Do the UK public realise that colorectal cancer is a common cancer?

doi:10.1111/j.1463-1318.2010.02489.x

Dear Sir,

Colorectal cancer (CRC) is one of the top three most commonly diagnosed cancers among women and men. However, it is widely acknowledged that it receives less attention than other cancers. Breast cancer gets the most public attention because of its high incidence and iconic status [1]. Lung cancer attracts attention because of its established link with smoking [2], and prostate cancer is sometimes presented as the neglected 'male equivalent' of breast cancer [3].

Recognition of the high incidence of CRC is particularly important in the UK because the new national screening programme based on biennial Faecal Occult Blood (FOB) Testing has recently been introduced. In the first 28 months of the screening programme, uptake in England was only around 55% (von Wagner C, Baio G, Raine R, Snowball J, Morris S, Atkin W, Obichere A, Handley G, Logan R, Rainbow S, Smith S, Halloran S, Wardle J, submitted). This contrasts with uptake of around 74% in breast screening [4] and 80% in cervical screening [5]. Lack of awareness of CRC's high prevalence may contribute to low uptake of CRC screening [6,7]. One study has demonstrated that informing people that CRC is common and often asymptomatic can lead to increased awareness of risk and a decision to be screened in up to 50% of those who had initially declined the test [8]. Awareness that CRC is a common cancer has been found to be low in several studies using a recognition-based methodology [9–11], and may be even lower if measured using open recall questions [12].

We report findings from research using a population-based UK sample investigating awareness of the high incidence of CRC using an open response format. Data were collected as part of the Office for National Statistics (ONS) Opinions Survey in September and October 2008. This uses stratified random probability sampling and a computer-assisted, face-to-face interview. Respondents were asked about common male and female cancers using the following questions: 'What do you think is the most [then second then third most] common cancer in women [men]'. Both men and women were asked the questions for both sexes. Responses were recorded verbatim. Of 3652 households invited to participate, interviews were completed with one person from each of 2216 households (61% response rate), of whom 2208 (968 males and 1240 females) completed the questions on common cancers (99.6%).

Awareness that CRC is a common female cancer was extremely low (16%), with men less likely to identify it as a common female cancer (12%) than women (20%). Older respondents were more likely to name CRC as a common female cancer than younger respondents (22% at ≥ 65 years *vs* 9% at 16–24). There were no other demographic differences. Awareness that CRC is a common male cancer was higher (40%). Again, women had higher awareness than men (43% *vs* 36%) and the youngest respondents were the least likely to name CRC as one of the top three (19% at age 16–24). Awareness was higher in respondents who were married and from higher socioeconomic and white ethnic backgrounds.

The most frequently reported female cancers (in any order) were: breast cancer (94%), cervical cancer (60%) and lung cancer (34%) (Fig. 1). The fourth and fifth most frequently mentioned cancers were ovarian cancer (19%) and skin cancer (18%). CRC, named by 16% of respondents, was sixth in the list. The most frequently reported male cancer was lung (70%), followed by prostate (65%) and CRC (40%). However, 29% of respondents identified testicular cancer as being in the top three, and 13% identified skin cancer (see Fig. 2).

As far as we are aware, this is the first population-based study assessing awareness of CRC in relation to other common cancers in which respondents were simply asked to name common cancers. The results show that the British are largely unaware of the high incidence of CRC, and significantly less aware than they are of the other 'top three' cancers. Over 80% of respondents failed to identify CRC as being among the top three female cancers and 60% failed to identify it as a common male cancer. Although awareness was somewhat higher in older age groups, who are the target for CRC screening, it was still relatively low, despite information being available in the leaflet that accompanies the screening invitation.

Lack of public awareness of CRC might be partly due to media under-reporting relative to the disease burden. The media prefers to focus on positive cancer stories, and with relatively high mortality, CRC performs poorly. CRC may also be associated with embarrassment because of difficulties with discussing a private body area and its functioning [13], which could contribute to low levels of media coverage. However, the new UK government's commitment to CRC screening, including the introduction of flexible sigmoidoscopy screening (based on evidence from

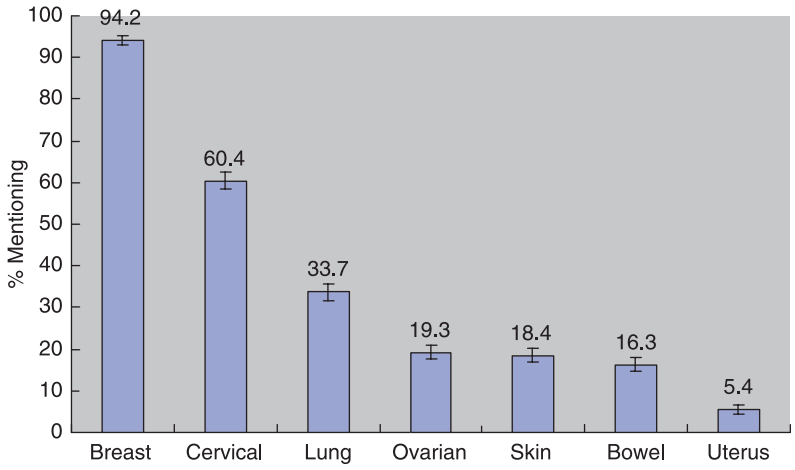

Figure 1 Female cancers perceived to be in the top three (95% confidence intervals).

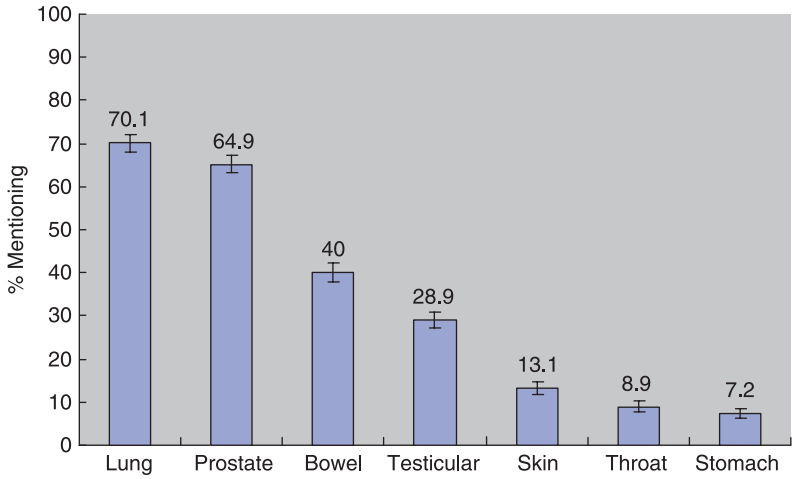

Figure 2 Male cancers perceived to be in the top three (95% confidence intervals).

the UK Flexible Sigmoidoscopy Trial showing a 33% reduction in incidence and a 43% reduction in mortality [14]), may increase media attention.

Media reports also tend to focus on gender-specific cancers, sometimes portraying cancer as a threat to either femininity or masculinity [15]. In our research, cervical, ovarian and testicular cancer were all mentioned as common cancers despite having much lower incidence than CRC or lung cancer.

One of the strengths of this research was the use of a population-representative sample, which increases the generalizability of the results. The use of an open question about common cancers has the advantage of addressing what people ordinarily mean by knowledge (i.e. can people bring the answer to the question to mind). However, open questions tend to produce a lower proportion of correct answers than closed-questions [12], and the quantitative methodology meant that responses could not be explored in any detail.

To conclude, British adults have very low awareness of the risk of CRC, particularly as a female cancer, with cervical, ovarian and skin cancer all perceived to be more common. Improving knowledge about CRC could facilitate screening attendance and promote timely help-seeking in the event of symptoms.

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Received 19 October 2010; accepted 21 October 2010; Accepted Article online 5 November 2010

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Response to: Adieu to Henri Hartmann? E Myers & D C Winter

doi:10.1111/j.1463-1318.2010.02524.x

Dear Sir,

I read the leading article 'Adieu to Henri Hartmann' with interest and Messrs Myers and Winter have tried to give the impression in their article that Hartmann's is an old procedure, should be used very sparingly and in this day and age is probably not required in most cases. I would argue against this.

In their own article they have questioned the feasibility of laparoscopic lavage in those patients who have cardiovascular and renal dysfunction, patients with comorbid conditions such as diabetes, malnutrition and respiratory impairment, and immuno-suppressed patients. They have also alluded to the nonfeasibility of laparoscopic lavage and other procedures when the patient has faecal peritonitis. These exclusions will leave a very small number of patients suitable for laparoscopic lavage, who might not require surgery anyway and would settle on antibiotics alone. They should conclude from this article that Hartmann's procedure is still a very useful and safe procedure that has stood the test of time, but that other options are available and should be considered. The old saying 'do what the patient can withstand and not what the surgeon can do' would apply extremely well in these circumstances.

Rather than saying 'Adieu to Henri Hartmann' may I suggest it should be 'Vous êtes toujours le bienvenu Monsigneur Hartmann!'

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Received 28 October 2010; accepted 4 November 2010; Accepted Article online 29 November 2010

Minimal anatomical disruption in stoma formation: the lateral rectus abdominis positional stoma (LRAPS) – response to Stephenson *et al.*

doi:10.1111/j.1463-1318.2010.02525.x

Dear Sir,

We read with interest the technical note by Stephenson *et al.* [1] that seeks to find a novel solution to the difficult problem of how to prevent parastomal herniation. We find it is especially pertinent in light of the literature review published in the same edition of Colorectal Disease by Shabbir and Britton [2]. This review highlighted that there is no consensus in the literature as to the best technique to form a stoma to prevent parastomal herniation. Some units prefer to bring a stoma out through the rectus muscle, while others have used other approaches [3]. Stephenson *et al.* [1] describe a technique where the lateral rectus abdominis muscle is