Scottish Government Health Directorates Chief Scientist Office

FOCUS ON RESEARCH

*Improving Early Detection of **Colorectal** Cancer: the role of Candidacy*

Researchers
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Aim
To explore ideas about 'candidacy' or risk for illness and consider if this is important when cancer patients appraise their symptoms or individuals decide whether to take part in bowel cancer screening.

Project Outline/Methodology
The study had two main phases. The first re-analysed data collected in an earlier study of colorectal cancer patients. In this analysis we paid particular attention to how cancer patients talked about risk and appraised their symptoms prior to cancer diagnosis. The second phase involved a series of interviews with individuals that had been invited to take part in the Scottish Bowel Screening Programme. We wanted to interview those who had decided not to screen, as well as those who had.

Key Results

Before diagnosis most cancer patients had not considered their risk of colorectal cancer. Understandably, the diagnosis came as a shock and some patients were clear that they didn't fit the risk profile. Others however, reflected on their lifestle, family history or age and re-evaluated their risk accordingly. The majority of patients had typical bowel cancer symptoms, most notably rectal bleeding but a small number presented with unusual symptoms. Patients describe a process of symptom appraisal which began with mild or vague symptoms, which one patient described as a 'nuisance'. Few felt motivated to seek help immediately but as symptoms progressed or became more alarming seeking medical advice became important. It was clear that patients did not feel that the symptoms they were experiencing were serious enough to be cancer. They expected a serious illness like cancer to present in a serious manner.

In the second phase we found that neither screeners or non-screeners had a clear idea of the risk factors associated with colorectal cancer and therefore struggled to settle on a 'candidate' for the illness. Most thought that anyone could get colorectal cancer, although many offered examples cancer patients who they felt were not at risk prior to diagnosis. For screeners such anolomalies often emphasied the importance of early detection and screening. For non-screeners such cases often confirmed their notion that cancer was a lucky dip. People decide not to screen for a number of reasons including the presence of other illnesses, including bowel conditions/problems. While screeners and non-screeners alike felt that early detection was important and advances had been made in the treatment of cancer, screeners had more positive examples to draw on from their families and social networks while non-screeners had slightly more negative experiences and attitudes.

Conclusions
Neither cancer patients nor those invited to the bowel screening programme have a fixed notion of candidacy for colorectal cancer. Instead luck is commonly offered as an explanation of why some pople get cancer and others do not. Symptoms are not appraised in the context of risk and, for the most part, neither are screening decisions.

What does this study add to the field?
This is one of the largest qualitative studies of bowel screening participation that includes equal numbers of non-screeners. It shows that there are varied reasons for not screening.

Implications for Practice or Policy

Access to information on reasons for not screening will allow the development of targetted interventions that improve screening uptake.

Where to next?
Tailored and targeted interventions/materials should be co-produced with non-screeners to increase informed screening uptake.

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