Following a review of the evidence the UK NSC recommends:

- FIT (faecal immunochemical testing) offered at 50 to 74 years at as low a threshold as possible (down to FIT20); this will need to start at a manageable threshold but the aspiration would be to drive the threshold down with time
- commissioning research into combinations of FIT and FS (flexible sigmoidoscopy)

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the fourth most common cancer in the UK, and the second leading cause of cancer deaths, with up to 16,000 people dying each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by over 16%, with new treatments increasing survival rates. The risk of developing bowel cancer increases with age. Eight out of 10 people who are diagnosed with bowel cancer are over 60.

Key findings supporting the UK NSC recommendation

There is robust evidence from high quality scientific studies (randomised controlled trials (RCTs)) of guaiac biennial faecal occult blood test (gFOBt) screening and one-off flexible sigmoidoscopy (FS) screening that both reduce colorectal cancer (CRC) mortality and that FS also reduces incidence.

The School of Health and Related Research (ScHARR) were commissioned to produce a disease and cost model exploring the options for the best combination of FS and FIT.

There is good evidence that very sensitive FIT will find and prevent more cancers but limited evidence of whether using FIT alone or using FIT with FS will find and prevent more cancers. So the committee recommend carrying out research into combinations of FIT and FS.

The UK NSC regularly reviews its recommendations on screening for different conditions in the light of new research evidence becoming available.

To find out more about the UK NSC's bowel cancer screening recommendation, please visit:

https://legacyscreening.phe.org.uk/bowelcancer