

## **BOWEL SCREENING HELPS TO DETECT EARLY CANCERS BEFORE THEY HAVE THE POWER TO KILL**

Bowel screening is detecting more cancers when they are less mature and have less aggressive biological characteristics according to new research\* presented at the NCRI Cancer Conference in Liverpool this week.

The research shows that screening is not only able to pick up more early stage bowel cancer but also that more patients whose cancer is picked up via screening were found to have fewer of the characteristics which make it more likely to have spread. This includes when the tumour grows into blood vessels in the patients tissue surrounding the tumour, making it more likely to go on to spread.

Doctors from the University of Glasgow examined 394 bowel cancer patients in Scotland, 288 whose cancer was diagnosed through screening compared with 106 whose cancer was not detected through screening.

They found that patients diagnosed through screening were more likely to be younger, have earlier stage disease, were less likely to be anaemic and were less likely to have the biological characteristics that give tumours the power to spread.

In particular, patients were also less likely to have high levels of inflammation in their blood (modified Glasgow Prognostic Score). A raised modified Glasgow Prognostic Score is a feature that has recently been shown to predict poorer outcome following a diagnosis of bowel cancer.

Dr David Mansouri, study author and Clinical Research Fellow at the University of Glasgow, said: "Our new study tells us that as well as the bowel cancers being picked up through screening being less likely to have spread by the time they are diagnosed, there were also more patients with features that may increase the chances of survival. It adds to what we already know about the benefits of bowel screening and shows there may well be other advantages to screening. The next step will be to repeat our work with a larger number of patients."

Dr Jane Cope, director of the NCRI, said: "Deaths from bowel cancer are still very high in the UK – more than 16,000 a year – and only around half of patients survive their disease for more than ten years. But we also know that when bowel cancer is found at the earliest stage, there is an excellent chance of survival and more than 90 per cent of people survive at least five years. So early diagnosis is crucial, and it's important we find out as much we can about the disease so that more lives can be saved."

Bowel cancer is the third most common cancer with more than 41,000 people diagnosed with the disease each year.

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### **ENDS**

**For media enquiries please contact Laura Dibb in the NCRI press office on 020 3469 8300 or, out-of-hours, the duty press officer on 07050 264 059.**

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### **Notes to Editors:**

- \*Please follow this link for the conference abstract <http://www.ncri.org.uk/ncriconference/2012abstracts/abstracts/A19.html>

### **About the NCRI Cancer Conference**

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's major forum for showcasing the best British and international cancer research. The Conference offers unique opportunities for networking and sharing knowledge by bringing together world-leading experts from all cancer research disciplines. The eighth annual NCRI Cancer Conference is taking place from 4–7 November 2012 at the BT Convention Centre in Liverpool. For more information visit [www.ncri.org.uk/ncriconference](http://www.ncri.org.uk/ncriconference)

### **About the NCRI**

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry which promotes co-operation in cancer research among the 22 member organisations for the benefit of patients, the public and the scientific community. For more information visit [www.ncri.org.uk](http://www.ncri.org.uk)

**NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with CANCER UK; Department of Health; Economic and Social Research Council; Leukaemia & Lymphoma Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Prostate Cancer UK; Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; The Wellcome Trust; Welsh Government (National Institute for Social Care and Health Research); and Yorkshire Cancer Research.**

**[www.ncri.org.uk/ncriconference](http://www.ncri.org.uk/ncriconference)**

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