

UK National Screening Committee (UK NSC)

Screening for stomach cancer in adults

Date: 5 March 2021

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Aim

 To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for stomach cancer meets the UK NSC criteria for a systematic population screening programme.

Current Recommendation

- 2. The 2016 review of screening for stomach cancer concluded that systematic population screening is not recommended. This was because:
 - a. The evidence at the time did not identify a screening and treatment strategy that was appropriate for use in the UK.

Evidence map and evidence summary

3. The 2016 review focused on stomach cancer associated with infections caused by *Helicobacter pylori (H. pylori)*. However, in recent years levels of stomach cancer due to H pylori in the UK have decreased raising questions on the current epidemiology of the condition in the UK. Therefore, the



conclusions drawn by the 2016 UK NSC review may no longer be applicable. Consequently, it was agreed to concentrate the attention of this review update on the epidemiology of stomach cancer in the UK, and to perform an evidence map on the screening tests for stomach cancer (this has been prompted by recent evidence of an increase in diagnoses of cancers of the stomach cardia).

- 4. The 2021 evidence summary and evidence map addressed questions on the criteria addressing the natural history of the condition and the accuracy and validity of available screening tests.
- 5. The conclusion of the 2021 evidence summary and evidence map is that population screening for stomach cancer should not be recommended.
- 6. The evidence summary looking at the natural history of the condition in UK found evidence from 5 peer reviewed studies and 2 data reports. All the publications reported secondary analysis of national cancer registry data to determine the prevalence and/or incidence of people registered with an Disease Classification version 10 stomach cancer diagnosis in a complete year or period of years in the UK. The different publications reported incidence by different population characteristics and risk factors. Results extracted from the publications are similar to the findings of the previous UK N S C review in 2016 with the most important modifiable risk factor, *H.pylori* infection, continuing to account for around 40% of stomach cancer cases. When appraised the included studies were all high quality with no concerns about sample selection and estimation methods. There were concerns about the proportion of stomach cancers registered as 'unspecified' which means sub site specific trends (for example in cardia and non-cardia sub sites) are unreliable and difficult to interpret.
- 7. Early trends and future predictions of changes in the characteristics of the people who develop stomach cancer suggest that there will be a continued steep acceleration of people under 50 developing the condition over the next 20 years driven by exposure to risk factors other than *H.pylori*, such as being overweight or obese. There will also be a rise in stomach cancers in the age group 50 to 69 driven by similar factors to those in the younger age groups. It will be important to continue to monitor these changes by different population characteristics such as gender, age group, anatomical sub site, socioeconomic status and other risk factors in the future. **Criterion 1 is met**



- 8. The evidence map on the tests for population screening for stomach cancer found a single new study that met the inclusion criteria published since the last UK N S C evidence summary in 2016. There is considerable literature about outcomes of screening programmes in Asia in terms of improved survival and detecting cancers at an earlier stage but a dearth of studies about the performance of screening tests.
- 9. In summary, there is an insufficient volume of evidence in this key area to justify commissioning an evidence summary. **Criterion 4 is not met**
- 10. Refer to table A below for criteria

Consultation

- 11. A three month consultation from 4 December 2020 until 24 February 2021 was hosted on the UK NSC website. Direct emails were sent to 29 stakeholders. (Annex A)
- 12. Consultation responses were received from: the British Society of Gastroenterology (BSG), the Royal College of Nursing and the Royal College of Physicians. All responses are in agreement with the conclusion of the 2021 UK NSC review update that there is not enough evidence to support population screening programme for gastric cancer in the UK. The BSG also noted that the fall in incidence is something that most of the gastroenterologists have seen, and the potential significant upturn in cases in a younger age-group in the future is something that it is important to continue to monitor.

Recommendation

13. The Committee is asked to approve the following recommendation:

A systematic population screening for stomach cancer in adult is not recommended in the UK.



Criteria (only include criteria included in the review)	Met/Not Met			
Section 1 - Criteria for appraising the viability, effectiveness and appropriateness of a screening programme				
The Condition				
The condition should be an important health problem as judged by its frequency and/or severity. The epidemiology, incidence, prevalence and natural history of the condition should be understood, including development from latent to declared disease and/or there should be robust evidence about the association between the risk or disease marker and serious or treatable disease. (NSC criterion 1)	Met			
The Test				
There should be a simple, safe, precise and validated screening test. (NSC criterion 4)	Not met			

Annex A

- 1. Biohit Healthcare Ltd
- 2. The British Association for Cancer Research
- 3. British Association of Surgical Oncology
- 4. British Society of Gastroenterology
- 5. Cancer Research UK
- 6. Debbie's Dream Foundation (Curing Stomach cancer)
- 7. Faculty of Public Health
- 8. Gastric Cancer Foundation
- 9. Jane.Allberry DH Early Cancer Daignosis Lead
- 10. Macmillan
- 11. No Stomach for Cancer
- 12. Northern Ireland Cancer Network
- 13. Oesophageal Patients Association



- 14. Oxfordshire Oesophageal & Stomach Organisation
- 15. PHE adult screening programmes
- 16. Radiology: National Clinical Director for Diagnostics NHSE
- 17. Rarer Cancers Forum
- 18. Royal College of General Practitioners
- 19. Royal College of Nursing
- 20. Royal College of Pathologists
- 21. Royal College of Physicians
- 22. Royal College of Physicians and Surgeons of Glasgow
- 23. Royal College of Physicians of Edinburgh
- 24. Royal College of Radiologists
- 25. Royal College of Surgeons
- 26. Royal College of Surgeons of Edinburgh
- 27. Sean Duffy NHSE Clinical Director for Cancer
- 28. Society and College of Radiographers
- 29. Tim Elliot DH Early Cancer Diagnosis Lead



Annex B

Name:	Simone Cort on behalf of Dr Ian Beales		Email address:	xxxx xxxx			
Organisation (if appropriate): British Society of Gastroenterology		(BSG)					
Role:	BSG Secretariat on behalf of Dr Ian Beales, Chair, BSG Gastroduodenal Committee						
Do you consent to your name being published on the UK NSC website alongside your response? Yes							
	on and / or e number	Text	or issue to which comments relat		Comment se a new row for each comment and add extra rows red.		
			General	Overall, is not er for gastr has cha last revi am sure	I think the conclusions are valid. At present there nough evidence to support population screening tic cancer in the UK and really nothing significant nged literature-wise in the last 4 years since the ew. The overall fall in incidence is something, I all gastroenterologists have seen and the I significant upturn in cases in a younger age-		

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group in the future is something that requires continued review.
It looks like the Gastro panel was covered in the last review in 2016 and it does not seem there are new data on using this on a population scale. Any data produced from the Best3 (and related cyctosponge activities) trial on proximal gastric cancer (admittedly not designed specifically to address this question) will have been published after the literature review and will contain too small numbers of subjects to draw valid conclusions on.
I think the BSG, as a stakeholder, can support this position. The document does include a small statement from the BSG guidelines on atrophic gastritis about possible focused case-finding for highest risk individuals. That particular niche is outside the scope of this overall screening document.



xxxx xxxx; Nursing Department; Royal College of Nursing.

Dear Evidence team,

Our only comment on this consultation is as follows -

The recommendation that given the current limited evidence that national screening is not recommended and that there will not be a wider review sounds a sensible approach.

Do let me know if you have any queries.

Kind regards,

XXXX XXXX



Dear all

The RCP is grateful for the opportunity to respond to the above consultation.

We would like to endorse the response submitted by the British Society of Gastroenterology (BSG).

I would be grateful if you could confirm receipt.

Best wishes

xxxx xxxx | xxxx xxxx

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