

Why are most CRC diagnoses in screening eligible adults detected outside the screening programme

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Introduction

Despite interventions to increase participation in England, most CRCs are diagnosed outside the screening programme.

- 1,011 patients diagnosed with CRC
All pathways 2017-2020
- Staging data and ethnicity available for n=667

Aims

The aim of this study was to determine the extent to which this is due to suboptimal uptake of screening, and the effective of ethnicity on distant organ involvement (metastasis).

Methods

- We performed a clinical audit of 1,011 patients diagnosed with CRC at St Mark's Hospital between January 2017 and December 2020.
- Data on the diagnostic pathway, disease progression and screening history and outcomes were extracted from the bowel cancer screening system.
- Univariate logistic regression was used to compare the involvement of lymph nodes and organs (i.e. metastatic disease) between individuals diagnosed through screening vs. all other pathways.



Results

- Of 1,011 patients diagnosed with CRC, 446 (44.1%) were eligible for screening at the time of diagnosis.
- Of these, 115 (25.8%) were diagnosed through screening. Among those diagnosed via non-screening pathways (n=331), 210 (63.4%) had never taken part in screening, 31 (9.4%) had taken part but were not up to date,
- 89 (26.9%) had taken part and were up-to-date. Of those who were up-to-date (n=89), 82 (92.2%) had received a normal or weak positive test result, and 5 (5.6%) had received a positive result and declined colonoscopy
- Those from any Black ethnic group had the highest rate of metastasis 30.3% (n20)
- Any other White background 28.3%(n17)
- Other Asian background 21.9% (n=16)

Attitudes towards COVID-19 mitigation measures at St. Marks BCSC: a cross-sectional analysis of survey data from an ethnically diverse region in London

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Introduction

- When the COVID-19 pandemic started, many invasive diagnostic tests had to be suspended to prevent the spread of the disease.
- Several procedures were implemented to reduce transmission to allow services to resumed.
- These include: Pre procedure COVID swabbing, temperature taken, the use of hand sanitiser, wearing face mask, and Staff with protective clothing.

Aims

To assess patient attitudes towards the COVID mitigation measures implemented within St Mark's Bowel Cancer Screening Centre.

Methods

- Patients surveyed who underwent colonoscopy between July 2020 and May 2021.
- Participants were given the survey 3 days after their procedure which asked a series of items using five-point Likert scales.
- Factor analysis was used to group items
- Scales ranged from 5-25 for Factor 1 and 2-10 for factors 2-3
- Descriptive statistics were used to calculate means, then it was standardised to present a value from 1-5.

Table 1. Factors by demographics

	Factor 1 Attitudes towards measures to reduce hospital-based covid transmission.'	Factor 2 Attitudes towards pre-colonoscopy covid swabbing.'	Factor 3 Attitudes towards protective clothing.'
Gender mean (SD)			
Male	4.60 (0.60)	3.74 (1.02)	4.09 (0.92)
Female	4.65 (0.63)	3.89 (1.05)	4.04 (0.94)
	P= 0.555	P= 0.225	P= 0.659
Ethnicity means (SD)			
White	4.63 (0.63)	3.88 (1.00) ¹	4.11 (0.92)
South Asian	4.61 (0.61)	3.76 (0.99)	4.09 (0.87)
Any other ethnicity	4.63 (0.59)	3.37 (1.18) ¹	4.11 (0.86)
	P= 0.960	P= 0.031	P=0.918
Language mean (SD)			
English	4.71(0.44)	4.05 (0.89)	4.16 (0.81)
other language	4.6 (0.74)	3.42 (1.19)	4.13 (0.64)
	P= 0.540	P= 0.041	P= 0.879

¹ The difference between White adults and other ethnicity was significant p= 0.023

Results

- Attitudes towards measures to reduce hospital-based covid transmission': **4.62**
- 'Attitudes towards pre-colonoscopy covid swabbing' : **3.8**
- 'Attitudes towards protective clothing': **4.08**

Conclusion

- Attitudes towards Covid-19 prevention measures and protective clothing were generally positive.
- Attitudes toward pre-colonoscopy swabbing were lowest and in particular among minority groups

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