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*Correspondence: Professor V Speirs; E-mail: v.speirs@leeds.ac.uk
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Comment on 'Reasons for non-uptake and subsequent participation in the NHS bowel cancer screening programme: a qualitative study'

C K Tai*[,1,4], P Leung[2,4], A Poullis[1] and G Curry[3]

[1]*Department of Gastroenterology, St George's Hospital, Blackshaw Road, London SW170QT, UK;* [2]*Department of General Surgery, St George's Hospital, Blackshaw Road, London SW170QT, UK and* [3]*Bowel Cancer UK, Willcox House, 140-148 Borough High Street, London SE1 1LB, UK*

Sir,

We read this paper by Palmer *et al* (2014) regarding participation in the Bowel Cancer Screening Programme (BCSP) with great interest. At the time of publication we had developed pilot screening education sessions in South London. By running the programme as a group of health care professionals (HCPs) consisting of junior doctors, and in partnership with Bowel Cancer UK, we would assess whether such HCP endorsement improved screening uptake.

South London area has low screening uptake (unpublished data), and consists of many communities of socio-economically deprived and ethnic minority populations. Indeed, previous studies show that such groups correlate with poor screening uptake (Von Wagner *et al*, 2011; Lo *et al*, 2014). Bowel Cancer UK has links with these community groups, some of whom invited us to speak, advertising internally to bring our audience. In our pilot phase, sessions have only been one off, but we anticipate returning annually if not more frequently, for new participants as well as to maintain bowel cancer and screening awareness. Education sessions were informal and held at the convenience of participating groups, via a standardised presentation. Participants were given information regarding the epidemiology and risk factors for bowel cancer. In particular, we covered the importance of screening asymptomatic individuals and performed a demonstration and thorough explanation of the faecal occult blood (FOB) test. Participants were encouraged to ask questions before, during and after the presentation, and were sometimes quizzed during the sessions to enable an educational experience that was both informative and enjoyable. Feedback using a Likert scale on how useful the sessions were showed that every participant found the presentation very useful (85.7%) or quite useful (14.3%).

In our pilot study, we were invited to deliver talks to 43 participants from three community groups—users of the local library, the local Chinese association and the local Irish pensioners association. Our talks were attended disproportionately by women (male: 13; female: 30) due to the variation in participation in these local community groups. For the same reason, our sessions were attended by individuals from a wide range of ages although the majority were aged between 50 and 69 (53.4%). We did not distinguish between younger (screening naive) and older (screening age) groups in the hope of positively influencing the decision to participate in screening when invited in future in the former group, and consolidating the knowledge and FOB testing know-how in the latter group.

A large proportion of our participants (51%) were of ethnic minority origin and sometimes interpreters were required for the talks. This is important as screening uptake in ethnic minorities could be poor secondary to the language barrier. This draws attention to the potential influence of discussion to ethnically diverse groups, as Palmer *et al* held focus groups comprising mostly white Europeans.

Prior to the education sessions, 63.2% of participants reported awareness of the screening programme with 41.5% reporting that they would take part. Their willingness to participate in the screening programme improved to 85.7% after the talk. Before the session, only 27.9% were aware of the symptoms associated with bowel cancer. This improved to 92.8% after the talks. Furthermore, 92.8% reported that they would see their GP if they were to experience any symptoms associated with bowel cancer. Moreover, 82.1% felt more comfortable talking about bowel cancer and the screening programme with friends and family. This increased willingness to participate in the screening programme after the educational programme draws parallels to the findings by Palmer *et al*, after their participants had the opportunity to discuss screening with others. However, despite the improvement in the understanding of bowel cancer and risk factors, only 23–50% expressed willingness to make lifestyle changes such as smoking cessation. Annual sessions would serve as follow-up to assess whether participants actually took part in screening after an educational session.

Although our pilot study looked at a very small number of participants, our results have been consistent with the qualitative data collected by Palmer *et al* in showing the benefits of discussion to dispel misconceptions and also to encourage and support participation in the screening programme. Palmer *et al* reported that many participants claimed they were more likely to participate in FOB testing if it were endorsed by HCPs. Further research with larger groups of people may prove to be beneficial in assessing whether running wide-scale HCP-endorsed bowel cancer screening is cost-effective to bring long-term improvement to the uptake of bowel cancer screening.

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*Correspondence: Dr CK Tai; E-mail: Chehkuan.tai@gmail.com
[4]These authors contributed equally to this work.
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