## From the Permanent Secretary and HSC Chief Executive



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Dear Ms Wylie

## Early diagnosis of Bowel and Breast cancer

Thank you for your letter dated 17th December 2019 about early diagnosis of bowel and breast cancer in Northern Ireland.

The Northern Ireland Bowel Cancer Screening Programme currently covers all men and women from 60 to 74 years of age. In relation to the further development of the Northern Ireland Bowel Cancer Screening Programme, the NI Screening Committee has recommended a phased approach with the first step to replace the Faecal Occult Blood (FOB) test with Faecal Immunochemical Test (FIT) and then giving consideration to extending the age range to offer screening from the age of 50. FIT has a better performance in terms of participation rates compared to the FOB test, probably due to the fact that it requires the participant to take only one sample from a bowel motion rather than the two samples on three different occasions required by the FOB test.

In April 2019, the Department announced that FIT would be adopted by the Northern Ireland Bowel Cancer Screening Programme as the primary screening test for bowel cancer. Implementation is underway, with the move from FOB to FIT due to take place early this year. Once this work has been completed, extension of the age range for bowel screening will be considered.

Given the National Screening Committee recommendations and the above developments, there are no plans for a review of bowel screening at this time.

Through the NI Breast Screening Programme, women aged between 50 and 70 are invited for screening every three years and this is in line with the recommendations of the UK National Screening Committee. Women over the age of 70 are not invited, but are able to self-refer every 3 years and are encouraged to make their own appointment by contacting



their local screening centre. Breast screening is not offered to women under the age of 50 because the risk of breast cancer is lower and women under 50 generally have denser breast tissue which makes their mammograms much more difficult to interpret, which may lead to false positive results, anxiety and unnecessary biopsies.

On 1<sup>st</sup> April 2013 the Northern Ireland Breast Screening Programme took on responsibility for the surveillance screening of women at higher risk of breast cancer. Women from the age of 20 upwards are included in the higher risk surveillance screening programme.

The current NHS Breast Screening Programme Age X trial in England is due to run until 2026. The trial is designed to examine the effectiveness of offering some women an extra screen between the ages of 47 and 49, and another between the ages of 71 and 73. The aim of this study is to see if extending the age range of breast screening reduces deaths from breast cancer. It will provide robust evidence to inform further consideration on the most clinically appropriate upper and lower ages for breast screening across the UK. The UK National Screening Committee will review the evidence once the trial has reported and will advise the four UK Health Departments on their recommendations.

It is expected that during the course of Age X trial more than 5 million women will be randomised to receive additional or usual screening. This very large number of participants is required to ensure the research will produce reliable results which will inform future screening policy across the UK. A major research trial such as Age X will not be approved unless it includes enough participants to be able to produce reliable results. Given the number of women in the relevant age groups in Northern Ireland, a research trial here would not be able to produce sufficiently reliable information to inform future policy.

It should be noted that the screening tests do not provide a guarantee that all cancers will be detected early or prevented. No test is 100% reliable, so in the interests of early detection it is important that people are aware of the warning signs or symptoms, and that they act promptly to get anything suspicious checked out by their GP and referred for further assessment if necessary.

I trust you find this information helpful.

Yours sincerely

RICHARD PENGELLY

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