01 June 2018

Imelda Munster, TD

Email: Imelda.Munster@oireachtas.ie

PQ Number: 22403/18

PQ Question: To ask the Minister for Health the acceptable level of error in the BowelScreen programme

Dear Deputy,

I refer to the above Parliamentary Question regarding the "acceptable level of error" in the BowelScreen programme.

Screening aims to detect the presence of cancer of pre-cancerous polyps in asymptomatic populations. As a screening test is not diagnostic, it cannot always detect these changes.

BowelScreen's primary screening tool is the faecal immunochemical test (FIT) which is a screening test and not diagnostic in nature. It looks for traces of hidden blood in stool. Like any other screening test in the world, bowel screening has its limitations. Despite this, bowel screening is one of the most effective ways of preventing bowel cancer which is the second most common cancer in both men and women in Ireland. Results from the first round of BowelScreen would suggest it is highly effective.

FIT uses an automated analytical platform to search for tiny amounts of blood in the sample, which might indicate the presence of cancer or polyps that could develop into bowel cancer over time. As the FIT is automated, it does not rely on subjective interpretation such as cytology or mammography. The results are a measure of blood in the sample and classified as a positive or normal FIT. The laboratory carrying out the FIT has robust internal and external quality assurance processes and thus the test will provide a positive or negative result depending on the presence or absence of blood and the sensitivity at which the test is set. This sensitivity used by BowelScreen is similar to many other international FIT screening programmes. By virtue of this fact, interval cancers will occur as with every such screening programme, hence the advice to repeat FIT screening every two years.

There are a range of quality assurance measures in place in the BowelScreen programme, set out in Guidelines for Quality Assurance in Colorectal Screening, which were last updated following international peer review in November 2017. At a screening level, there are a range of Key Performance Indicators in place, including the analysis of the FIT as outlined above. At a hospital level, there is continuous auditing of individual performances of endoscopists who carry out colonoscopies for BowelScreen.

A Quality Assurance Committee oversees these measures and is responsible for the continuing oversight of quality within the Programme. The Committee consists of a multidisciplinary team of experts, drawn from the fields of endoscopy, radiology, histopathology, surgery and programme operation and administration. The committee's purpose is to review the international standards, recommend best practice and monitor and support adherence of the standards by service providers.

In addition, the Terms of Reference of the Scoping Inquiry led by Dr Gabriel Scally includes "examining the other screening programmes operated by the National Screening Service particularly in relation to quality assurance and clinical audit, open disclosure and governance". The outcome of Dr Scally's Inquiry will therefore inform the further development of the BowelScreen programme.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely

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