to the UK National Screening Committee and the Department for Education to set out the case for the changes we have recommended that fall within their respective remits.

Yours sincerely,

Jill Clark

Jill Clark
Chair, CancerWatch
8 Maunsel Street, London SW1P 2QL
office@cancerwatchuk.org

