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By Email

Dear Dr Bewley

Thank you for your kind words. I am finding the work with cancer programmes immensely stimulating.

You ask two questions and the answers are below. Within the body of your letter you make an assumption about the purpose of a screening programme and I need to address this before directly answering the questions. You state:

We noted the PHE announcement [Guidance: Evidence review criteria: national screening programmes](#) (23 October, 2015) regarding UK NSC criteria for appraising the viability, effectiveness and appropriateness of any screening programme. The update states that there should be evidence from high quality randomised controlled trials that the screening programme is effective in reducing mortality or morbidity, that the benefit should outweigh any harms (e.g. from overdiagnosis), and be cost-effective. We assume the updated guidance refers to overall, rather than disease-specific, mortality for cancer screening.

There has been some debate in the literature relating to this and also some internal discussion. The issue was considered in the UKNSC external review whose recommendations can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/443953/20150602_-_Final_Recommendations.pdf

The following extracts from this review show that there would not be the requirement to reduce all cause mortality but rather that there was some possibility of benefit to the person being offered

screening. The benefits on a population basis should outweigh the harms and be achievable at reasonable cost.

“The review group also considers, in response to some of the issues raised in consultation, that there is sufficient flexibility within the current criteria to make expert judgement in addition to objective or factual information. For example, how the criteria allows for consideration of those conditions which might not be amenable to randomised controlled trials and to take account of the wider benefits of screening such as the diagnostic odyssey and reproductive choice.

Recommendation 17. The review group has considered the scope of screening that should be within the remit of the UK NSC and recommends that topics should be considered on a case by case basis using the following characteristics as a guide:

- The target population to be screened should be large (ie sufficiently large enough to enable safe, clinically and cost effective screening)
- The cohort to be offered screening would regard themselves as not necessarily having symptoms of the disease or to be at risk of the disease – ie the business of the committee should be apparently healthy people
- There should be an effective means of identifying and holding a list of the whole cohort to be offered screening
- The population should be proactively approached (eg by written invitation, verbal invitation at the time of the contact with the health service, encouraging attendance for screening) among other things this would ensure that those offered screening would be properly informed of the potential benefits and risks in order to help make an informed choice
- The primary purpose of screening should be to offer benefit to the person being screened. If there is no possibility of benefit to the person being offered screening then it should be considered no further as a screening programme”

In this context, the response to your question is as follows:

1 *If the offer of cancer screening will now be based on NSC criteria will you formally review the validity of the NHS BSP for 50-70 year olds?*

We have just published a process of reviewing existing screening recommendations and breast cancer screening will be appraised using these processes as a matter of course.

2 *Given that PHE is, or should be, interested in overall mortality, will the age-extension trial be stopped in view of futility and purposelessness?*

I have answered the first point I think. You have had significant correspondence with PHE on the matter of the study so I will not rehearse the governance or ethics again. The purpose of the trial is to

establish whether there is benefit or not to those offered or taking up screening so unless the trial steering committee advise its cessation, PHE will not move to alter the situation. I hope these answers are clear.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Anne Mackie', written in a cursive style.

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