



Beat Bowel Cancer Aotearoa response to GPs' opinions about the introduction of colorectal screening

On behalf of Beat Bowel Cancer Aotearoa, I am responding to the findings in a qualitative study by Gillian Abel and Lee Thompson—*What do specialists and GPs think about the introduction of colorectal screening?*—published in the 8 July 2011 issue of the *NZMJ*.¹ This research provides useful insights into concerns of the 15 GPs and 11 specialists interviewed about screening for bowel cancer.

Worryingly, this study highlights the lack of clarity between the immunochemical faecal occult blood test (iFOBT) false positive rate of 3.4%, and the older guaiac faecal occult blood test (gFBOT) which has a lower sensitivity than iFOBT.²

A concern was expressed by some GP participants that discussion with their patients surrounding bowel cancer screening will engender patient anxiety. However, such concern did not stop the use of mammographic screening for early breast cancer, nor screening for cervical cancer.

Patient anxiety over screening would not seem to outweigh the societal benefit of bowel cancer screening, especially in a country where each year more than 1250 people die from bowel cancer. An estimated 75% of those people may have survived if the disease had been detected earlier. Further, a recent systematic review has found that public anxiety is not increased as a consequence of screening.³

It is important to note that iFOBT results in fewer false positives than does mammographic screening.⁴

Also, screening for colon cancer affords a similar proportional benefit to breast screening. Given the greater numbers of New Zealanders affected by colorectal cancer, iFOBT has the potential to save the lives of more New Zealanders.⁵

As a patient and family-led charity, Beat Bowel Cancer Aotearoa is concerned about the number of lives being lost as a consequence from bowel cancer. We appreciate the good intent underlying GPs' desire to reduce 'cancer anxiety'. However, we feel any such (empirically questionable)³ concern about 'cancer anxiety' pales alongside the anxiety generated for patients and their families when a late diagnosis of bowel cancer has been made and the patient's prognosis is terminal.

Beat Bowel Cancer Aotearoa is committed to supporting the introduction of a Government-funded national screening programme. While we welcome the decision to hold a pilot programme in the Waitemata DHB (planned to start in late 2011), the decision about whether or not to introduce a national programme is not intended until after the pilot evaluation report is due for completion in 2016, and if the decision is to proceed, national implementation of the screening programme will therefore be a considerable period of time after that.⁶

After decades of inactivity, New Zealand needs to wake up and take positive steps to improve our unflattering bowel cancer statistics.

Our charity calls for prompt action in several areas to raise awareness about bowel cancer and reduce the national mortality from this treatable and beatable disease in our 2015 Call to Action Document.⁷ One of these calls is for a national bowel cancer screening programme to be fully implemented by 2015.

It could be argued that because New Zealand has one of the highest rates of colorectal cancer in the world, that the death rate from colorectal cancer is three times the national road toll, and that 75% of colorectal cancer is curable if caught early, perhaps a higher level of anxiety is exactly what we need.

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References:

1. Abel GM, Thompson L. What do specialists and GPs think about the introduction of colorectal cancer screening? A qualitative study. *N Z Med J.* 2011;124 (1338):89–95. <http://journal.nzma.org.nz/journal/124-1338/4756/content.pdf>
2. Smith A, Young GP, Cole SR, Brampton P. Comparison of a brush-sampling fecalimmunochemical test for hemoglobin with a sensitive guaiac-based fecal occult blood test in detection of colorectal neoplasia. *Cancer.* 2006;107(9):2152–2159. DOI:10.1002/ncr.22230.
3. Collins RE, Lopez LM, Marteau TM. Emotional impact of screening: a systematic review and meta-analysis. *BMC Public Health.* 2011;11:603. DOI:10.1186/1471-2458-11-603.
4. Hewitson P, Glasziou PP, Irwig L, et al. Screening for colorectal cancer using the faecal occult blood test, Hemoccult. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD001216. DOI:10.1002/14651858.CD001216.pub2
5. Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database of Systematic Reviews* 2011, Issue 1. Art. No.: CD001877. DOI: 10.1002/14651858.CD001877.pub4
6. Derrett S. Screening for colorectal cancer: taking New Zealand from ‘among the worst’ to ‘the best’? (Editorial) *N Z Med J,* 2011;124 (1330). <http://journal.nzma.org.nz/journal/124-1331/4587/content.pdf>
7. Beat Bowel Cancer Aotearoa. 2015 Call to Action Document. Download PDF at <http://www.beatbowelcancer.org.nz/action.html>