This vision does not represent government policy but provides useful insight into how cancer screening services might develop over the next 5 years

Annex O

Cancer Screening 2015

Breast cancer screening

1. A maximum three year round length will be maintained across England, and digital mammography will have been introduced to all screening units. The randomised controlled trial of extending breast screening to women aged 47-49 and 71-73 will be well advanced. Increased numbers of women from BME and disadvantaged groups will be taking up their invitations for screening following more research and targeted efforts.

2. All breast units in England will be working with the NHS Breast Screening Programme, leading to a higher quality of service for women with symptoms, which may lead to breast units in fewer locations.

3. Surveillance of high risk women will be managed through the NHS Breast Screening Programme. Funding to modify the NHSBSP IT systems will have been provided to accommodate this new group of women and a different type of screening (ie MRI). A Tariff for breast screening will be in place.

4. The CADET II trial, a prospective multi-centre randomised comparison of single reading with computer aided detection (CAD) and double reading, will have reported, and feasibility pilots may be possible.

Cervical screening

5. The two-week waiting time standard for receiving the results of cervical screening will be maintained across England, and further configuration of laboratories will have taken place to improve quality and achieve efficiency savings. A national IT system will be in place, taking advantage of Connecting for Health facilities and allowing the entire journey through the programme to be monitored.

6. HPV testing as triage for women with mild or borderline screening results and test of cure will have been rolled out across England, leading to a more personalised service for women and major year on year cost savings. More will be known about HPV testing as primary screening, and sentinel site may have begun to test out the effectiveness and feasibility of rolling roll out across England.

7. The national programme of HPV vaccination for all twelve year-old girls will continue, and lessons will start to be being learned about the effect of the vaccine on cytology results and cervical screening, especially in Scotland where screening begins at 20.have begun on 2008.

8. National and local programmes will be in place to address the falling coverage in women, particularly those aged under 35.

9. Some colposcopy services could be provided in the community providing adequate training and quality assurance was in place, with sufficient procedures to maintain expertise. Different models would be possible,

including outreach from secondary care or GPs/practice nurses with a special interest.

Bowel cancer screening

10. The NHS Bowel Cancer Screening Programme will be routinely inviting men and women aged 60 to 75 for faecal occult blood (FOB) testing. Subject to pilots, more accurate and easier to use immunological d (FOB) tests will be used. Roll out of the flexible sigmoidoscopy element of the programme to men and women aged from 55 will be well advanced, with 60% coverage across England.

11. Evidence for CT Colography will have grown, and will be most useful for screening with stool markers. A demonstration project or pilots may be possible by 2015, but results will need to be taken into consideration with extending the age range of FOB tests.

Prostate cancer screening

12. The further review of prostate cancer screening by the UK National Screening Committee (NSC) will have taken place in 2013, or sooner if major new evidence becomes available. The NSC will have published further modelling of PSA testing in high risk groups More GPs will be aware of the Prostate Cancer Risk Management Programme, and more men will have access to the information following work undertaken by the Prostate Cancer Advisory Group on exploring options to increase access for al men.

13. There will be trialling of new diagnostic tests but these are unlikely to have provided conclusive evidence by 2015. The automatic link between raised PSA and biopsy will be uncoupled (evidence depending). The aim of biopsy will be to diagnose *significant* prostate cancer disease. The detection of insignificant prostate cancer will be recognised as an adverse effect associated with biopsy.

14. The PSA test will be seen as one of a number of indicative tests for risk of prostate cancer, used as part of a package of measures to help a man decide whether to undergo further investigation or treatment.

Ovarian cancer screening

15. The UK Collaborative Trial of Ovarian Cancer Screening (UKTOCS) will not now report until 2015. 200,000 post-menopausal women aged 50 to 74 have been randomised in 12 centres, with half the women screened (either by annual CA125 test or annual transvaginal ultrasound), with the remainder as the control group. Planning for a national screening pilot for ovarian cancer may be possible by 2015 if the research results are looking positive.

16. Early results of the UK Familial Ovarian Cancer Screening Study (UKFOCSS) may help inform the management of high risk women. The study also uses CA125 and transvaginal ultrasound.

Lung cancer screening

17. Full results of the USA's National Lung Cancer Screening Trial will have been published, and research in the UK into screening high risk groups will be underway. However, it is unlikely that large-scale randomised controlled trial data will be available to support an English pilot or roll-out of screening across England.

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December 2010