

Prof. Sir Mike Richards
Chair, UK National Screening Committee
c/o Dept. of Health and Social Care
39 Victoria Street, London SW1H 0EU
Cc: St Mark's Hospital, Northwood, London HA1 3UJ

Dear Sir Mike Richards,

RE: April Bowel Cancer Awareness Month - Bowel Cancer Screening

I am writing to you as Chair and Founder of the charity CancerWatch during Bowel Cancer Awareness Month about improvements to the bowel cancer screening programme in England and Wales.

CancerWatch is a charity that was set up by people who have been affected by cancer and are passionate about its prevention and early diagnosis. More than half (54%) of bowel cancer cases are preventable. Through a combination of stronger emphasis on prevention, continued improvements to and extensions of the screening programme, and ongoing improvements in treatment, we believe we should be aiming to virtually eliminate deaths from bowel cancer over the coming decades.

Effectiveness of bowel cancer screening

We know that the proportion of people with bowel cancer who are diagnosed via screening has risen from 10.9% in 2019 to 12.2% in 2023, and this is associated with an increase in the proportion of people diagnosed at an early stage (stage 1 or 2) and a decrease in the proportion of those diagnosed as an emergency.¹ These trends are likely a successful result of the rollout of the Faecal Immunochemical Test and the extension of screening to those aged 50-54 over this period, following UK NSC's recommendations.

However, 12% of diagnoses remains a very low percentage, certainly in comparison to the proportion of those diagnosed through screening by the breast cancer screening programme (21%) or the cervical screening programme (33%).² There may be other reasons for this differential. But regardless, achieving the National Cancer Plan's target of 75% of people diagnosed with cancer surviving for five years or more is premised on achieving at least a 20 percentage point increase in early diagnosis above the 2019 level by 2035.

¹ [National Bowel Cancer Audit \(NBOCA\), State of the Nation Report, 2025.](#)

² [CRUK, Early Cancer Diagnosis Data Hub](#)

It is very difficult to see how we would achieve this targeted increase in early bowel cancer diagnoses without a significant increase in the proportion of people diagnosed via screening. This requires us to look carefully at the case for further extensions of the programme and its effectiveness.

Bowel cancer screening and age limits

We are very pleased that the UK NSC's recommendation to reduce the age limit for screening in England to age 50 has now been fully implemented – this is a long-awaited improvement, especially when more younger adults seem to be contracting this disease.

However, we believe we should now fully review the upper cut-off age limit of 74, not least because over 40% of those diagnosed with bowel cancer are 75 years or older. It is true that people over the age of 74 are currently allowed to “opt in” to bowel cancer screening but, with little information on how to make this decision, very few do so.

We know that the 2018 review which UK NSC undertook recommended the cut-off age of 74. We would ask **the UK NSC to now actively review the case for extending the screening programme to those aged 75-79 and make clear the evidence base for any recommended upper age limit.** We would also welcome confirmation of UK NSC's intention to undertake another review of the bowel cancer screening programme in the near future.

Increased test sensitivity and diagnostic capacity

As you will be very aware, one other way in which we can increase early diagnosis through screening is by increasing the sensitivity of the test. The recent announcement that the FIT test threshold for referral would be lowered to 80 µg Hb/g for England is very welcome, but UK NSC previously suggested that the optimal threshold would be 20 µg Hb/g, with the only limitation to this being diagnostic capacity constraints, specifically in relation to colonoscopy. **We would welcome your support for our call for the NHS to put in place a plan to build up diagnostic capacity,** including through the use of AI and capsule colonoscopies, to allow this threshold for referral to be further reduced over time.

Lynch Syndrome

We believe greater consideration should also be placed on developing a more effective screening and surveillance programme for Lynch Syndrome, which places people at high risk of bowel cancer. It is estimated that up to 200,000 people in the UK have this condition but those living with this disease are typically unaware and lack the systematic testing that is required. Surveillance of hereditary cancer risk is difficult to

implement, but to achieve the ambitions of the National Cancer Plan it will be necessary to put greater emphasis on this type of risk. With increased interest in genetics, this has become increasingly relevant.

Prevention information in screening notifications

Finally, we also wanted to write to you about the information that accompanies the bowel cancer screening notifications that are sent to eligible individuals every year. In England alone, some 7 million such notifications are sent out yearly from the various bowel cancer screening hubs around the country.³

We believe that it represents a missed opportunity that this many people are being contacted for a medical screening process *without* adequate information being offered about the disease for which they are being screened. Many people have little awareness of bowel cancer and know nothing about its prevalence in the population or its causes.

We appreciate that a notification for screening should not be a lecture in epidemiology. Nevertheless, we believe at a minimum the following information should be provided at the point of communication about screening:

- a) General information about the nature of bowel cancer, the number of cases, the number of deaths and the importance of early diagnosis.
- b) Recommendations about lifestyle and dietary changes that would reduce the risk of this disease. Bowel cancer is a highly preventable disease, with 54% of all cases considered preventable and the main modifiable risk factors of bowel cancer (as you will know) are diet (lack of fibre, red meat); being overweight and obese; lack of exercise; smoking; and alcohol.⁴ All of these risks are modifiable and avoidable by most people, if they only knew.

We believe the more holistic use of screening as a tool for awareness and information for the prevention of future disease could be one of its most important potential functions. And we contend that the screening process presents a unique targeted opportunity to reduce the incidence of bowel cancer at population level by offering greater awareness, information, and education about the modifiable risks of the disease. As we know, knowledge is power, and the budget implications of this would be minimal.

As such, we want to request your support in asking the government and the NHS to seriously consider whether notifications about bowel cancer screening can be used as a point of intervention to deliver written information about bowel cancer and how people can better protect themselves from developing the disease.

³ [Report of The Independent Review of Adult Screening Programmes in England, 2019.](#)

⁴ Cancer Research UK, [Statistics by Cancer Type: Bowel cancer.](#)

Thank you for your time and consideration of this letter, and I look forward to hearing from you.

Yours sincerely

Jill Clark

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

cc: Prof. Brian Saunders, Director, Bowel Cancer Screening, St Marks Hospital, Harrow
HA1 3UJ

