

# Bowel Cancer Screening Community Session: 16 April, 2024

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## Background

The National Institute for Health and Social Care Research (NIHR) currently funds 20 Biomedical Research Centres (BRCs) across England. These are collaborations between world-leading universities and NHS organisations that bring together academics and clinicians to translate lab-based scientific breakthroughs into potential new treatments, diagnostics, and medical technologies. The Imperial BRC is a collaboration between Imperial College, London and Imperial College Healthcare NHS Trust (ICHT) and is currently funded until November 2027. It has 14 research themes, four of which are cross cutting.

The Imperial Patient Experience Research Centre (PERC) is a core facility of the Imperial BRC undertaking research on research and supporting Imperial BRC researchers to undertake public involvement and engagement in research.

PERC recognises that involving a diverse range of patients and members of the public in research is essential for ensuring that research is relevant, meaningful, and useful for improving healthcare experiences and outcomes for all. PERC is seeking to establish relationships with under-represented and under-served communities in North West London to engage a more diverse range of patients and members of the public in research. By working closely with these communities, PERC seeks to ensure that research is tailored to their specific needs and priorities, and that their voices are heard in healthcare decision-making.

## Approach and purpose

EKTA Community is a mental health support group located in Harrow, catering to individuals aged 55 and above. Run entirely by a dedicated committee of volunteers, the group hosts bi-weekly social events featuring activities like yoga and painting. EKTA convenes monthly gatherings, complete with lunch, where members can enjoy informative sessions covering a wide range of topics, from health-related matters to finance and energy management. The group's mission is to offer assistance to South Indian mental health service users residing in Harrow. With a membership of 80 individuals, predominantly elderly residents of Harrow, EKTA plays a crucial role in providing a sense of community, facilitating knowledge exchange, and offering support to combat issues such as loneliness among its members.

In facilitating a previous session with EKTA, feedback forms were utilized to gather insights on the community's interests in healthcare topics. These forms aimed to understand their preferences and the areas of health research they wished to explore further. After reviewing feedback and consulting community leaders, the decision was made to focus the next session on bowel cancer screening. This choice was informed by insights from the previous session led by Shreyas Bhatt from [Professor Gary Frost's](#) research group at Imperial College London's BRC, which explored the impact of the Gujarati diet on health.

Andrew Prentice, the Health Improvement Principal at St. Mark's Bowel Cancer Screening Centre, located within St. Mark's Hospital, was selected as the speaker. Managed by the London North West University Healthcare NHS Trust, St. Mark's Hospital holds a unique distinction as the world's only institution dedicated entirely to intestinal and colorectal medicine. Serving as a national and international referral centre for intestinal and colorectal disorders, it plays a crucial role in advancing medical treatment in this specialized field. Recognized as a centre of excellence by the World Organization of Digestive Endoscopy, St. Mark's is one of only 14 such institutions globally and the sole hospital in the UK. Furthermore, St. Mark's Hospital maintains a close partnership with Imperial

College London, serving as a significant centre for teaching and research in the field of intestinal and colorectal medicine.

Dr. [Rhea Harewood](#), a cancer epidemiologist and Postdoctoral Research Fellow in the Department of Surgery and Cancer at the Imperial BRC, also attended. Her research focused on aetiologic studies that explored the relationships between metabolites, clinical factors, and lifestyle choices in relation to colorectal cancer risk. Before her current position, Dr. Harewood had completed a postdoctoral fellowship at the International Agency for Research on Cancer in Lyon, France. She had also dedicated several years to research at the London School of Hygiene and Tropical Medicine (LSHTM), investigating factors contributing to inequality in cancer survival rates.

### Session overview

The session took place on Tuesday 16<sup>th</sup> of April 2024, from 11 am to 2 pm at a community hub used by EKTA. The session covered bowel cancer screening. Attendees gained insights into:

- facts
- symptoms
- risks
- barriers
- prevention

During the session, a range of aspects related to bowel cancer were covered. It began with an overview of current bowel cancer statistics, including incidence rates, mortality rates, and demographic trends. It then delved into the signs and symptoms associated with bowel cancer, such as changes in bowel habits, rectal bleeding, abdominal pain, and unexplained weight loss. Additionally, the various risk factors contributing to the development of bowel cancer were explored, including age, family history, diet, lifestyle factors (such as smoking and alcohol consumption), and underlying medical conditions (such as inflammatory bowel disease).

The NHS bowel screening programme was highlighted, outlining its purpose, target population, screening methods (such as the faecal immunochemical test), and screening frequency. Strategies for improving prevention and early diagnosis, barriers to screening participation (such as lack of awareness and logistical challenges), and the importance of screening as a preventive measure were also discussed. The session concluded with a demonstration of the faecal immunochemical test (FIT), particularly including its accuracy and advantages over traditional screening methods. Following the presentation there was a Q&A session.

The session concluded with an introduction to Dr. Harewood and her research, which focused on aetiologic studies investigating the relationships between metabolites, clinical factors, and lifestyle choices in relation to colorectal cancer risk.

### Attendee recruitment

The session was advertised through internal communications within the EKTA group, primarily via email and WhatsApp. The email announcement provided a detailed overview of the upcoming session, featuring Andrew Prentice from St. Mark's Hospital as the guest speaker focusing on bowel cancer screening. Attendees were informed about the topics to be covered, including the importance of early detection, understanding screening methods such as the FIT, and accessing local resources for bowel cancer prevention and diagnosis. The email underscored the significance of proactive screening for bowel cancer, emphasising the potential for early detection and improved outcomes.

## Outcome of Session

### Attendee numbers

48 members of the public, primarily from the Harrow area and belonging to the EKTA community group attended the session. For detailed demographic information about these attendees who also provided feedback, please refer to **Appendix 3**. Additionally, pictures of the event can be seen in **Appendix 4**.

### Feedback on the session

Following the session, attendees were requested to provide feedback by completing a handwritten form (see **Appendix 1**). A total of 38 feedback forms were completed, the summarised contents of which are provided with further details available in **Appendix 2**.

### Promoting the Imperial BRC and widening the reach of Imperial BRC community engagement

Those interested in staying informed about further public involvement and engagement opportunities associated with the Imperial BRC were encouraged to sign up to PERC's mailing list. Dr Harewood, a BRC-funded researcher, has established a rapport with the community and was welcomed back for future discussions or research collaborations. This relationship is founded on reciprocity and trust, emphasizing mutual benefit and ongoing engagement.

### Raising awareness of bowel cancer screening

In the feedback forms, 80% of attendees rated the event as 'Excellent,' while 20% rated it as 'Good.'

The most common key highlights were as follows:

- **Bowel Cancer Screening:** Attendees highlighted the importance of bowel cancer screening, stressing the need for regular testing and the availability of new testing kits. They also noted the importance of early detection and the benefits of screening in preventing bowel cancer.
- **Understanding Bowel Cancer and Screening Methods:** Attendees appreciated the informative content regarding bowel cancer, including explanations of the disease and screening methods such as the FIT test. They also valued the clarity in understanding what a colonoscopy entails.
- **Informative and Accessible Content:** Attendees found the session highly informative, with straightforward explanations and easily understandable information about bowel cancer screening. They also commended the use of photos and diagrams to enhance comprehension. The importance of attending regular screening appointments was noted.

The most popular healthcare topics for future sessions were:

- Breast Cancer
- Cardiovascular Health
- Arthritis

Please see **Appendix 2** for more detailed information.

Appendix 1: Feedback form

Imperial College London

**FEEDBACK FORM -  
Bowel Cancer session - 16th  
April 2024**

1. How would you rate your experience at this event? (please circle)

Very bad    Bad    Average    Good    Excellent

2. What was the key highlight from this session?

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3. What other healthcare topics would you like to hear about at future sessions?

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**I am also happy to share my...**

age...	No, thanks <input type="checkbox"/>	Sure, it's: <input type="text"/>
ethnicity...	No, thanks <input type="checkbox"/>	Sure, it's: <input type="text"/>
gender...	No, thanks <input type="checkbox"/>	Sure, it's: <input type="text"/>
postcode... (first section only)	No, thanks <input type="checkbox"/>	Sure, it's: <input type="text"/>

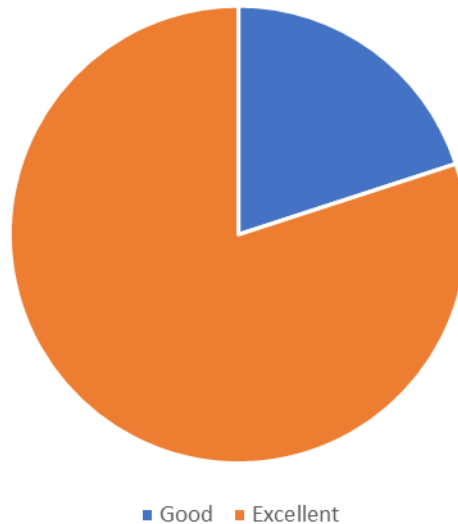
Interested in hearing about future opportunities to hear about healthcare topics? Ask us how!

## Appendix 2: Attendee feedback

The session was attended by 48 members of the public of which 38 completed feedback forms (N=38).

### How would you rate your experience at this event?

Out of the 38 feedback forms returned, 74% (n=28/38) rated the event as "Excellent," while 18% (n=7/38) rated it as "Good."



### What was the key highlight from this session?

The key highlight from the session was the importance of bowel cancer screening for early detection and prevention. Other highlights were:

- Introduction of a new testing kit and the option for self-referral after the age of 74.
- Emphasis on the prevention of bowel cancer through regular screening.
- Importance stressed on testing regularly for early detection.
- Clear and informative explanation provided about bowel cancer.
- Recognition of the association between red meat consumption and bowel cancer.
- Encouragement to attend colonoscopy appointments for screening.
- Significance of screening reiterated throughout.
- Mention of the importance of fibre in the diet for bowel health.
- Positive feedback received on the session's informativeness.
- Increased understanding gained about colonoscopy procedures.
- Introduction and explanation of the FIT Test for early detection.
- Information about the benefits of early screening highlighted.
- Attendees expressing intent to ask their doctor for a referral.
- Helpfulness of photos and diagrams in understanding screening.
- Emphasis on having regular screening appointments.

What other healthcare topics would you like to hear about at the future sessions?

**Breast Cancer:**

- Breast health
- Mammograms
- Breast cancer risk factors
- Breast cancer treatment options

**Cardiovascular Health:**

- Heart health
- Stroke prevention
- Cholesterol management
- High blood pressure control

**Oral Health:**

- Dental hygiene
- Gum disease prevention
- Oral cancer screening
- Oral health and overall well-being

**Diabetes 2:**

- Type 2 diabetes management
- Blood sugar monitoring
- Diabetes-friendly diet
- Exercise for diabetes control

**Relationship between Food and Cancer:**

- Cancer prevention through diet
- Anti-cancer foods
- Role of nutrition in cancer treatment
- Healthy eating habits for cancer survivors

**Constipation:**

- Causes of constipation
- Dietary solutions for constipation
- Lifestyle changes to relieve constipation
- Medical treatments for chronic constipation

**Liver Endocrine System:**

- Liver health
- Hormonal balance
- Endocrine disorders affecting the liver
- Lifestyle tips for liver health

**Panic Attacks:**

- Understanding panic disorder
- Coping strategies during panic attacks
- Relaxation techniques for anxiety
- Seeking professional help for panic disorder

**Arthritis:**

- Types of arthritis
- Joint pain management
- Exercise for arthritis relief
- Assistive devices for arthritis sufferers

**Depression:**

- Exercise for mental health and well-being

**Dementia, Loneliness:**

- Dementia prevention strategies
- Coping with loneliness in dementia patients
- Social engagement for dementia patients
- Support resources for caregivers of dementia patients

**Asthma:**

- Asthma triggers and prevention
- Asthma management techniques
- Inhaler use and technique
- Emergency action plan for asthma attacks

**Sleep:**

- Sleep hygiene tips
- Impact of sleep on digestive health
- Managing constipation-related sleep disturbances
- Creating a bedtime routine for better sleep quality

**Kidney Disease:**

- Kidney health in cardiovascular disease
- Managing kidney disease risk factors
- Diet and lifestyle for kidney health
- Early detection and treatment of kidney disease in heart patients



### Appendix 3: Attendee demographics

**Table 1: Demographic characteristics provided in feedback forms (N=38)**

<b>Characteristics</b>	<b>n(%)</b>
<b>Age (in years)</b>	
Mean (range)	
<b>Age groups (in years)</b>	72.5
50-55	0
55-65	4(11%)
66-74	6(16%)
75-84	5(14%)
Prefer not to say	22(59%)
<b>Gender</b>	
Female	13(35%)
Male	12(32%)
Prefer not to say	12(32%)
<b>Ethnic group</b>	
Indian	34(92%)
Prefer not to say	3(8%)
<b>Postcode (first section only)</b>	
HA1	2 (5%)
HA2	5(14%)
HA3	7(19%)
HA5	1(3%)
HA7	2(5%)
HA8	3(8%)
NW9	1(3%)
UB8	1(3%)

Appendix 4: Photos

This is a selection of photos taken at the bowel cancer screening on the 16<sup>th</sup> of April 20



