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Colorectal Cancer Screening - surely FIT for us too

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Title Page

Title: Colorectal Cancer Screening - surely FIT for us too

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A dwindling minority of countries now offer guaiac-based colorectal cancer (CRC) screening tests (including Croatia, Finland, Greece and Hungary) since, for over a decade, faecal immunochemical testing (FIT) has been shown to be more effective¹. FIT detects more positive results compared to guaiac-based tests with fewer false negatives and for participants is a more acceptable test.

In Northern Ireland, three years on from when the UK National Screening Committee (UKNSC) recommended a move to FIT (in January 2016), no decision to support its implementation has been approved. The inequity is unacceptable, as UKNSC published economic evidence showing FIT implementation would improve outcomes with cost savings².

Transition to FIT in England and Wales continues with additional plans to extend CRC screening to 50-74-year-olds announced (August 2018)³. Scotland leads the way on this change. Wisely, plans are being made to ensure sufficient investigative capacity. Similarly, in the Republic of Ireland, the FIT-based screening programme (launched in 2012), received a commitment for full expansion to ensure coverage for 55-74-year-olds by 2021.

Meanwhile, Northern Ireland approaches the second anniversary of collapsed devolved government and a longer period without a cancer strategy. Elected officials vocalise the need to keep Northern Ireland in line with the rest of Great Britain (GB) and/or the Republic of Ireland (depending on their persuasion) in discussions of all things 'Brexit'. Sadly, in this case, they have been virtually silent when it comes to alignment issues pertaining to health and healthcare.

The public health research community is increasingly frustrated by this reticence. The Northern Ireland population is being left behind with an inferior screening test. Moreover, since CRC screening is offered to 60-74-year-olds in Northern Ireland, those in their 50s will not have the option to undergo screening, unlike their GB counterparts, and this will widen regional health inequalities.

When concerns were raised, the Permanent Secretary and HSC Chief Executive suggests that 'extending the age range to 50 remains an option to be considered'. Perhaps the evidence-based arguments endorsed in the rest of the UK have been diluted without a reasoned recourse to the high economic value of prevention. This is worrying when the current trends suggest that CRC is increasing among younger people⁴.

It is deeply concerning that a straightforward cost saving and evidenced-based policy change cannot be made in Northern Ireland to ensure the same access to FIT screening as other parts of the UK. The potential impact on inequalities of changing to FIT should be welcomed since the evidence suggests that its uptake is improved in lower socioeconomic groups and its use improves participation rates⁵.

Two decades on since the Good Friday agreement, political inaction (not bombs and bullets, thankfully) may be costing lives in Northern Ireland. It is time to safeguard public health and our health service. *“In any moment of decision, the best thing you can do is the right thing. The worst thing you can do is nothing.” — Theodore Roosevelt*

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