

Cancer Awareness Measure 2022: Key Findings


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Reference: Cancer Research UK's Cancer Awareness Measure: Key Findings
(February 2022), unpublished data



Together we will beat cancer

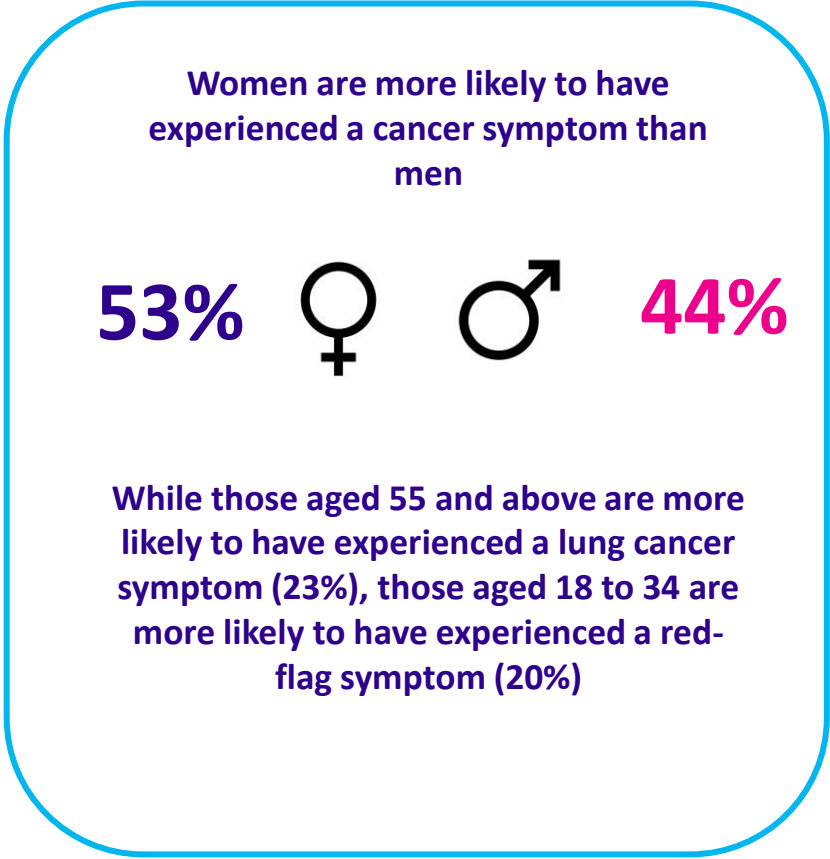
Background and methodology

- This report presents the findings from the 2022 Cancer Awareness Monitor survey. This is the second Monitor survey to be conducted by YouGov and where relevant results have been compared in the analysis
- Fieldwork was conducted via YouGov's online panel and the fieldwork dates for the 2022 survey were the 9th February to the 5th March 2022. Fieldwork for the 2021 survey was conducted between the 8th and 30th September 2021
- In total, 2,468 people completed the survey. The sample was boosted in Northern Ireland, North East England and among BAME respondents to allow for more robust analysis among the subgroups
- Results have been weighted by age, gender, social grade, region and ethnicity and are representative of all UK adults aged 18 and above
- Statistically significant differences have been marked with 

Symptoms experience and presentation

The proportion who experienced a lung cancer symptom has increased since 2021, driven by more experiencing a persistent cough or a change to an existing cough

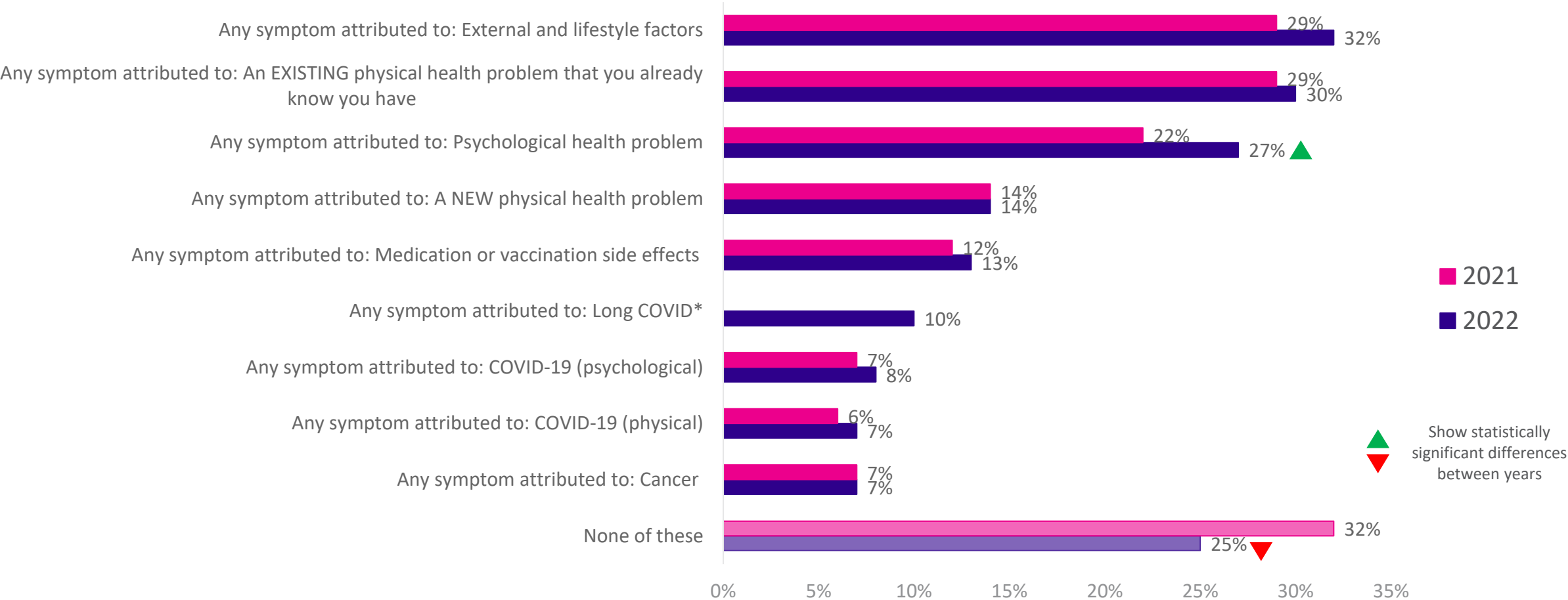
Symptoms	2021	2022
Any cancer symptom	46%	48%
Any non-specific cancer symptom	37%	39%
Any red-flag symptom	17%	18%
Any lung-specific cancer symptom	17%	19%
Any oral cancer symptom	*	14%



Q8. In the last 6 months, have you experienced any of the following health symptoms? Please select one answer per statement. All (2021: N=2,446; 2022: N=2,468)

More now attribute their symptoms to a psychological health problem than in 2021

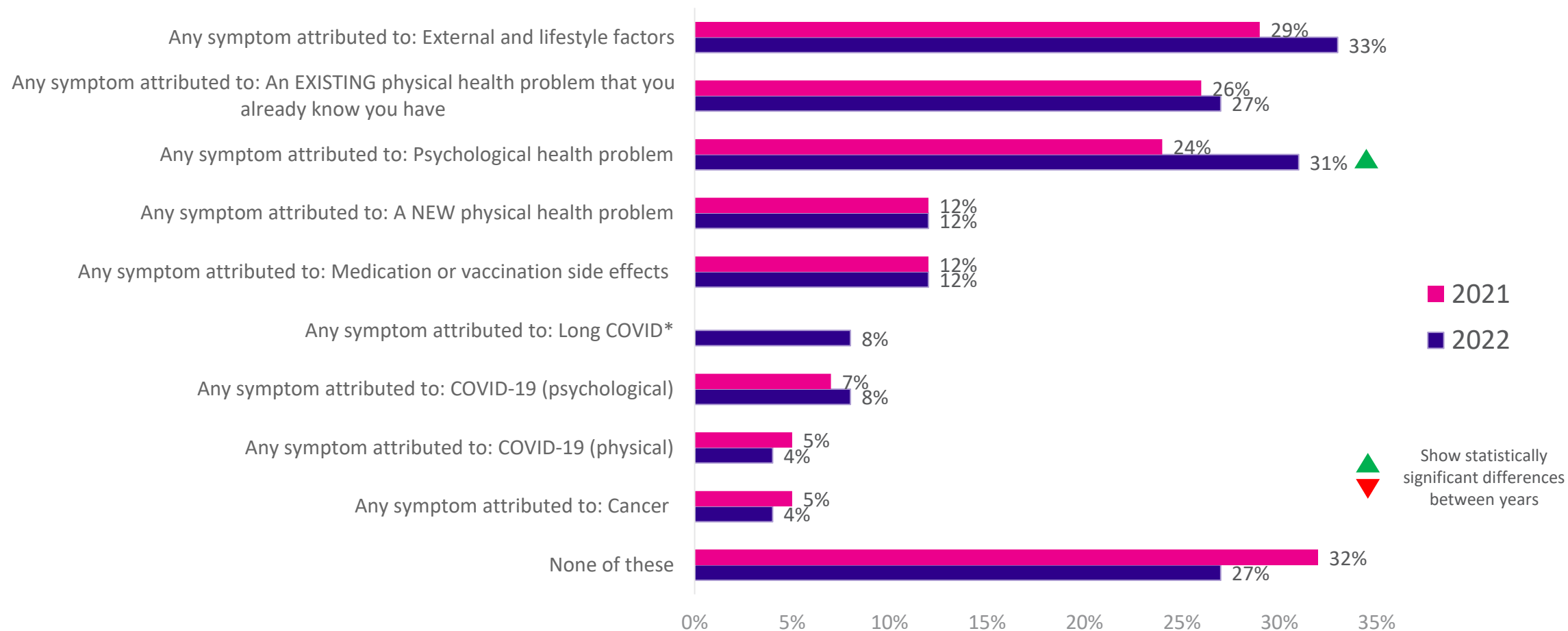
What respondents think are causing their symptoms
- Any cancer symptoms



Q14_rc1. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any cancer symptom (2021: N=1,159; 2022: N=1,230),
*Not asked in 2021

This is especially the case for non-specific cancer symptoms which almost a third attribute to a psychological health problem

What respondents think are causing their symptoms
- Any non-specific cancer symptoms

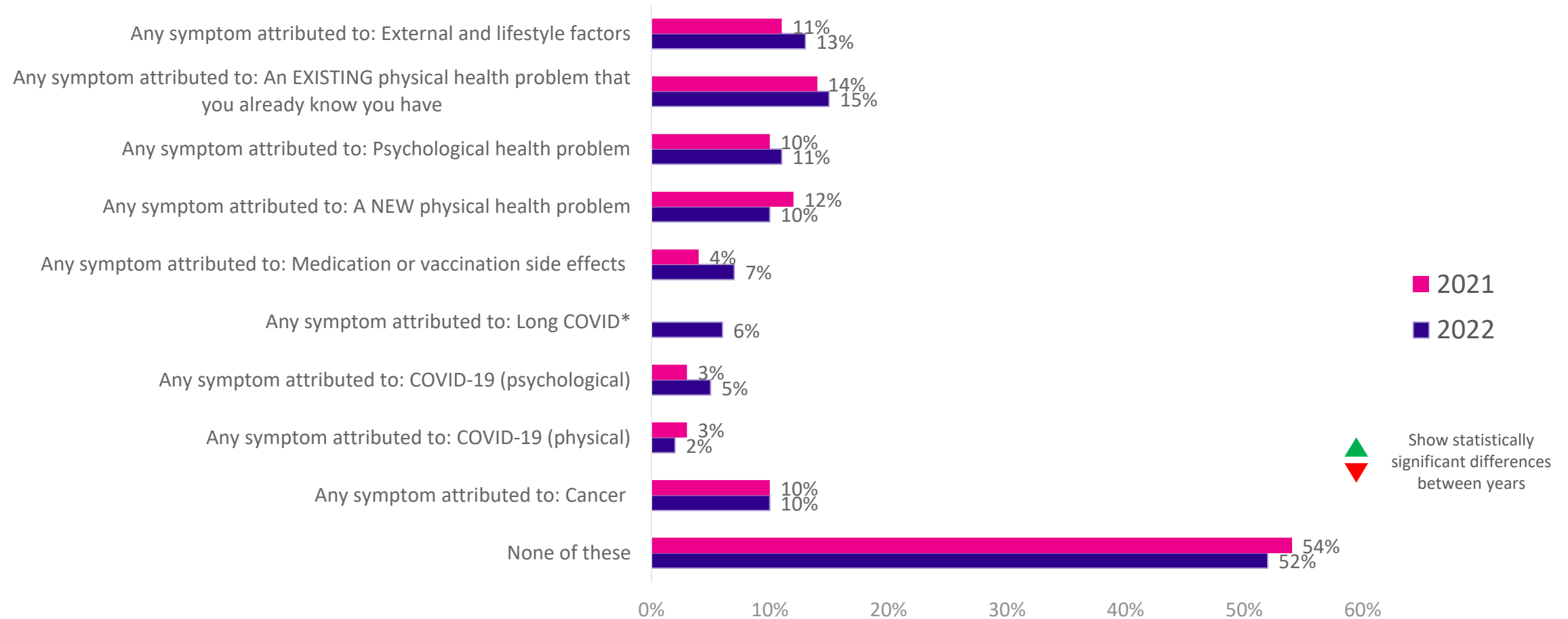


Q14_rc4. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any non-specific cancer symptom (2021: N=994; 2022: N=945),

*Not asked in 2021

Those with red flag symptoms are more likely to believe it is caused by cancer than those with any symptoms as a whole

What respondents think are causing their symptoms
- Any red flag cancer symptoms

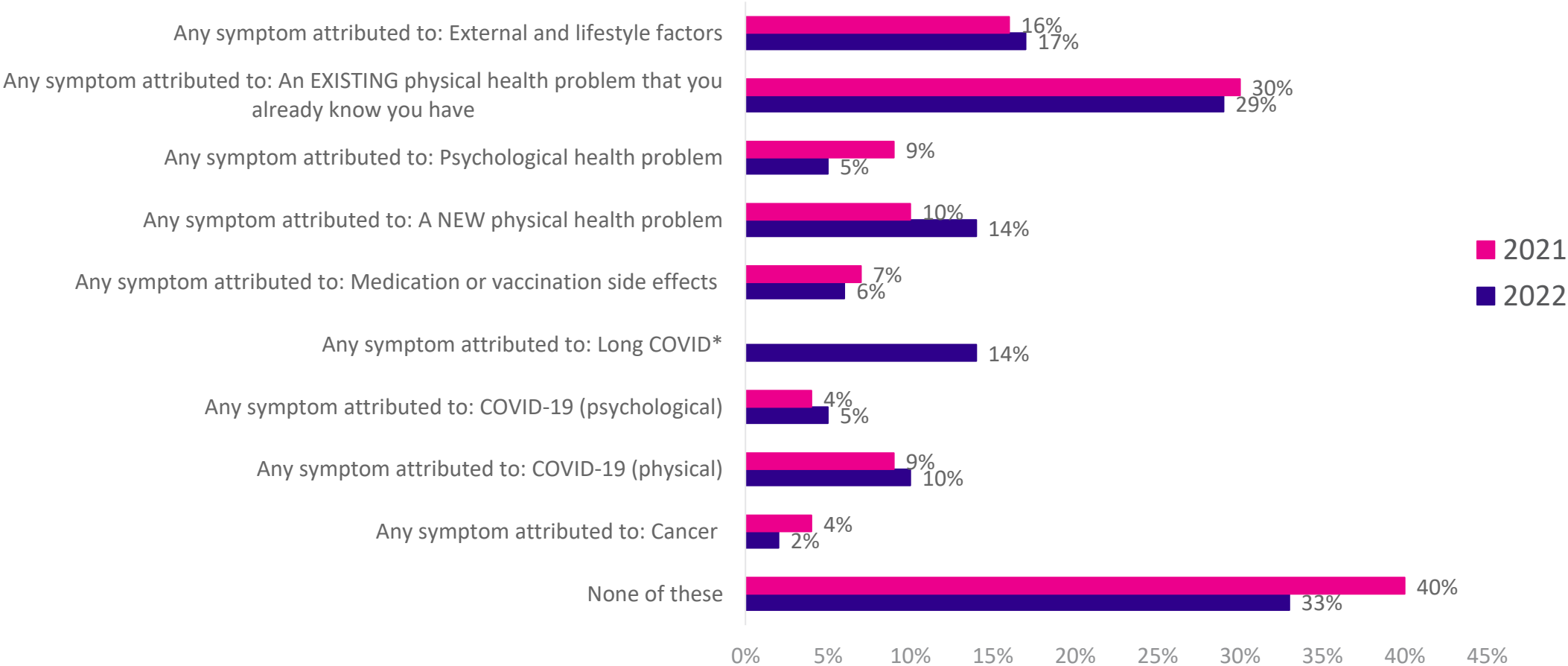


Q14_rc5. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any red flag cancer symptom (2021: N=443; 2022: N=443),

*Not asked in 2021

Only a tenth of those experiencing a lung cancer symptom believe it was caused by a physical reaction to COVID-19

What respondents think are causing their symptoms
- Any lung cancer symptoms

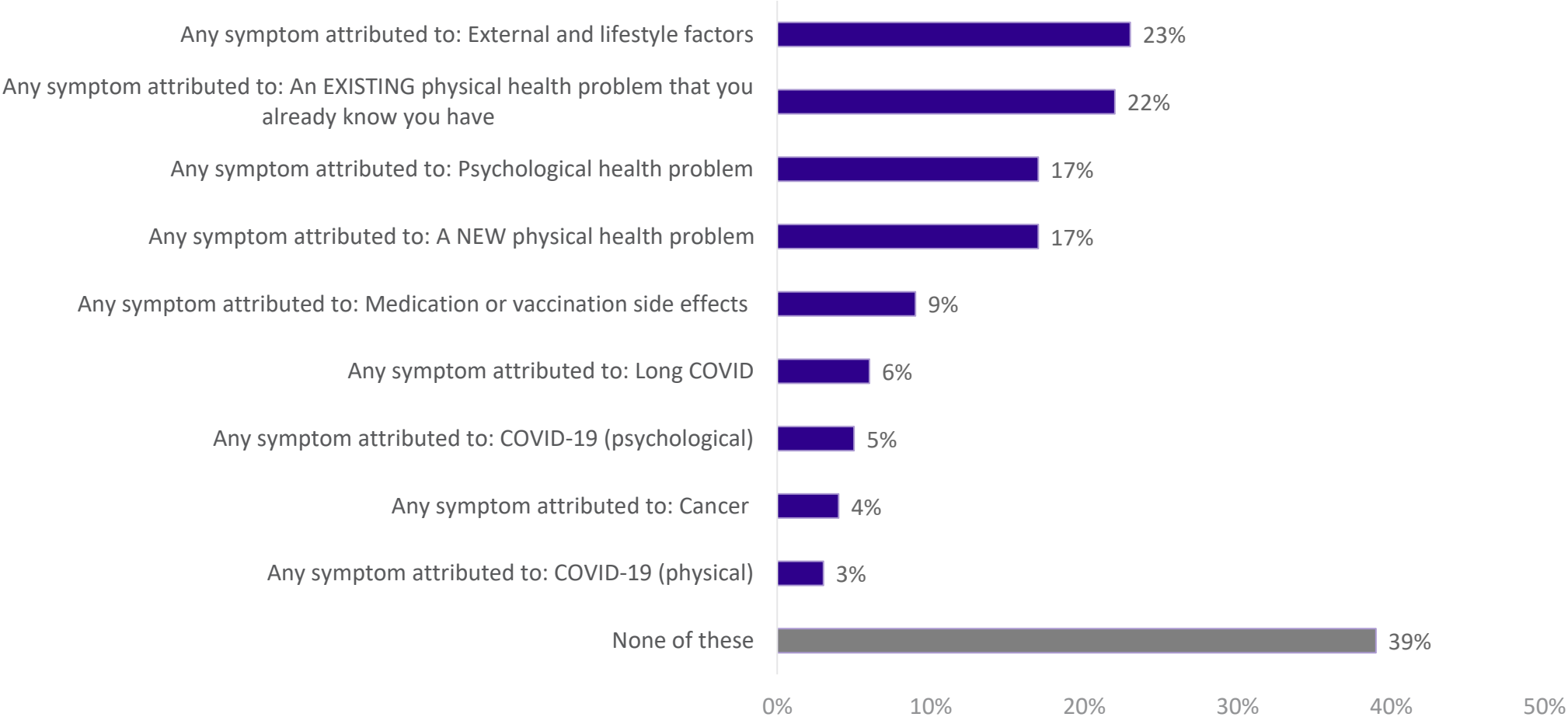


Q14_rc2. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any lung cancer symptom (2021: N=423; 2022: N=501),

*Not asked in 2021

Most assume that their oral cancer symptom is due to external lifestyle factors or an existing physical health problem

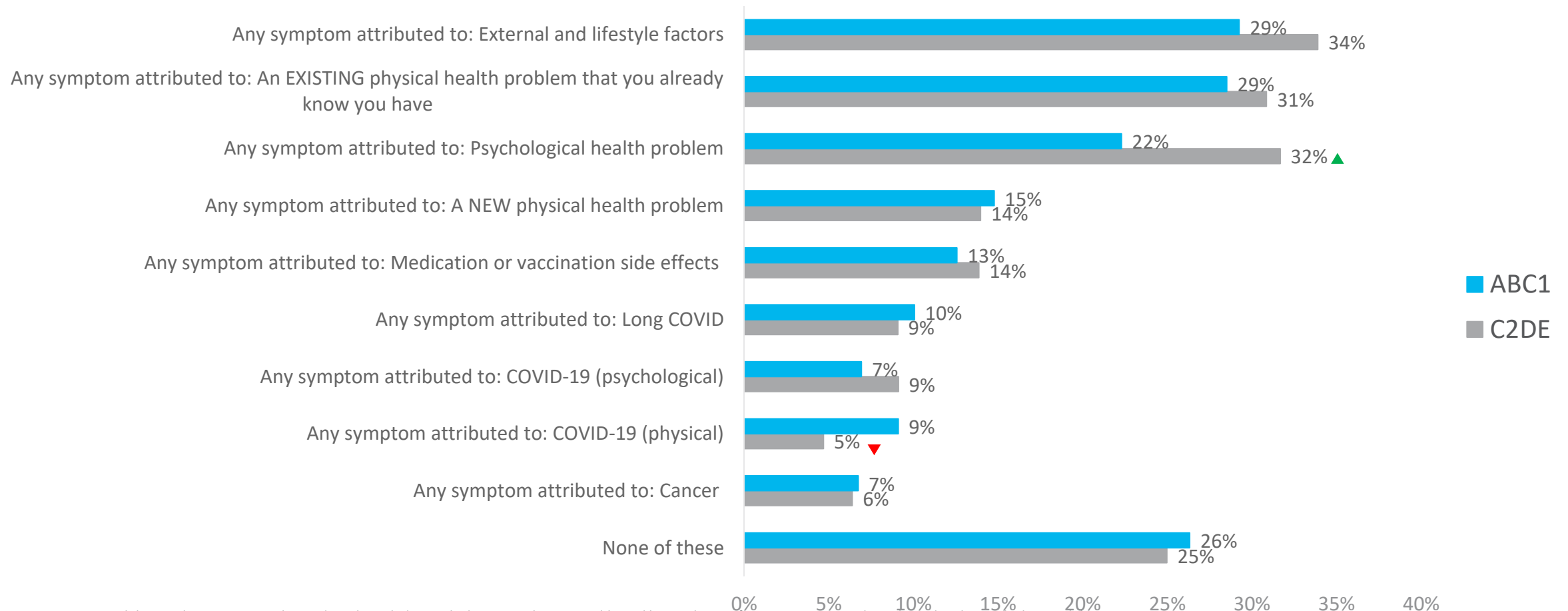
What respondents think are causing their symptoms
- Any oral cancer symptoms



Q14_rc3. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any oral cancer symptom (2022: N=356),

C2DE respondents are more likely to consider their symptoms to be caused by a psychological health problem

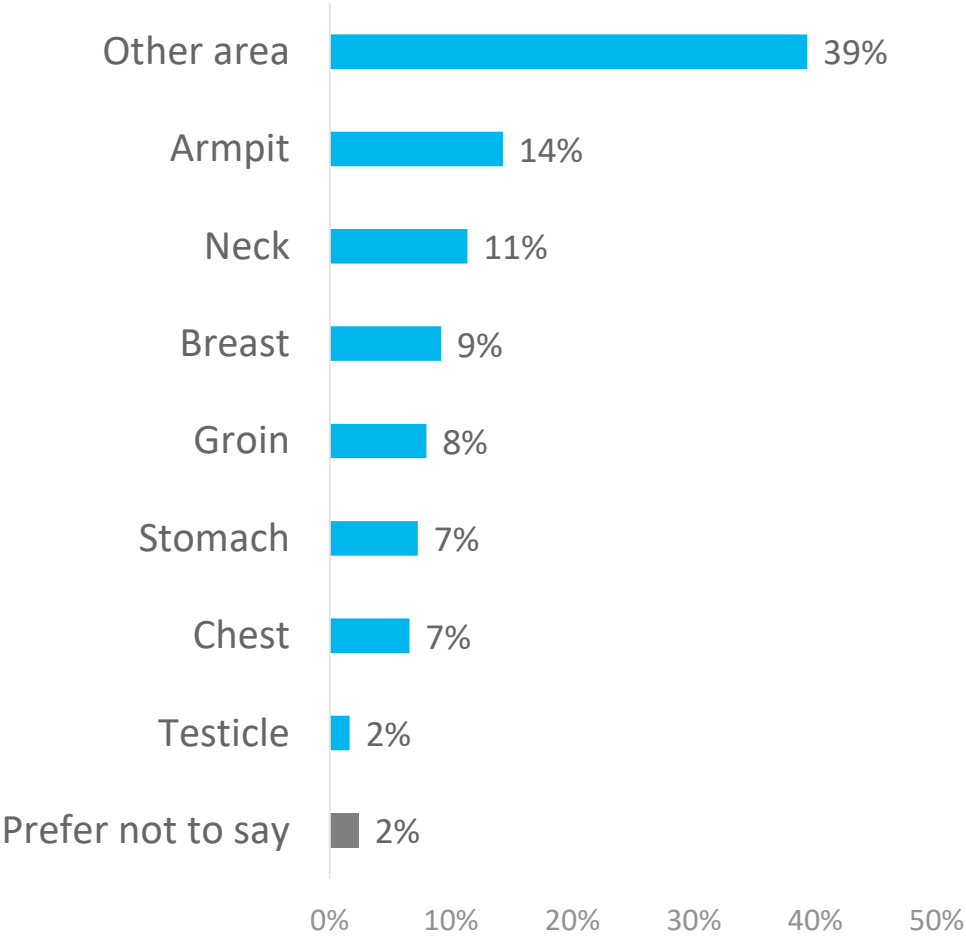
What respondents think are causing their symptoms
- Any cancer symptoms by social grade



Q14_rc1. You said that you have experienced unexplained weight loss in the last 6 months. We would now like to ask you a few more questions about this. What do you think caused this symptom? Please select all that apply. Any cancer symptom (ABC1 N=679, C2DE N=551),

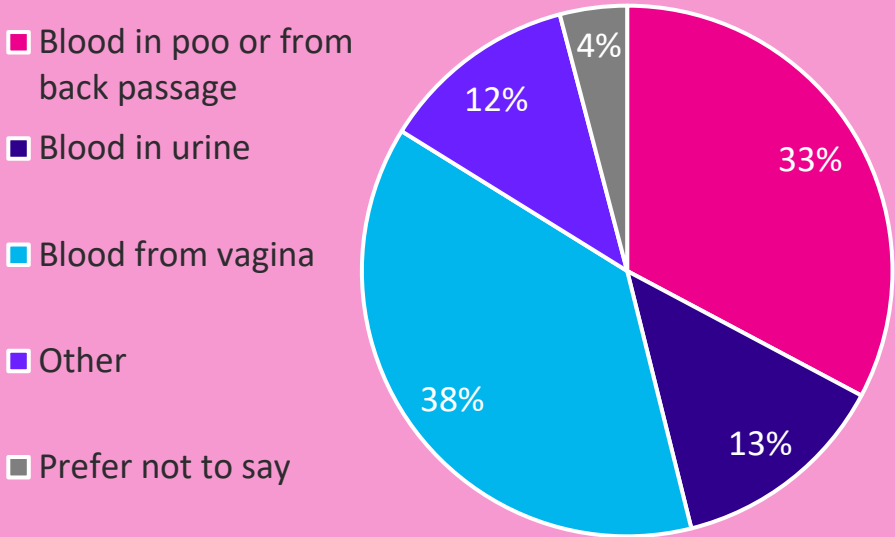
Respondents with certain symptoms were asked where they were located

Where lump or swelling was located

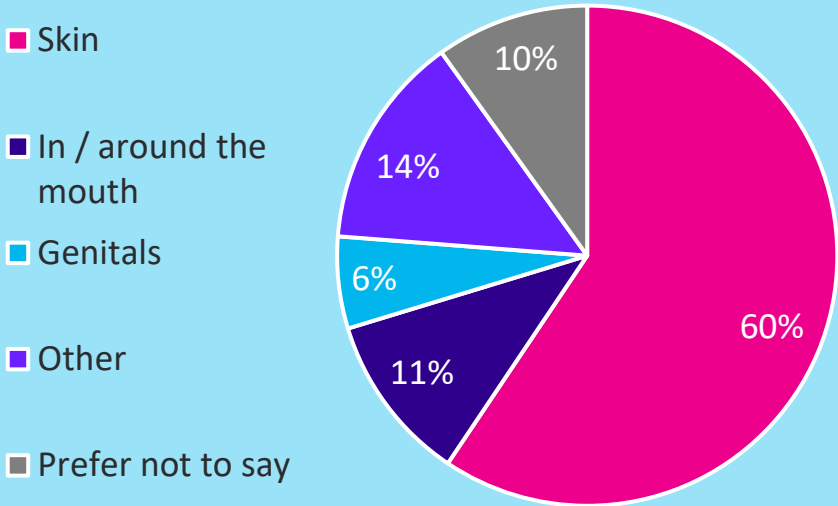


Q9. Where in the body was the lump or swelling? Please select one answer. Base: all experiencing this symptom (N=166)
Q10. Where did the bleeding come from? Please select one answer. Base: all experiencing this symptom (N=78)
Q11. Where on your body was the sore? Please select one answer. Base: all experiencing this symptom (N=72)

Where bleeding was located



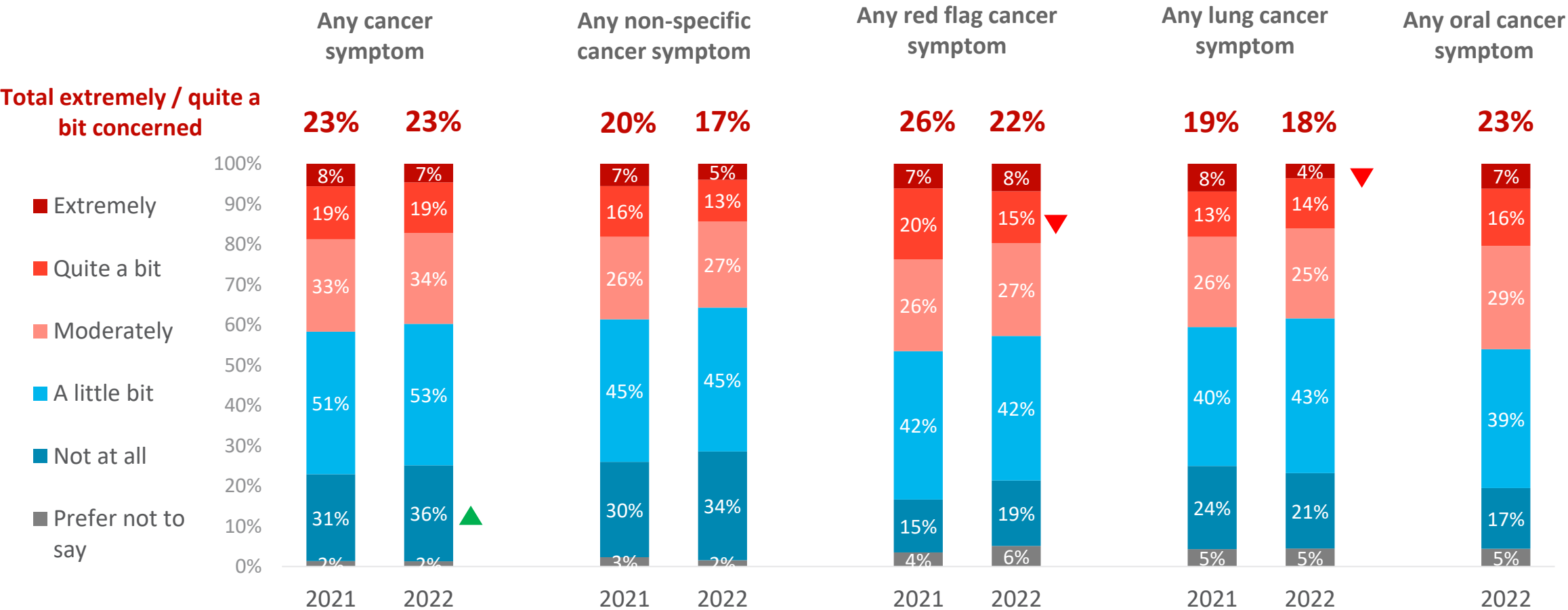
Where sore was located



More are now not at all concerned that their cancer symptom is serious than in 2021 but the overall proportion concerned is unchanged

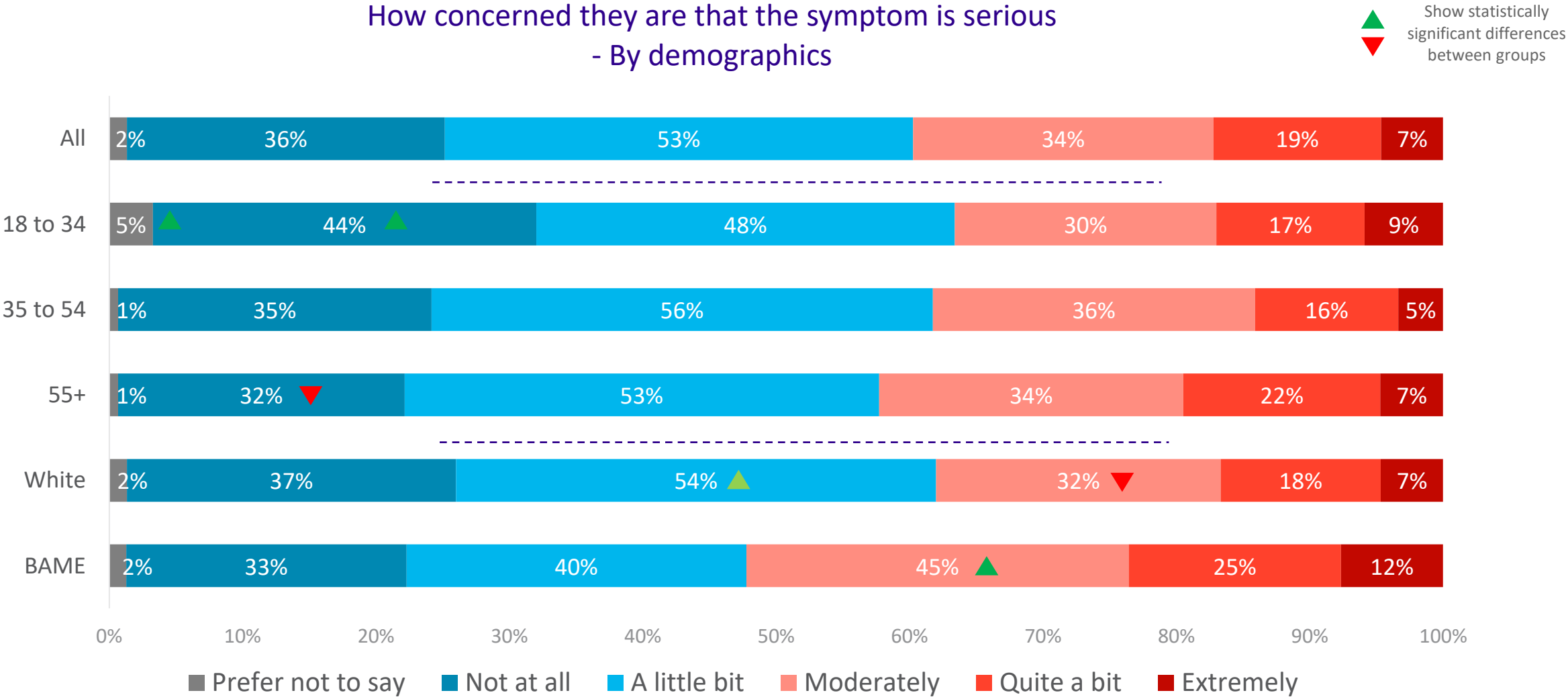
How concerned they are that the symptom is serious

▲ Show statistically significant differences between years
▼



Q13. You said that you have experienced [symptom] in the last 6 months. We would now like to ask you a few more questions about this. How concerned have you been that this symptom might be serious? Please select one answer.. Any cancer symptom (2021: N=1,159; 2022: N=1,230), Any non-specific cancer symptom (2021: N=945; 2022 N=994), Any red-flag cancer symptom (2021: N=443; 2022: N=443), Any lung-specific cancer symptom (2021: N=423; 2022: N=501) Any oral cancer symptom

Younger respondents and white respondents are less likely to be concerned that their symptom is serious

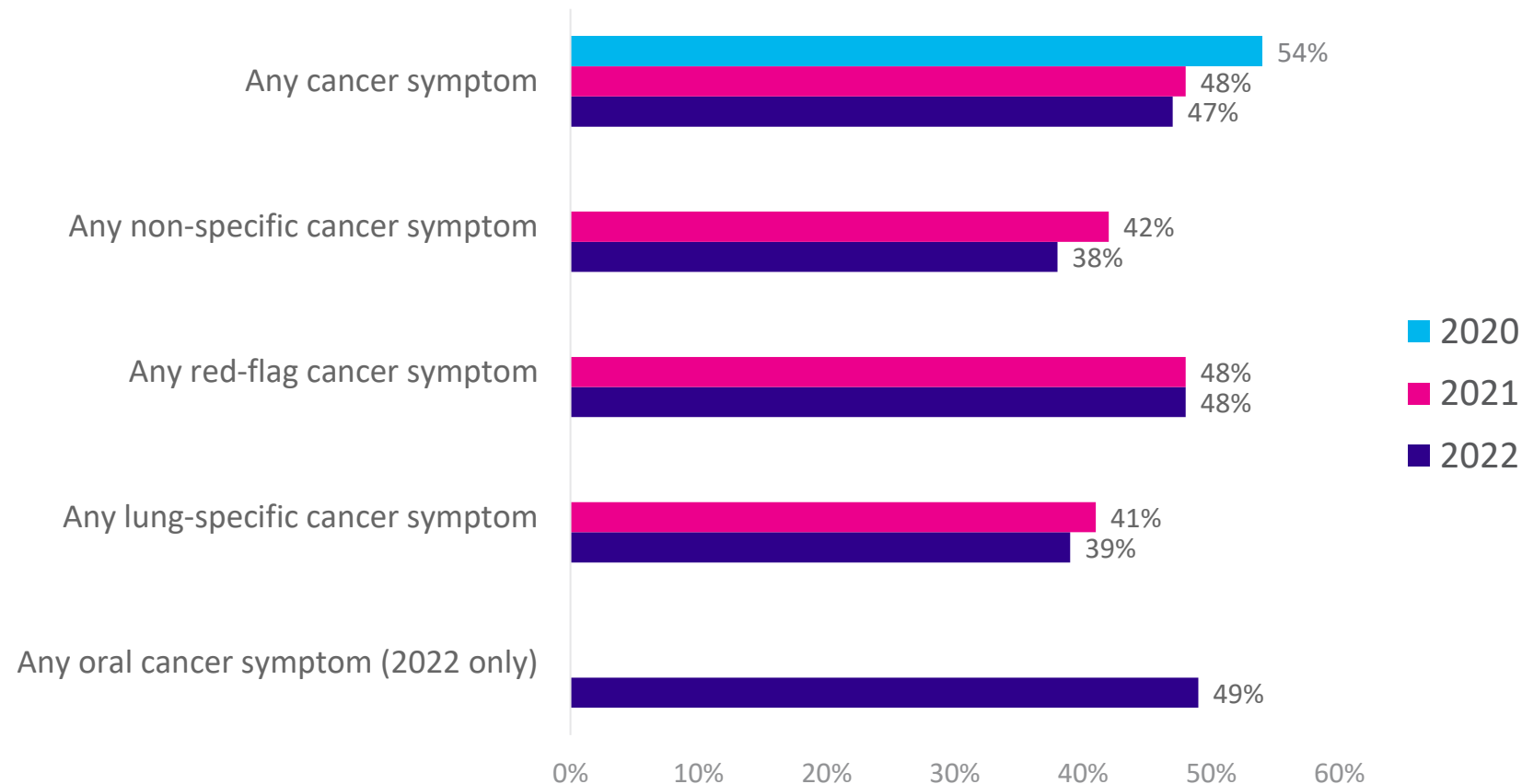


Q13. You said that you have experienced [symptom] in the last 6 months. We would now like to ask you a few more questions about this. How concerned have you been that this symptom might be serious? Please select one answer. Any cancer symptom (2021: N=1,159; 2022: N=1,226), Any non-specific cancer symptom (2021: N=945; 2022: N=994), Any red-flag cancer symptom (2021: N=443; 2022: N=443), Any lung-specific cancer symptom (2021: N=423; 2022: N=501) Any oral cancer symptom (2022: N=356)

Help seeking - cancer symptoms

Just under half of those with a cancer symptom contacted their GP within 6 months – a result in line with 2021

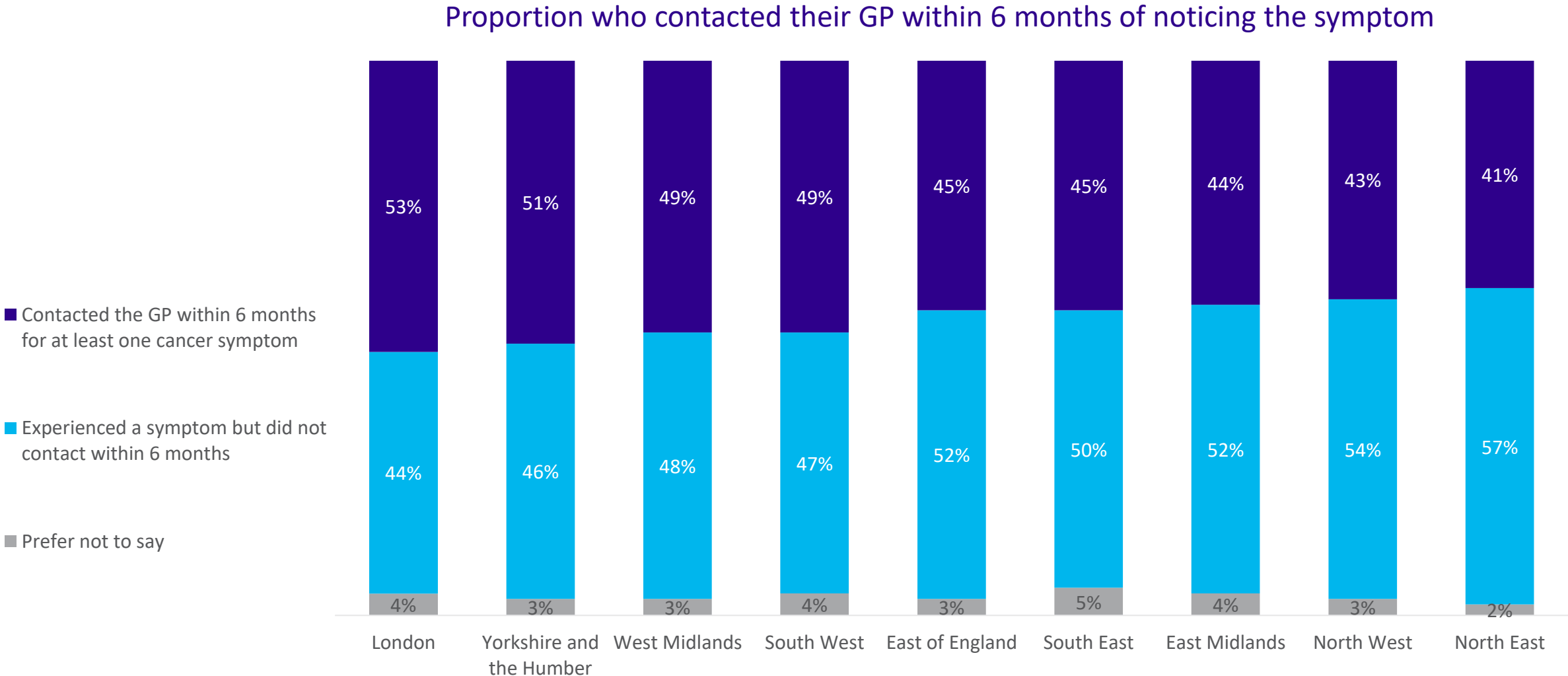
Proportion who contacted their GP within 6 months of noticing the symptom



As in previous years, younger respondents are the least likely to have contacted their GP about any cancer symptom within the past 6 months:

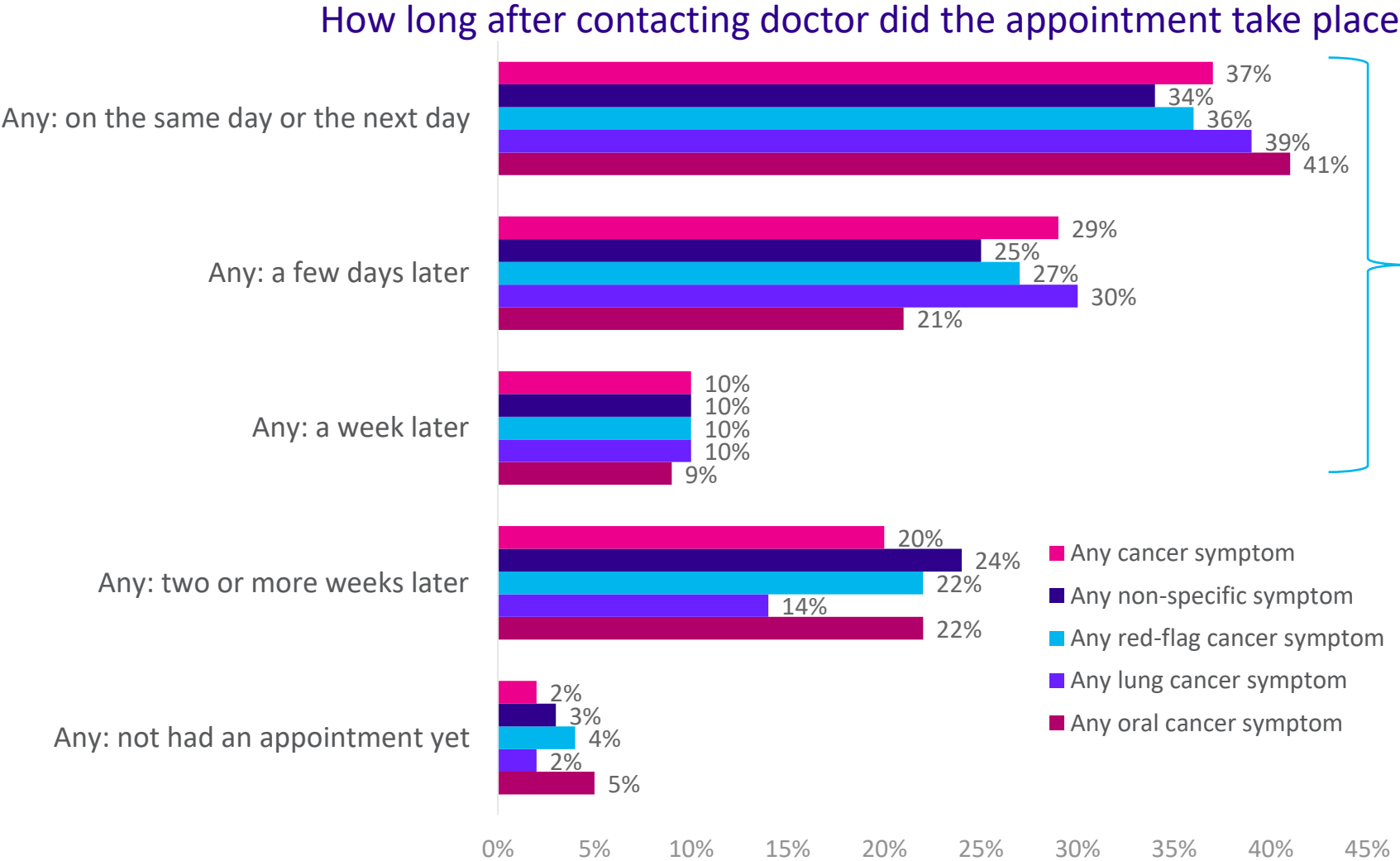
- 38% of 18 to 34s
- 46% of 35 to 54s
- 54% of 55+

There are no statistically significant differences by region in the proportion who contacted their GP after noticing a symptom



Q15. You said that you have experienced ... We would now like to ask you a few more questions about this. How long after you first noticed the symptom did you contact the GP about it? If you are unsure, please give your best guess. Please select one answer. Base: All who experienced a potential cancer symptom. London (N=109), Yorkshire (N=83), West Midlands (N=83), South West (N=82), East of England (N=87), South East (N=136), East Midlands (N=70), North West (N=110), North East (N=52)

Three quarters saw their doctor within a week but there are few differences by symptom type



Proportion who saw their doctor within a week

76% any cancer symptom

68% any non-specific symptom ▼

74% any red-flag symptom

79% any lung cancer symptom

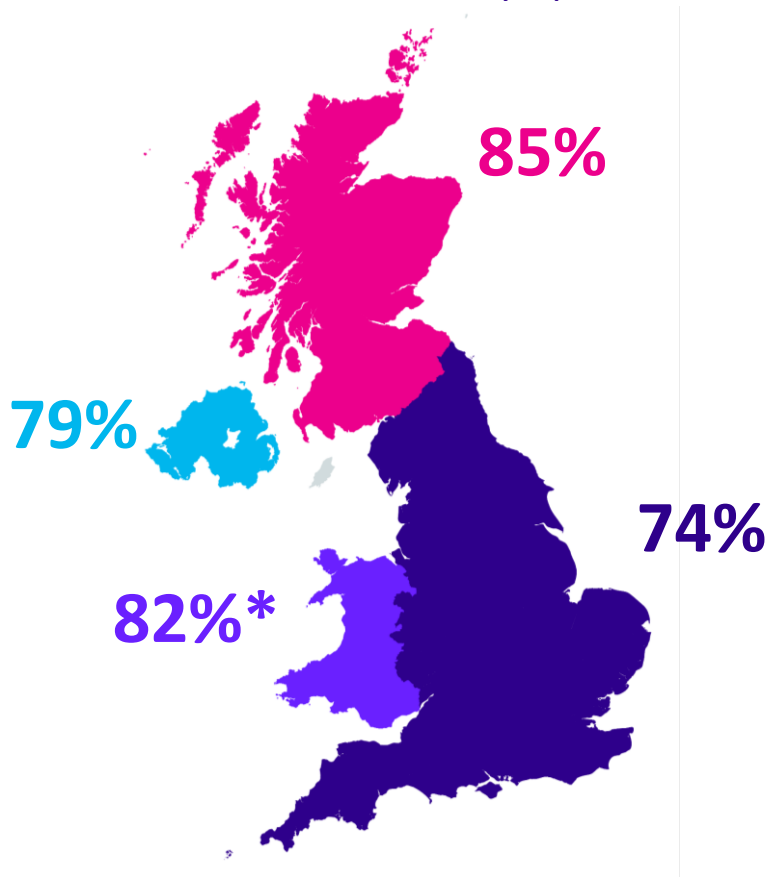
71% any oral cancer symptom

▲ Show statistically significant differences with any cancer symptoms
▼

Q15a. You said that you contacted your doctor after [symptom] in the last 6 months. How long after contacting the doctor (GP) did the appointment take place?. Any who contacted their doctor about any cancer symptom (N=596), Any non-specific cancer symptom (N=397), Any red-flag cancer symptom (N=216), Any lung-specific cancer symptom (N=201) Any oral cancer symptom (N=177)

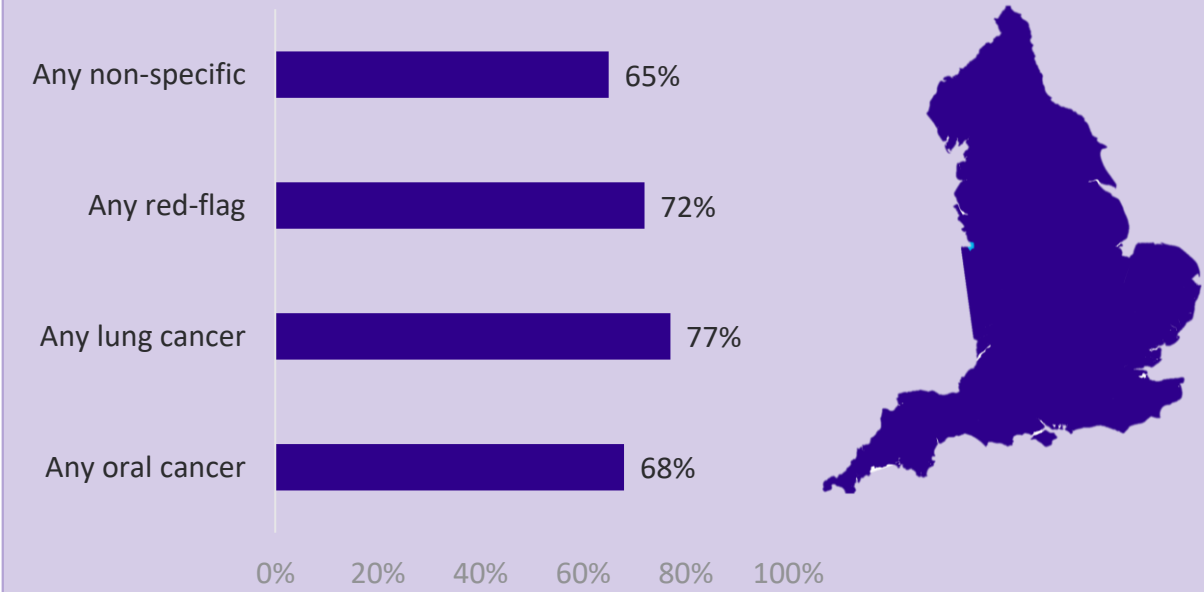
Those in England are slightly, but not significantly, less likely to have seen their doctor within a week of contacting them compared to the other nations of the UK

Proportion who saw their doctor within a week of contacting them about a cancer symptom

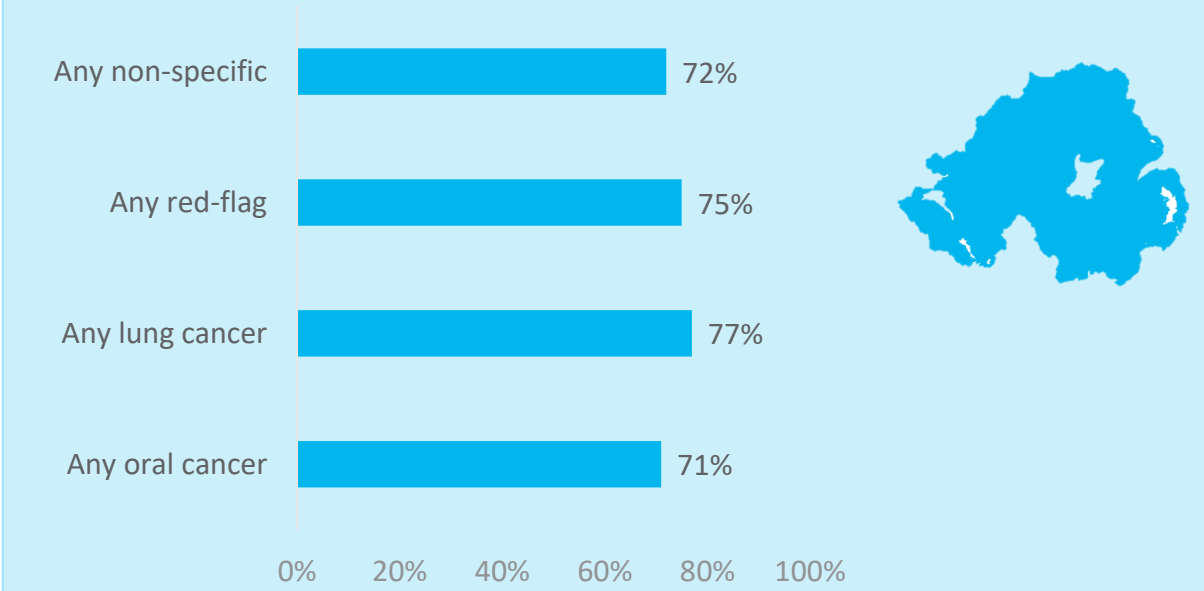


Q15a. You said that you contacted your doctor after [symptom] in the last 6 months. How long after contacting the doctor (GP) did the appointment take place?
Base: any who contacted their doctor (England: N=380), (Scotland: N=38), (Wales N=22), (Northern Ireland N=156)
*Caution: low base size for Wales

England: % who saw their doctor within a week by symptom type



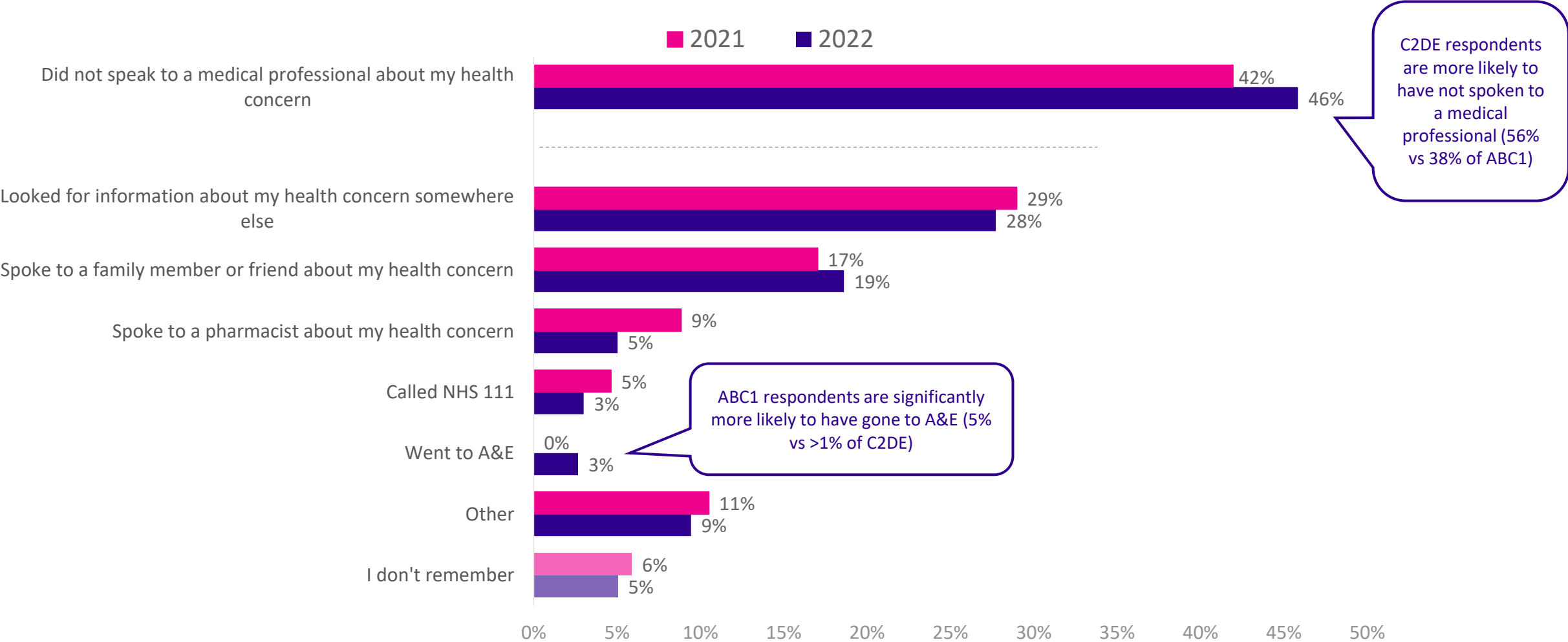
Northern Ireland: % who saw their doctor within a week by symptom type



Help seeking
- any symptoms

Of those who had a health problem (either a cancer symptom or something else) and did not contact their GP, almost half did not end up speaking to a medical professional about the concern

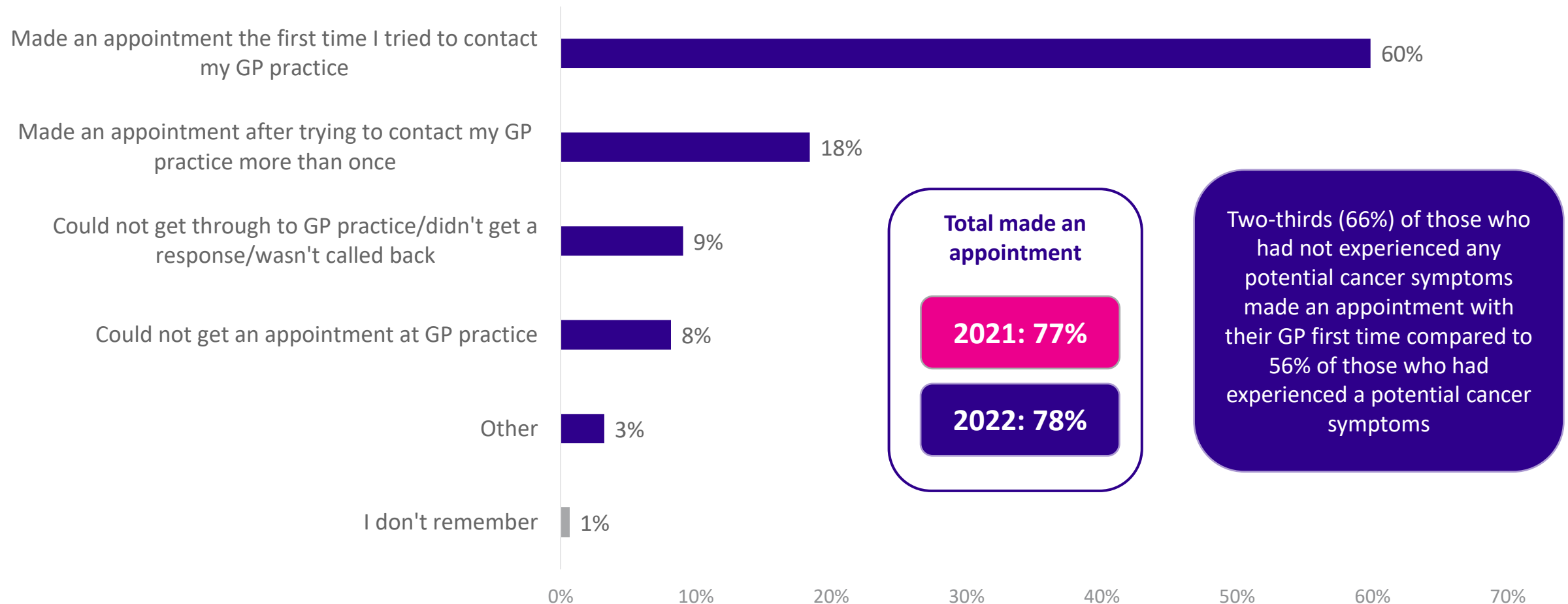
Subsequent actions of those who did not contact their GP



Q18. You said that in the last 6 months you have considered contacting your GP practice to discuss a health concern with a medical professional but did not contact them. Which of the following happened next?
Base: All who considered but did not contact GP. 2021 (N=287), 2022 (N=301)

Of those who did contact their GP, three-fifths made an appointment the first time they tried to contact them and over three-quarters made an appointment eventually

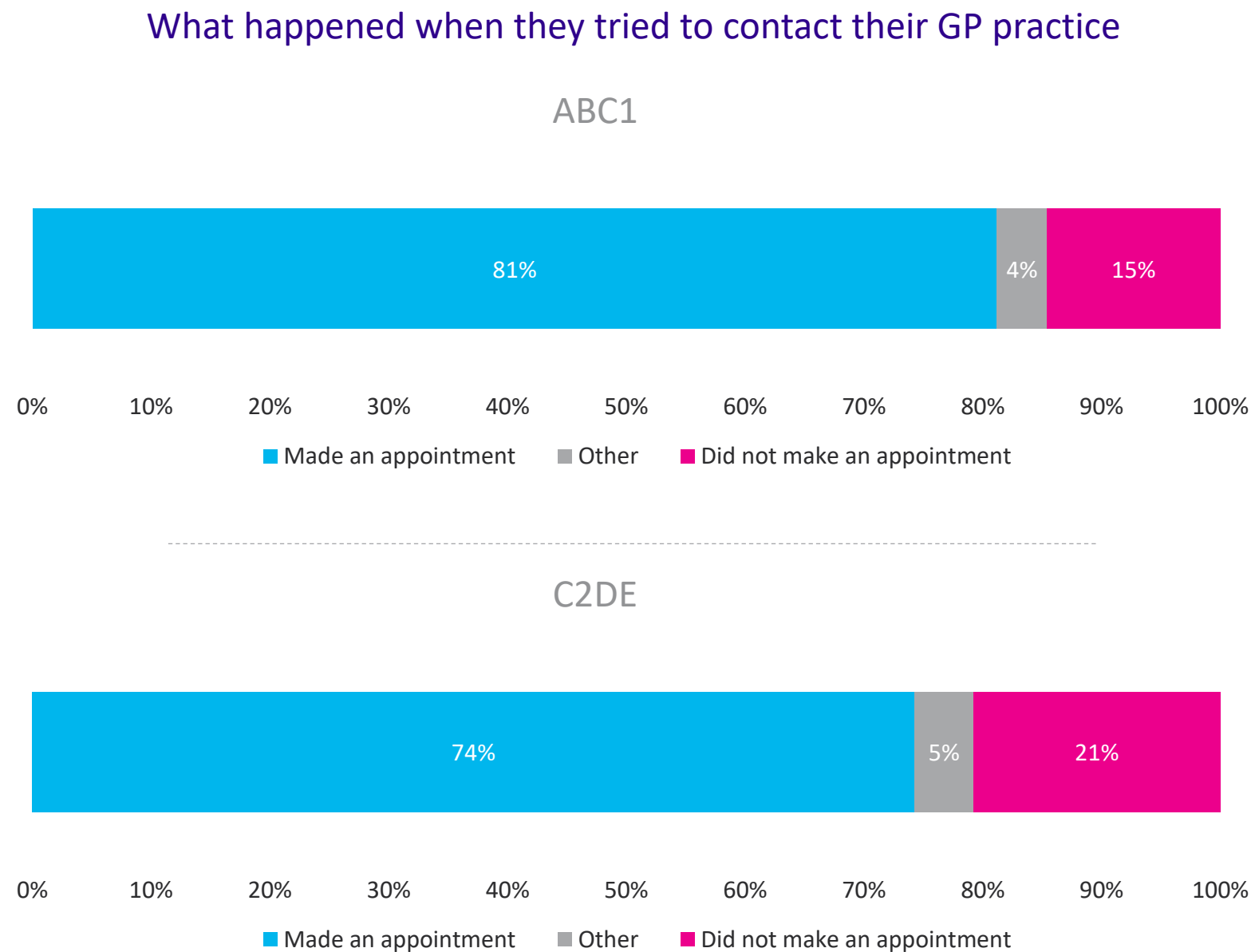
What happened when they tried to contact their GP practice



Q19. You said that in the last 6 months you tried to contact your GP practice to discuss a health concern with a medical professional. Which of the following best describes what happened next?

Base: All who tried to contact their GP. 2022 (N=903)

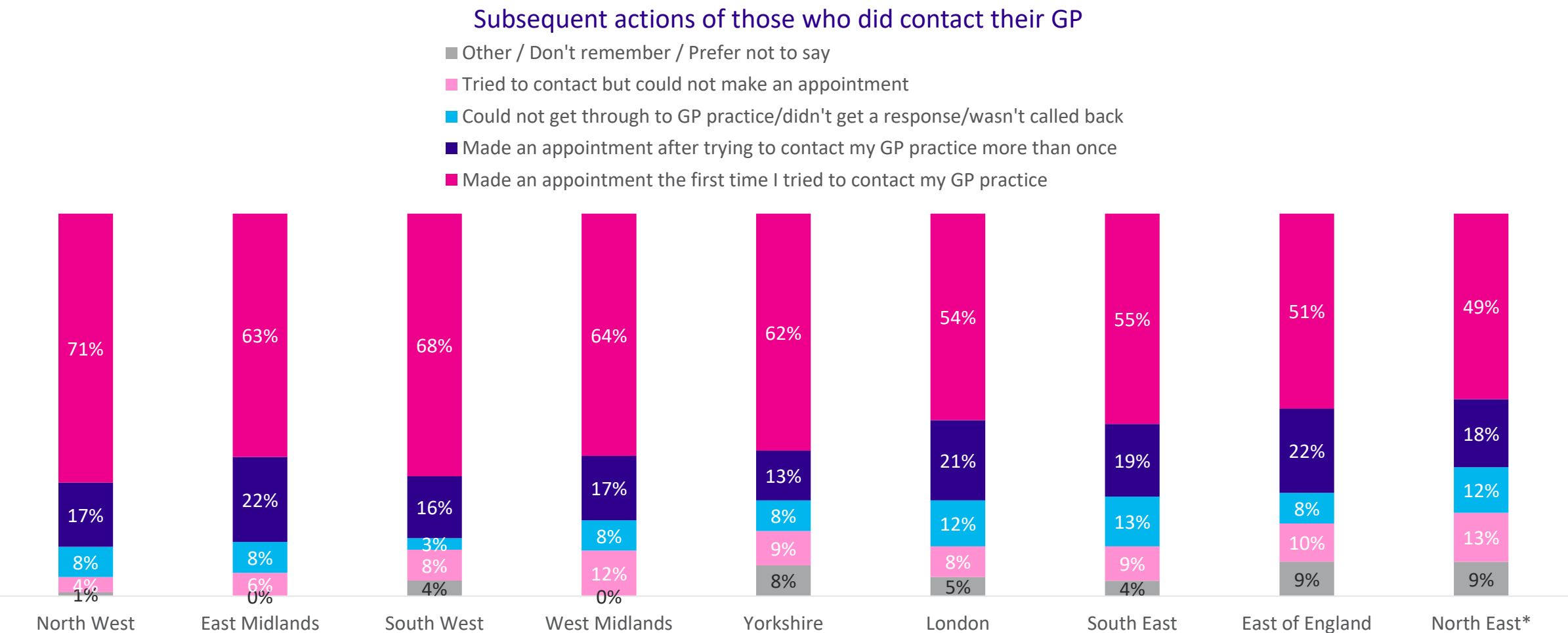
Those of an ABC1 social grade are significantly more likely to have made an appointment with a GP practice to discuss a health concern while those of a C2DE social grade are more likely to have been unable to do so



Q19. You said that in the last 6 months you tried to contact your GP practice to discuss a health concern with a medical professional. Which of the following best describes what happened next?
Base: All who tried to contact their GP. ABC1 (N=531), C2DE (N=372)

▲ Show statistically significant differences by social grade next?

Regionally, there are no statistically significant differences in how likely respondents are to have failed to have been unable to get an appointment with their GP

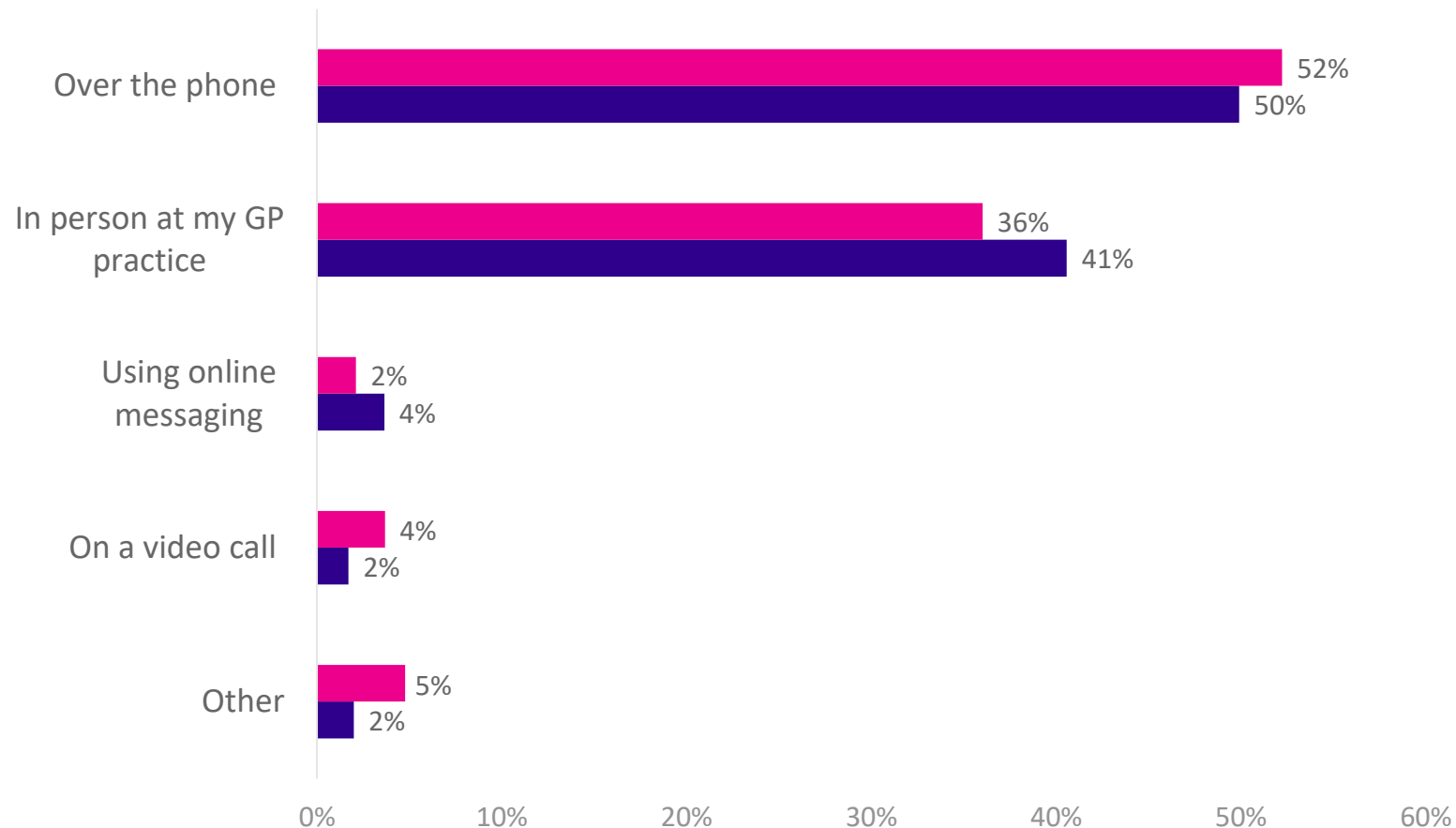


Q19. You said that in the last 6 months you tried to contact your GP practice to discuss a health concern with a medical professional. Which of the following best describes what happened next?
Base: All who tried to contact their GP. North West (N=70), East Midlands (N=54), South West (N=74), West Midlands (N=55), Yorkshire and the Humber (N=66), London (N=75), South East (N=106), East of England (N=62), North East (N=36)
*Caution: low base size

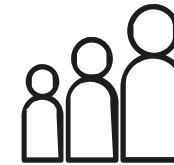
Over half had a remote appointment, but this was mostly over the phone rather than using online methods

Type of doctors appointment

2021 2022



Certain groups are more likely to have had a remote appointment



Those aged
18-34

63%

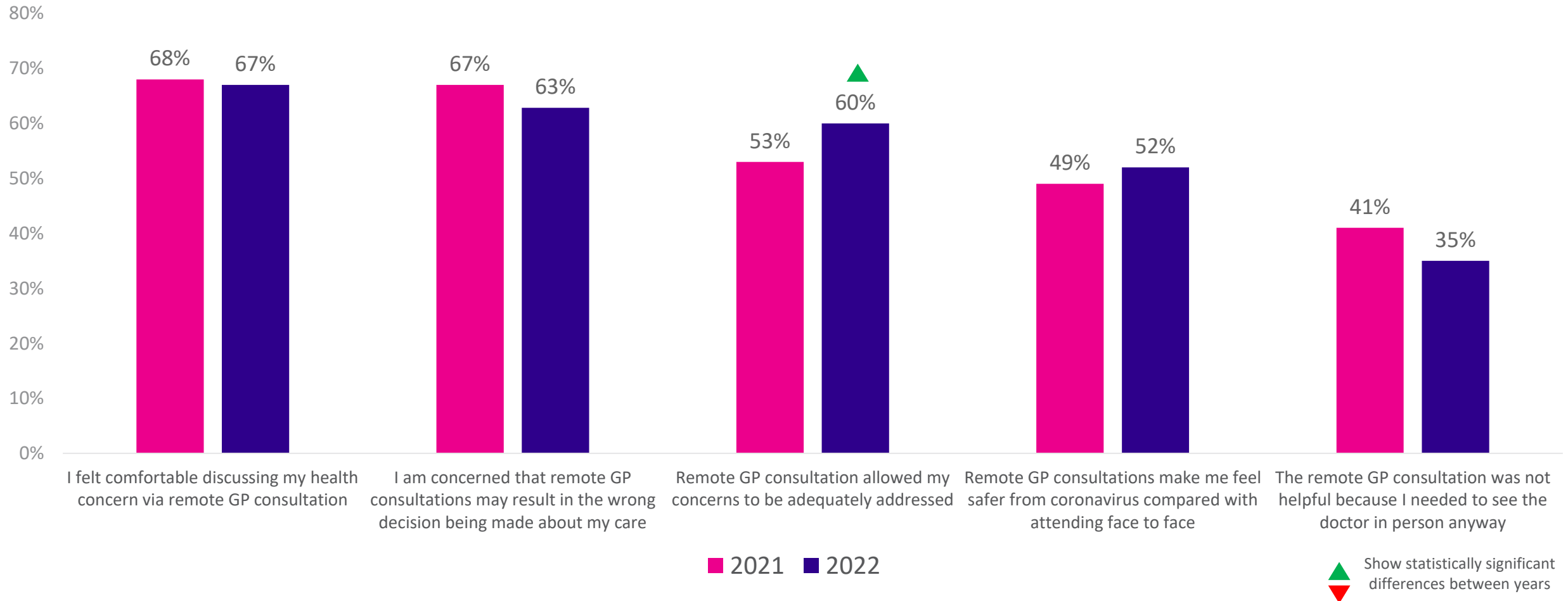


Those in England

57%

Of those who had a remote consultation, more now agree that it allowed their concerns to be properly addressed than did in 2021

Agreement with the remote consultation statements



Q24. If you had a remote consultation/appointment with a medical professional from your GP practice in the last 6 months, please tell us to what extent you agree or disagree with the following statements.
Base: all who had a remote consultation. 2021 (N=448), 2022 (N=421)

As in 2021,
those aged 18
to 34 are more
positive about
remote GP
consultations
than those
aged 55+

Proportion who agree with each statement

- By age group

'Remote GP consultations make me feel safer from coronavirus compared with attending face to face'

18-34	35-54	55+
60% ▲	60%	40%

'I felt comfortable discussing my health concern via remote GP consultation'

18-34	35-54	55+
77% ▲	68%	60%

'The remote GP consultation was not helpful because I needed to see the doctor in person anyway'

18-34	35-54	55+
37%	28%	41% ▲

The proportion who say that nothing put them off seeking medical attention has fallen since 2021

**‘Nothing put me off /
delayed me in seeking
medical attention’**

2021: 36%

2022: 33% ▼

Those who did not experience a potential cancer symptom are more likely to say that nothing put them off seeking medical attention than those who did experience one (41% vs 24%)

Those who experienced a potential cancer symptom are more likely to give almost all of the reasons cited as an explanation for why this is the case

Reasons for delaying speaking to a health professional (top 10)	2021	2022
I found it difficult to get an appointment	17.1%	16.9%
I worried about putting extra strain on the NHS / health services	11.9%	13.9%
I worried about wasting the healthcare professional's time	13.2%	13.0%
I didn't want to be seen as someone who makes a fuss	12.6%	12.0%
I didn't want to talk to a receptionist/administrative person about my symptom(s)	10.7%	11.5%
I found it difficult to get an appointment at a convenient time	8.7%	10.5%
I worried they wouldn't take my symptom(s) seriously	8.6%	10.5%
I found it difficult to get an appointment with a particular health professional	8.5%	9.8%
It would have been difficult for me to discuss my health problem remotely	7.0%	7.9%
I thought the symptom was related to an existing illness or condition	6.1%	6.9%

Q26. Thinking about the last time you considered seeing or speaking to a medical professional about your health, did any of the following put you off, or make you delay doing so?
Base: all (2021: N=2,446), (2022: N=2,468)

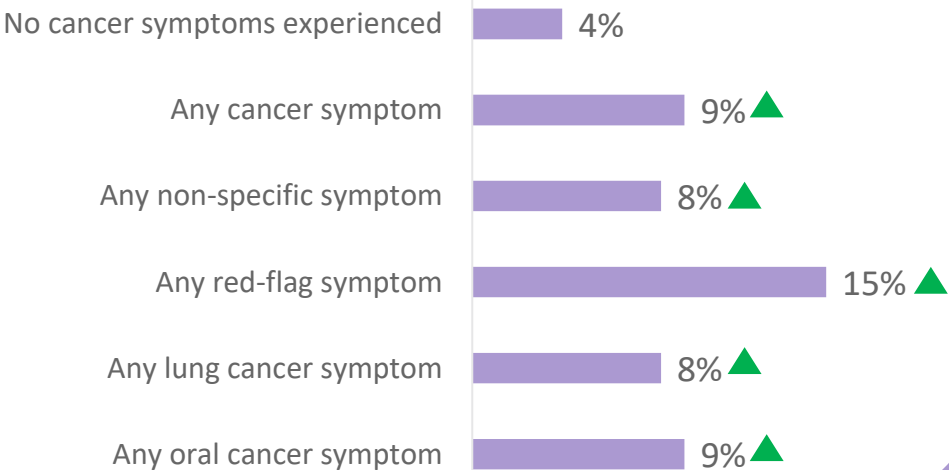
There are no year on year changes in prompts for seeking medical help with existing problems the most common reason

Prompts for seeking medical help (top 10)	2021	2022
I needed an appointment for an existing problem / condition	18%	20%
I had a symptom that was "bothersome"	16%	18%
I had a symptom that didn't go away	17%	18%
I had a symptom that was painful	15%	14%
I had a symptom that was getting worse	14%	14%
I had a symptom that was unusual for me	14%	14%
I had a symptom, but I didn't know what was causing it	15%	13%
I had a feeling that something wasn't right	13%	13%
My friends or family encouraged me to go	8%	9%
I had a symptom that I thought might be a sign of cancer	6%	6%

One-in-twenty (6%) were prompted to contact a medical professional because they had a symptom they thought might be cancer

Those who had previously experienced a cancer symptom are more likely to give this as a reason:

‘I had a symptom that I thought might be a sign of cancer’



Q25. The last time you saw or spoke to a medical professional about your health, which of the following played a role in your decision to do so?
Base: all (2021: N=2,446), (2022: N=2,398)

Most are confident they would be safe from coronavirus in different medical settings, but fewer agree they would be safe in a hospital than in 2021

I am confident I would be safe from coronavirus...

Total agree: **79%**

73%

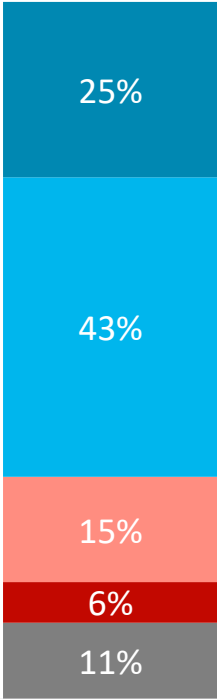
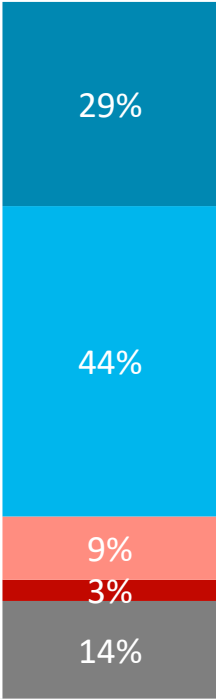
68%

The proportion who strongly agree they would be safe at their GP surgery has decreased since 2021 (37%)

Confidence that they would be safe at a hospital appointment has decreased since 2021 (71% confident)

More disagree with the statement instead (21% vs 18% in 2021)

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know / Prefer not to say



...if I needed to attend an appointment at my GP surgery

...if I needed to attend a medical appointment on a mobile unit

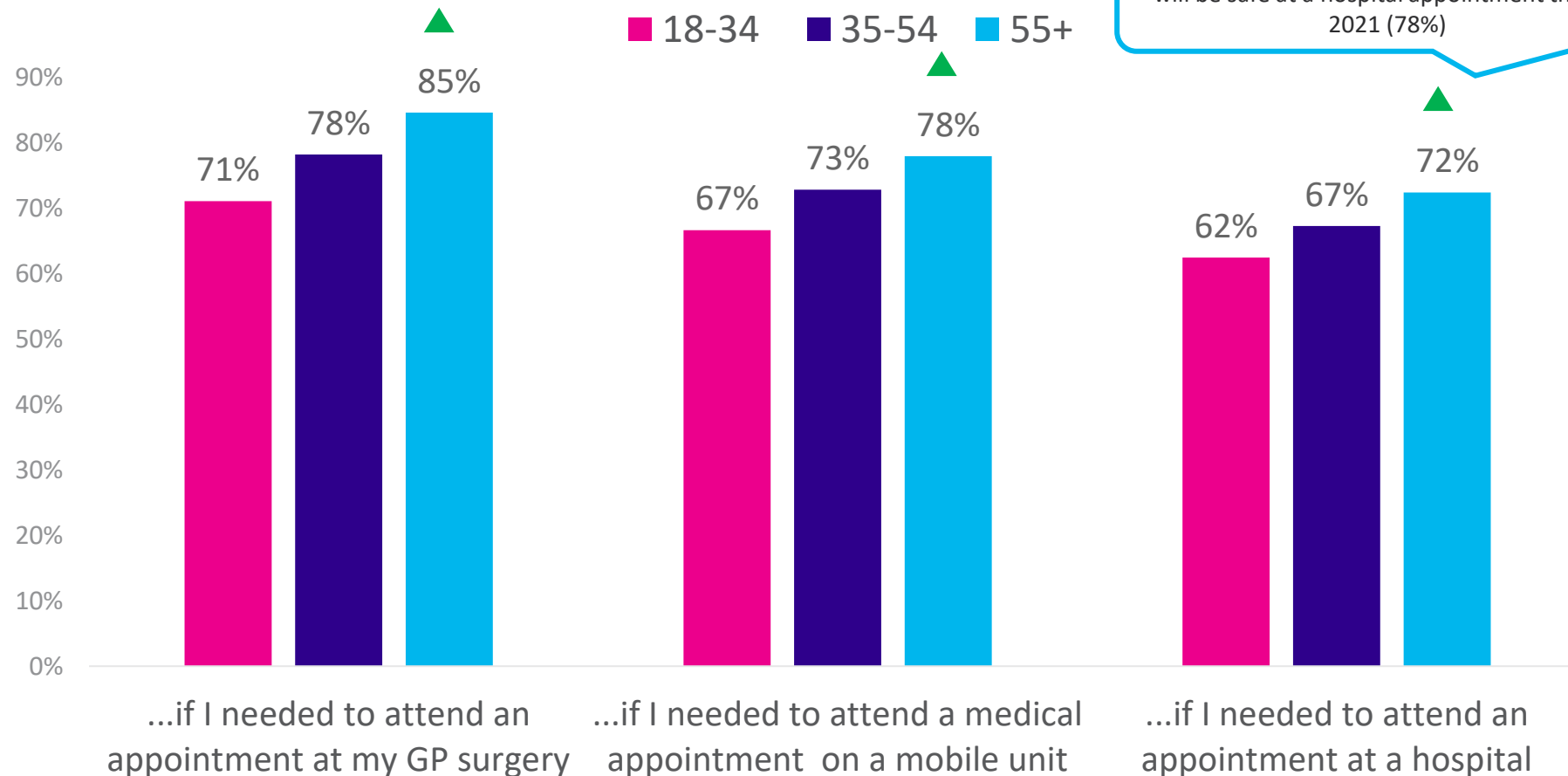
...if I needed to attend an appointment at a hospital

As in 2021, confidence that they will be safe from coronavirus is higher among older age groups

I am confident that I would be safe from coronavirus...

- Total agree

■ 18-34 ■ 35-54 ■ 55+



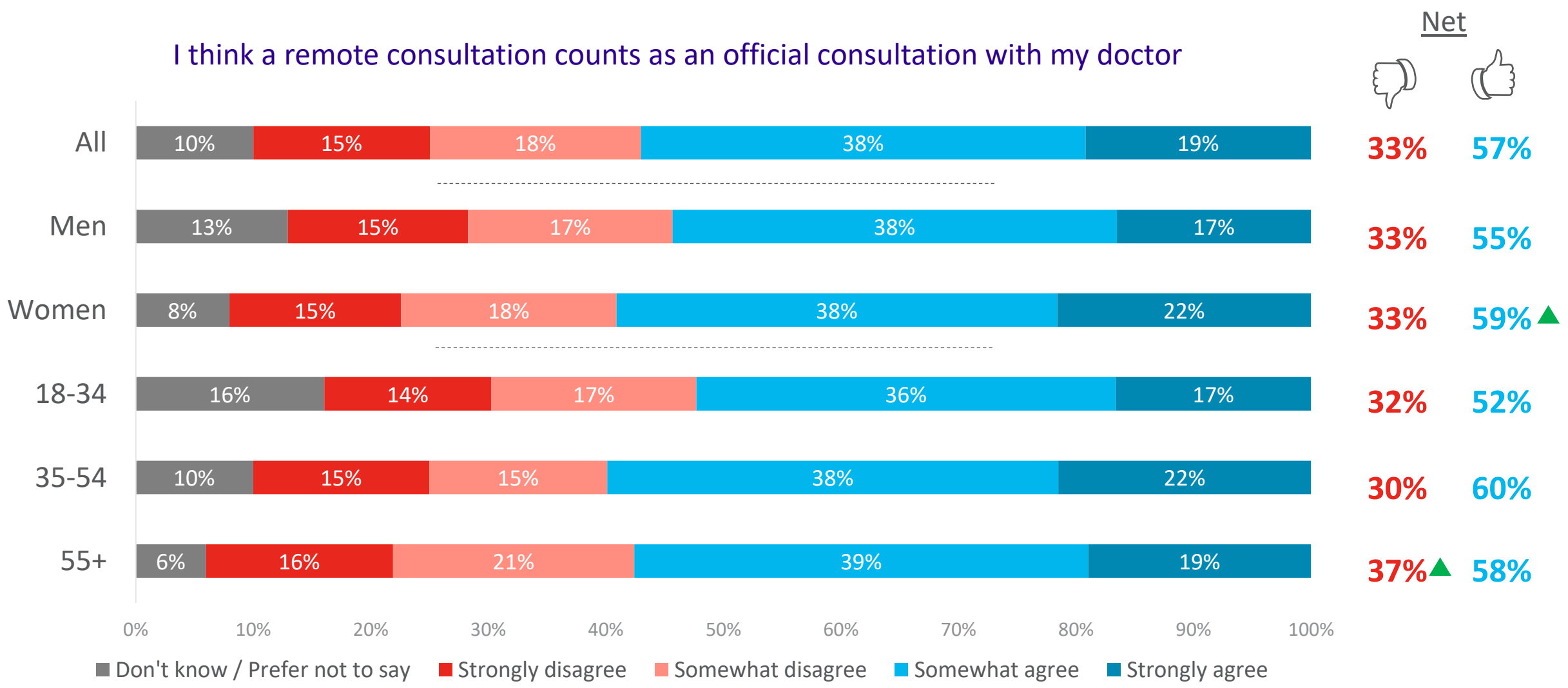
Ethnic minority respondents are less confident that they will be safe from coronavirus

At their GP surgery
66% vs 80% of white respondents

At a mobile unit
59% vs 75% of white respondents

At a hospital
69% vs 60% of white respondents

Most agree that a remote consultation counts as an official one but older respondents are the most likely to disagree

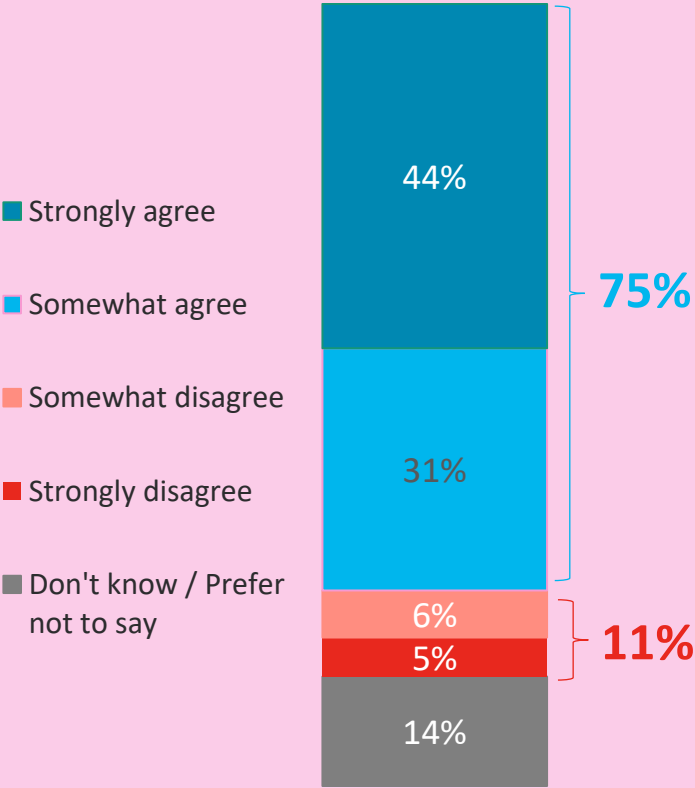


Q27/Q30. To what extent do you agree or disagree with the following statements. Please select one answer per statement
Base: all N=2,468 (Men: N=1,169, Women: N=1,299, 18-34: N=643, 35-54: N=874, 55+: N=951)

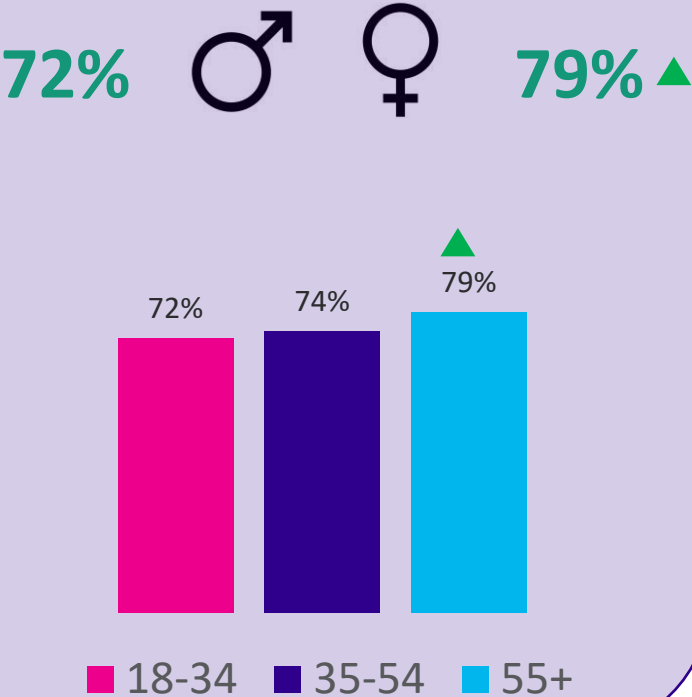
Confidence in the health system's ability to tackle cancer is low

‘I don't think the health service has enough staff or equipment to see, test and treat all the people with cancer that need to be seen, tested and treated’

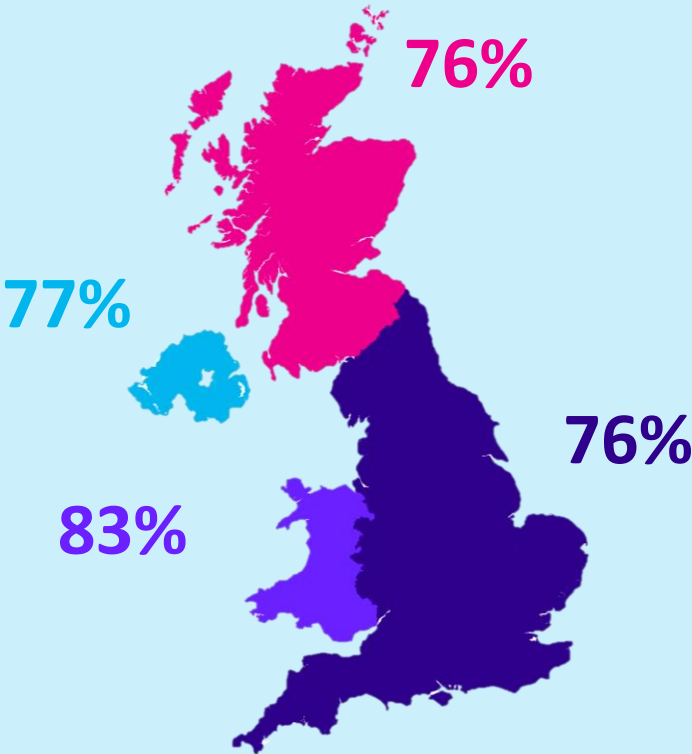
Total agreement



Agreement by age and gender



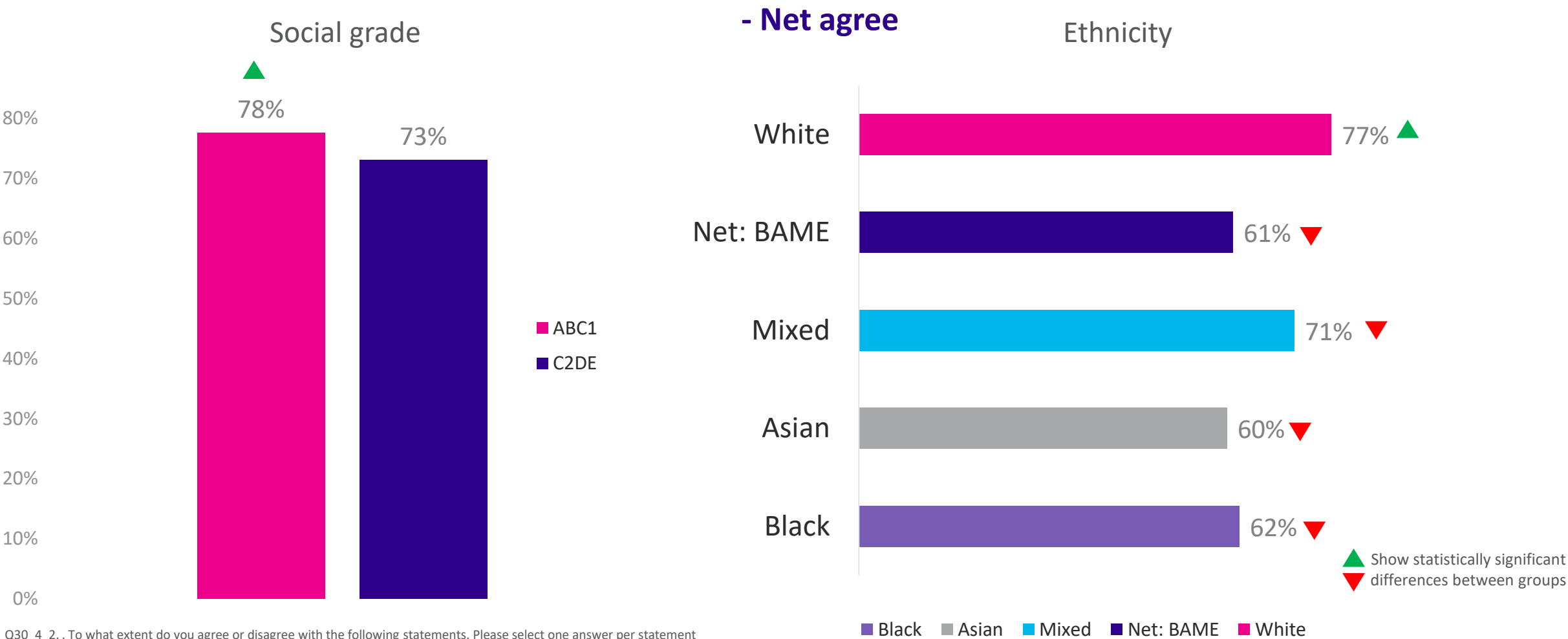
Agreement by region



Q30_4_2. . To what extent do you agree or disagree with the following statements. Please select one answer per statement
Base: all N=2,468 (Men: N=1,169, Women: N=1,299, 18-34: N=643, 35-54: N=874, 55+: N=951, England N=1,701, Scotland N=156, Northern Ireland N=506, Wales N=105)

Those of an ABC1 social grade and white respondents are more likely to agree with the statement

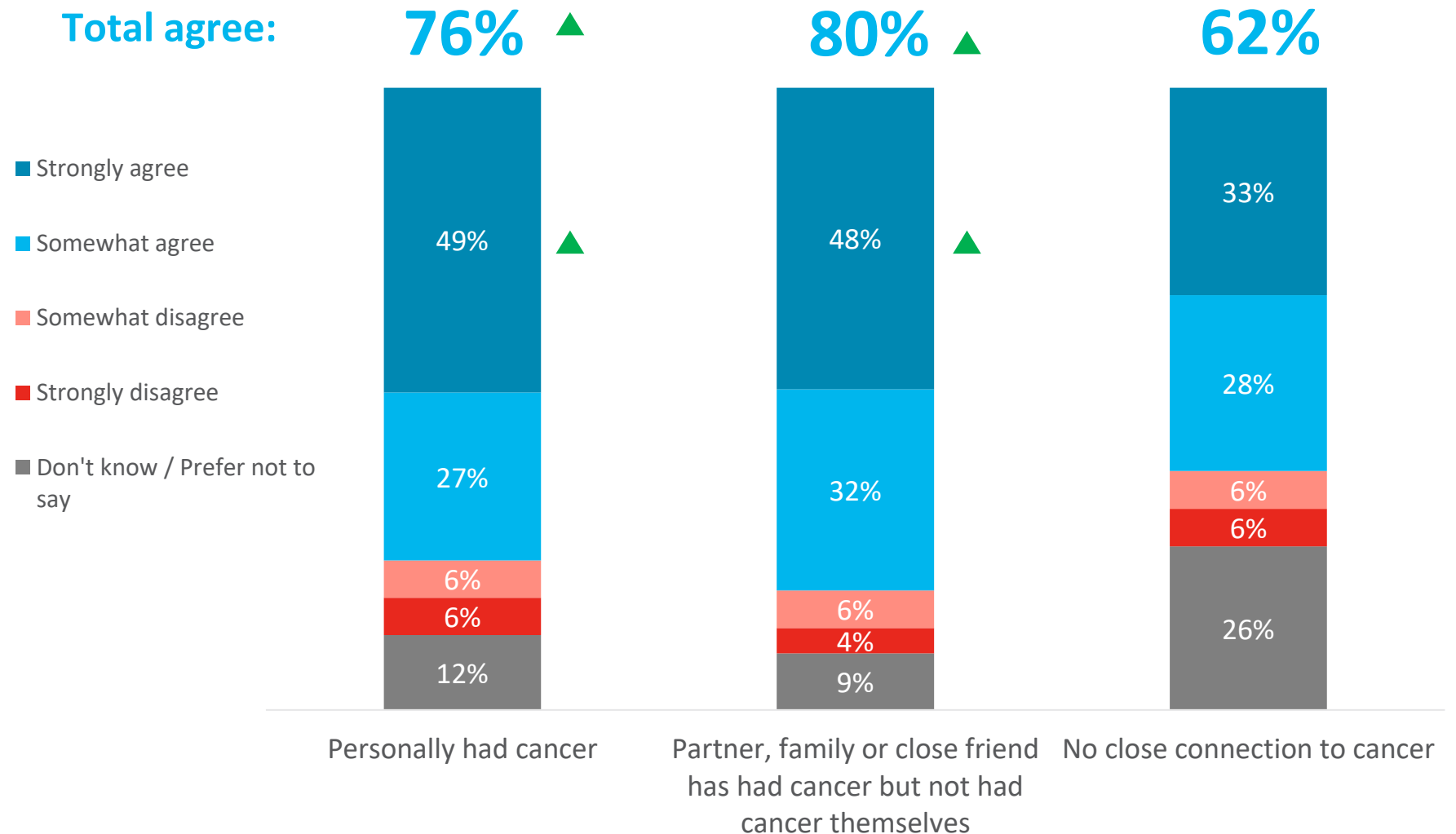
‘I don't think the health service has enough staff or equipment to see, test and treat all the people with cancer that need to be seen, tested and treated’



Q30_4_2. . To what extent do you agree or disagree with the following statements. Please select one answer per statement
Base: all N=2,468 (ABC1: N=1,366, C2DE: N=1,102, White: N=2,151, BAME: N=317, Mixed: N=102, Asian: N=105, Black N=93)

Those who have had cancer themselves or who have a close personal connection to cancer are more likely to agree that the health service is not prepared to deal with demand for cancer treatments

'I don't think the health service has enough staff or equipment to see, test and treat all the people with cancer that need to be seen, tested and treated'



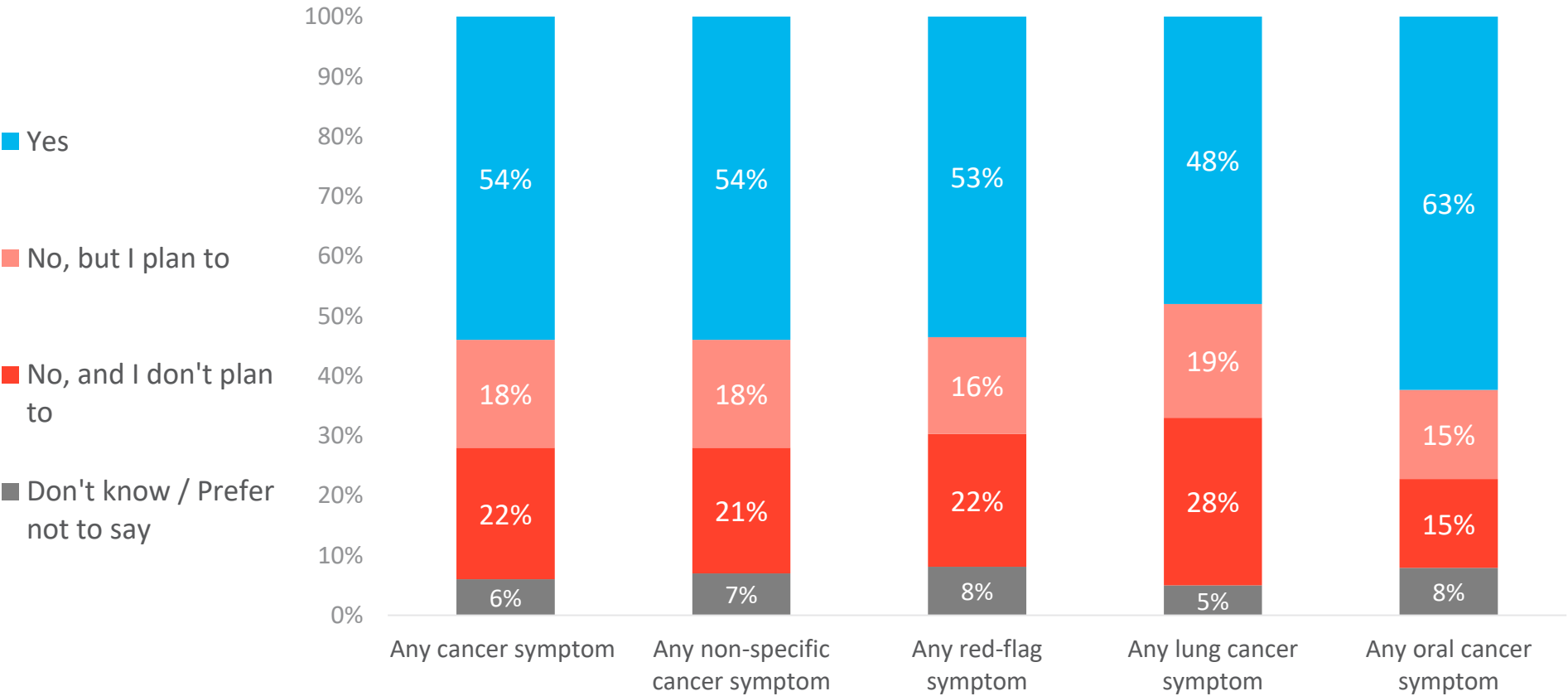
Q30_4_2. . To what extent do you agree or disagree with the following statements. Please select one answer per statement

Base: (all who have personally had cancer N=146, all who have a partner, family or close friend had cancer but not had cancer themselves N=1,752, all with no close connection to cancer N=570)

Re-presentation

Over half of those with a cancer symptom have recontacted their doctor because they were still experiencing it but there are no significant differences by type of symptom

Whether respondents have gone back to their GP after still experiencing a symptom



In comparison, 43% of respondents have gone back to their GP with a persistent symptom in the last 12 months

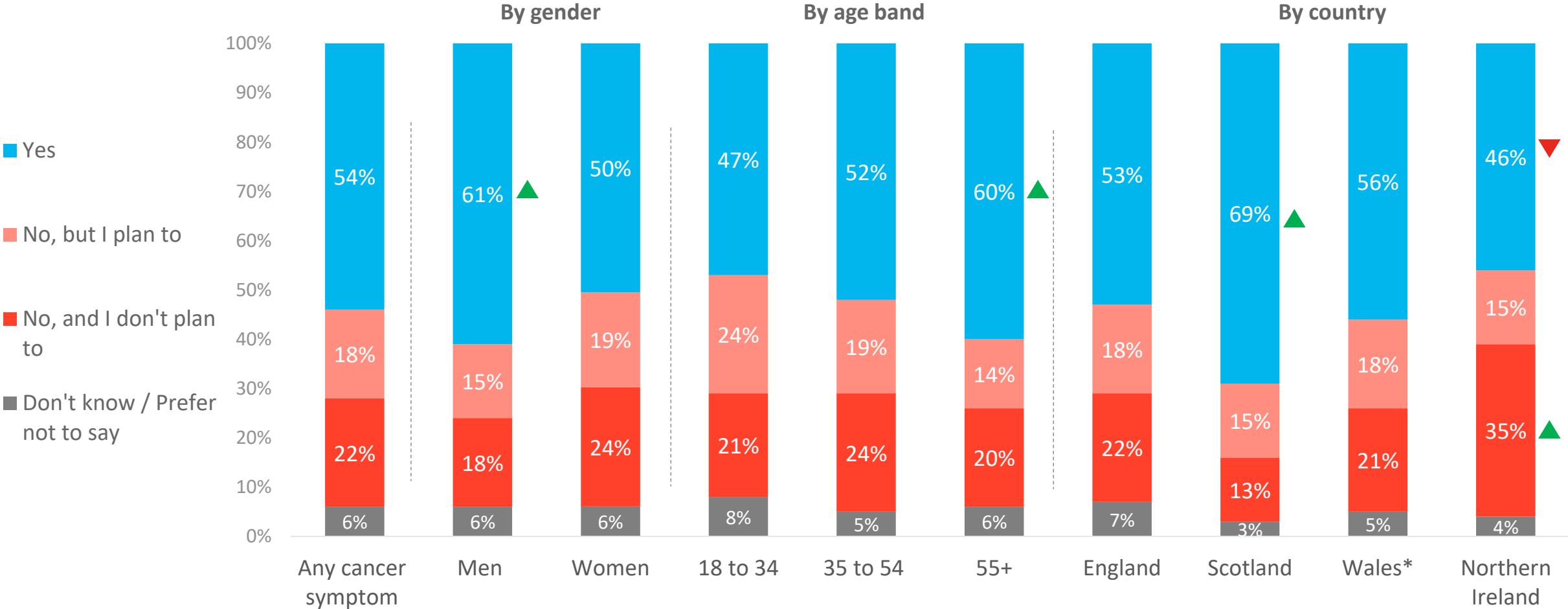
This includes all health problems – not just symptoms of cancer

Q15c. You said you were still experiencing [symptom] after discussing it with your doctor (GP). Did you contact your doctor again after noticing that you were still experiencing the symptom? Any still experiencing a cancer symptom (N=523), Any still experiencing a non-specific cancer symptom (N=339), Any still experiencing a red-flag cancer symptom (N=177), Any still experiencing a lung-specific cancer symptom (N=163) Any oral cancer symptom (N=151)

Men and older respondents are more likely to have gone back to their GP while those in Northern Ireland are the least likely to bother

Whether respondents have gone back to their GP after still experiencing a symptom

▲ Show statistically significant differences with any cancer symptoms
▼

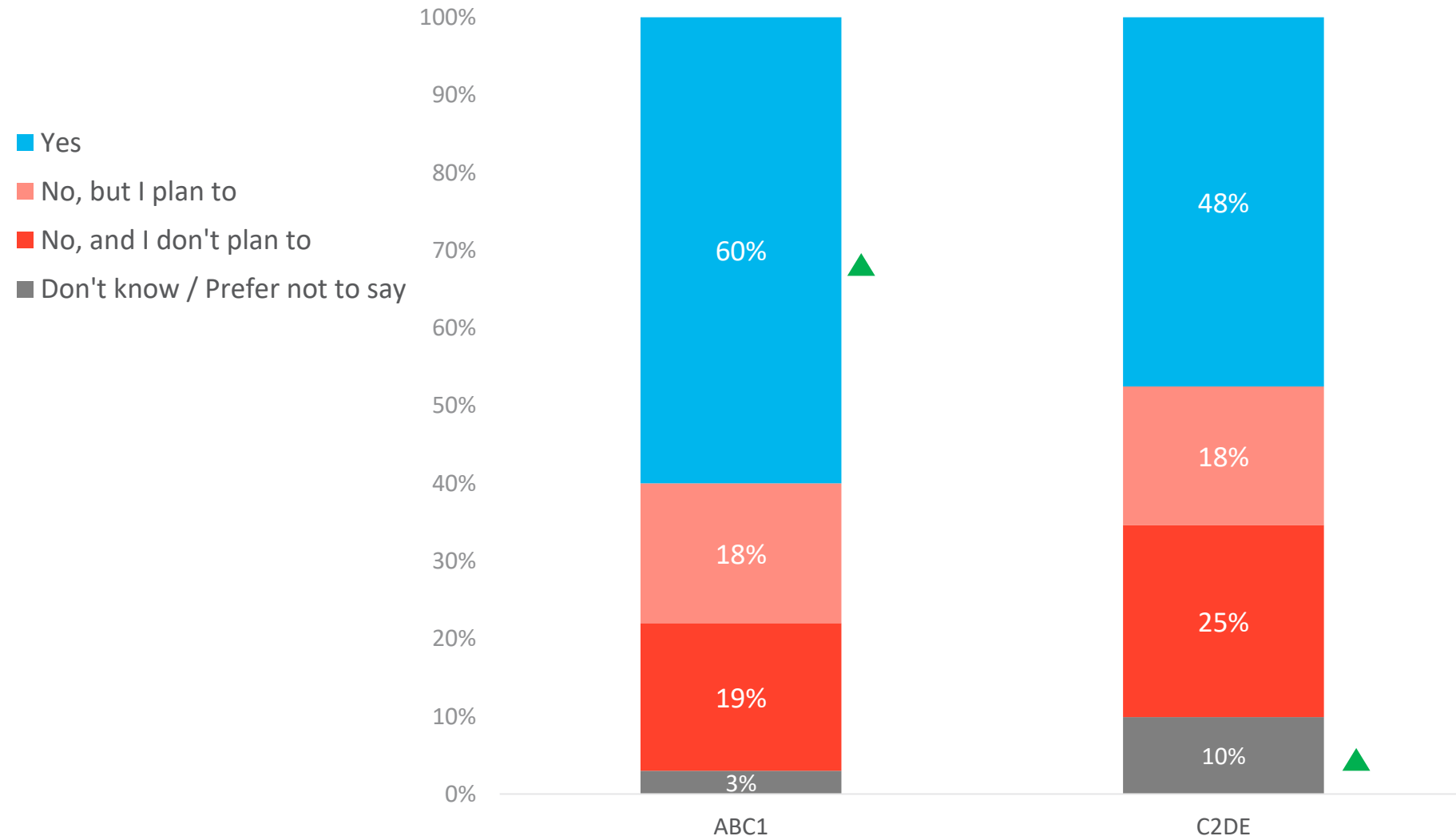


Q15c. You said you were still experiencing [symptom] after discussing it with your doctor (GP). Did you contact your doctor again after noticing that you were still experiencing the symptom? Any still experiencing a cancer symptom (N=523), (Men N=201, Women N=322, 18 to 34 N=113, 35 to 54 N=191, 55+ N=219, England N=331, Scotland N=34, Wales N=21, Northern Ireland N=137)

*Caution: low base size

ABC1 respondents are significantly more likely overall to have gone back to their GP after still experiencing a symptom – however, there are no differences by type of symptom

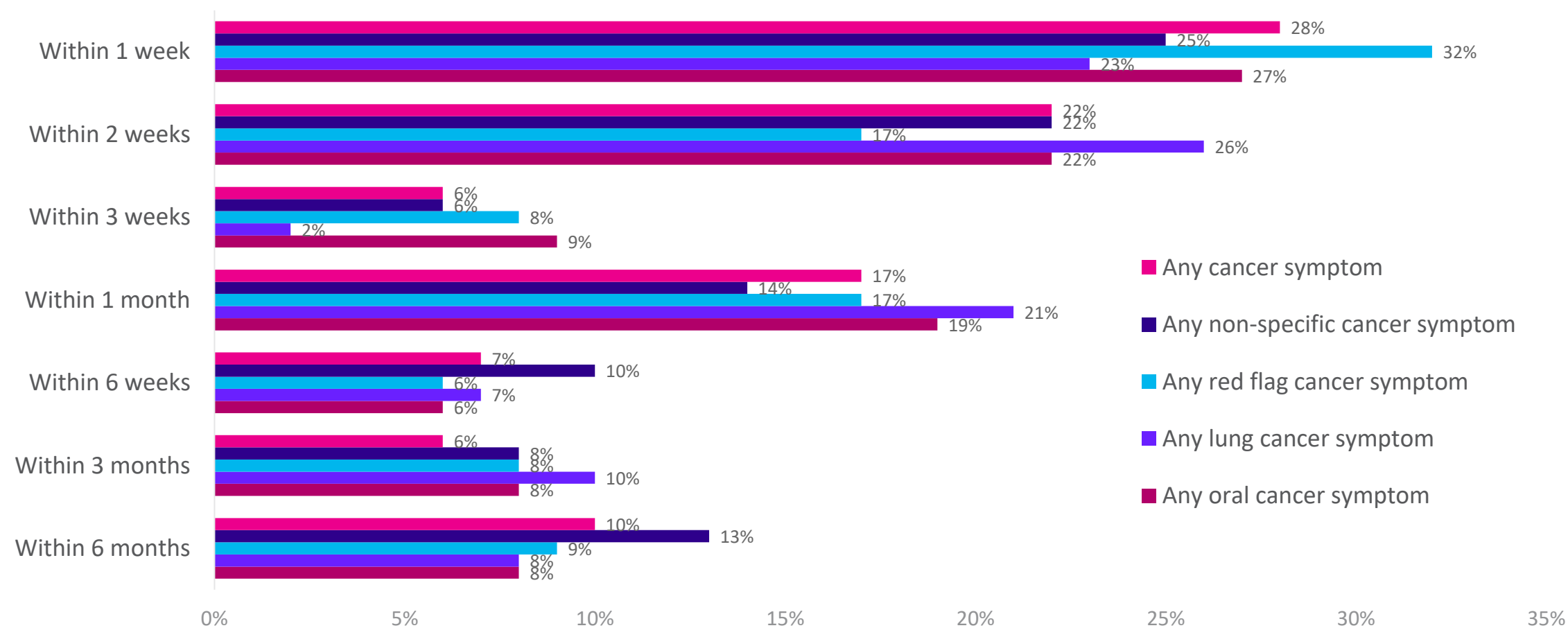
Whether respondents have gone back to their GP after still experiencing a symptom



Q15c. You said you were still experiencing [symptom] after discussing it with your doctor (GP). Did you contact your doctor again after noticing that you were still experiencing the symptom? Any still experiencing a cancer symptom (ABC1: N=294, C2DE: N=229)

Most recontacted their doctor within two weeks of noticing they were still experiencing the symptom

How long after noticing they were still experiencing the symptom did they recontact the doctor



Q15d. You said that you contacted your doctor (GP) again after noticing that you were still experiencing [symptom] in the last 6 months. How long after you noticed that you were still experiencing the symptom did you contact your doctor (GP) again? Any who recontacted the doctor for a cancer symptom (N=271), a non-specific cancer symptom (N=173), a red-flag cancer symptom (N=89), a lung-specific cancer symptom (N=76) an oral cancer symptom (N=87)

A third whose test results suggested there was nothing to worry about recontacted the doctor and most did it within two weeks of noticing that they were still experiencing the symptom

Whether those whose tests suggested there was nothing to worry about recontacted the doctor

Any cancer symptoms: 22% contacted the GP
21% plan to

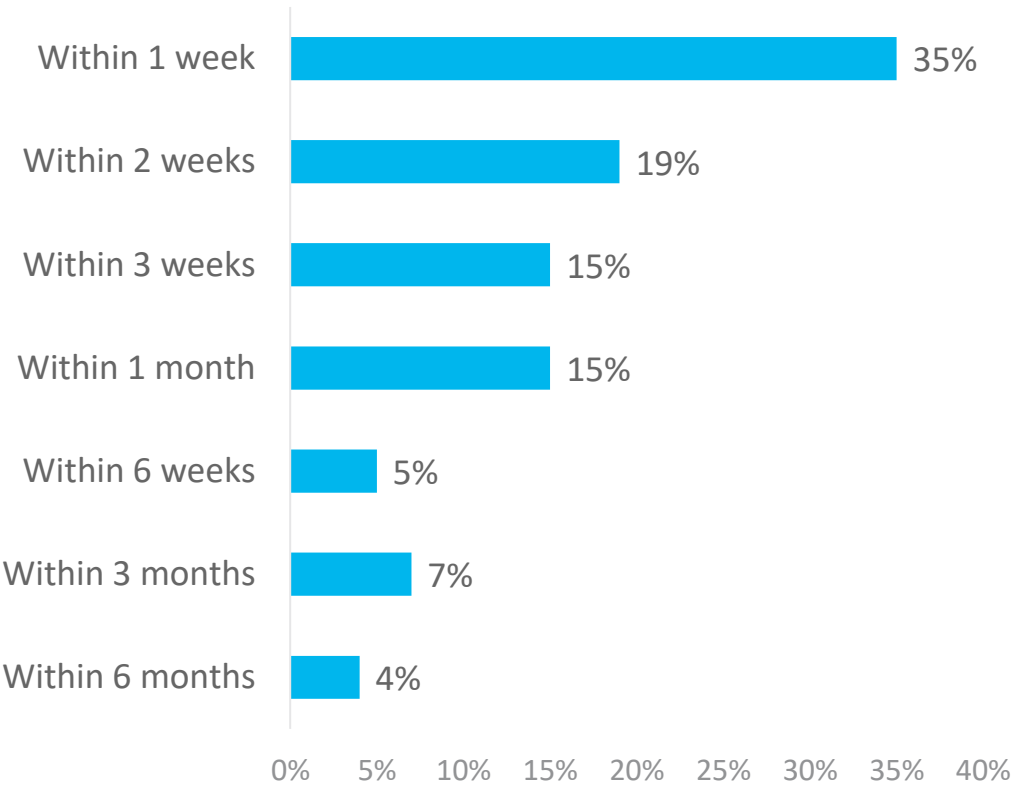
Any non-specific cancer symptoms: 19% contacted the GP
22% plan to

Any red flag cancer symptoms: 30% contacted the GP
19% plan to

Any lung cancer symptoms:* 22% contacted the GP
13% plan to

Any oral cancer symptoms: 33% contacted the GP
22% plan to

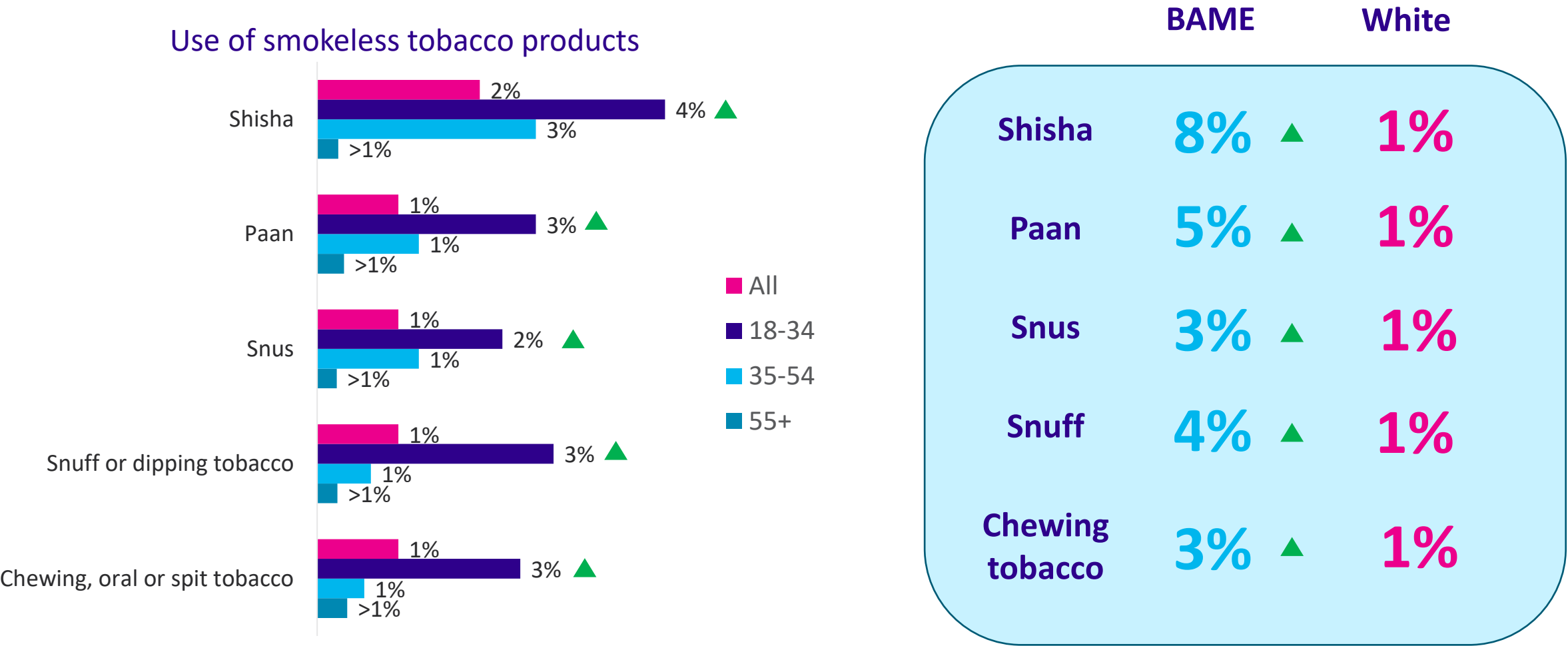
When they recontacted the doctor*



Q15h. You said you were still experiencing [symptom] after receiving your test results. Did you contact your doctor again after noticing that you were still experiencing the symptom?
Q15i: You said that you contacted your doctor (GP) again after noticing that you were still experiencing [symptom] after receiving your test results. How long after you noticed that you were still experiencing the symptom did you contact your doctor (GP) again? If you are unsure, please give your best guess.
Base: all still experiencing a symptom after their test results suggested there was nothing to worry about (any symptom N=147, any non-specific N=89, any red flag N=43, any lung cancer N=33, any oral cancer N=42)
Base: all who recontacted the doctor after still experiencing the symptom (N=33) *Caution: low base size

Prevention

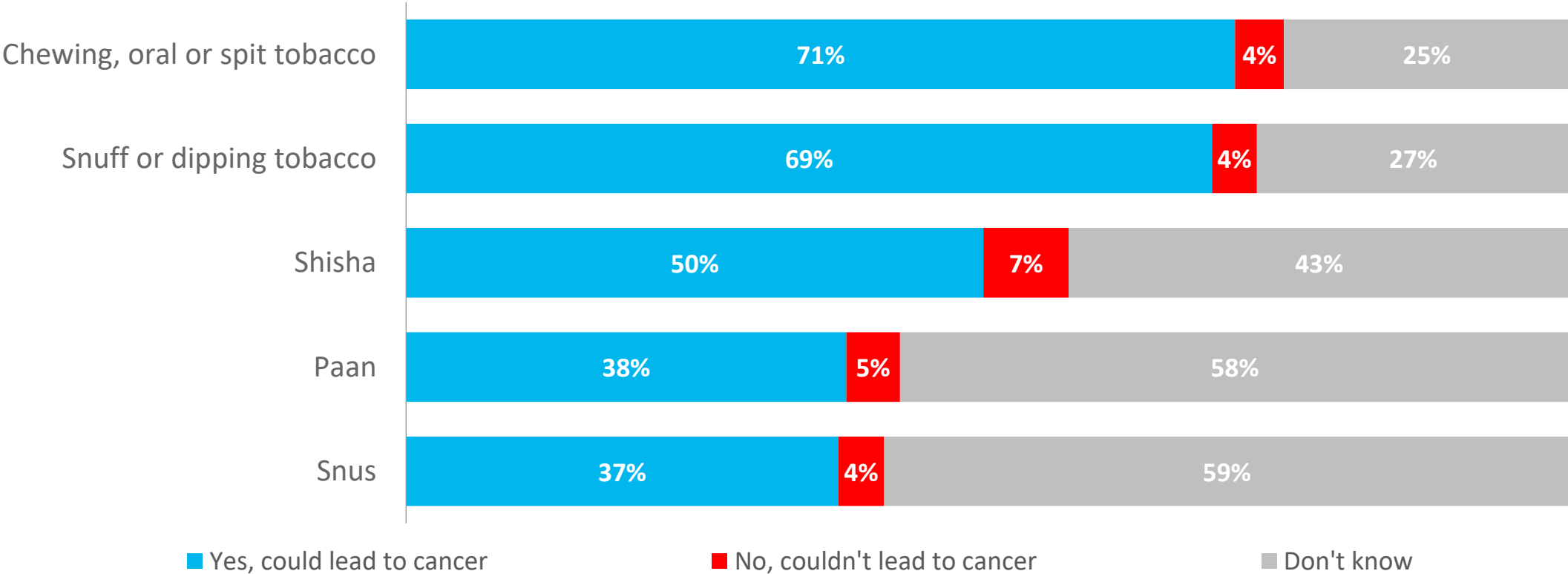
While the use of smokeless tobacco products is low BAME respondents are the most likely group to have ever used them, with Shisha being the most common



Q1a - How often do you use the following products?
Base: All N=2469 (BAME N=317; White N=2151; 18-34 N=643; 35-54 N=874; 55+ N=951)

Most are aware that chewing tobacco and snus can increase cancer risk, but for other forms of smokeless tobacco the majority say that they do not know

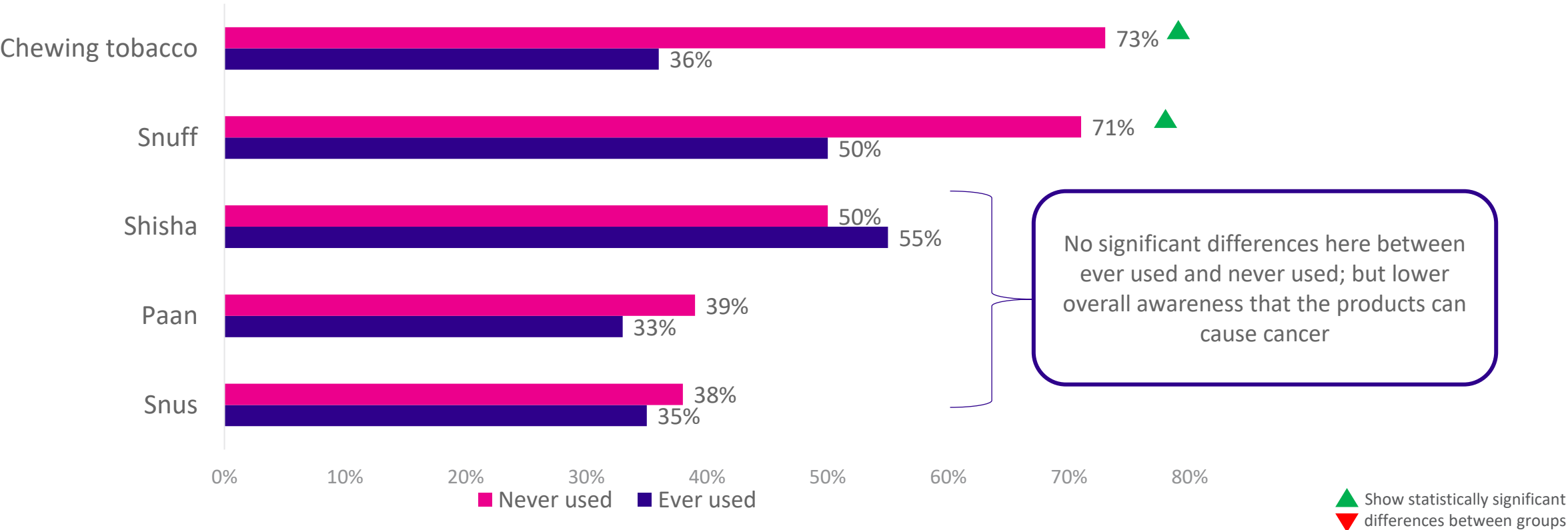
Belief that tobacco products can increase a persons chance of developing cancer



Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?
Base: Total n=2469

For chewing tobacco and snuff, respondents who have never used them are significantly more likely to report that the products could cause cancer

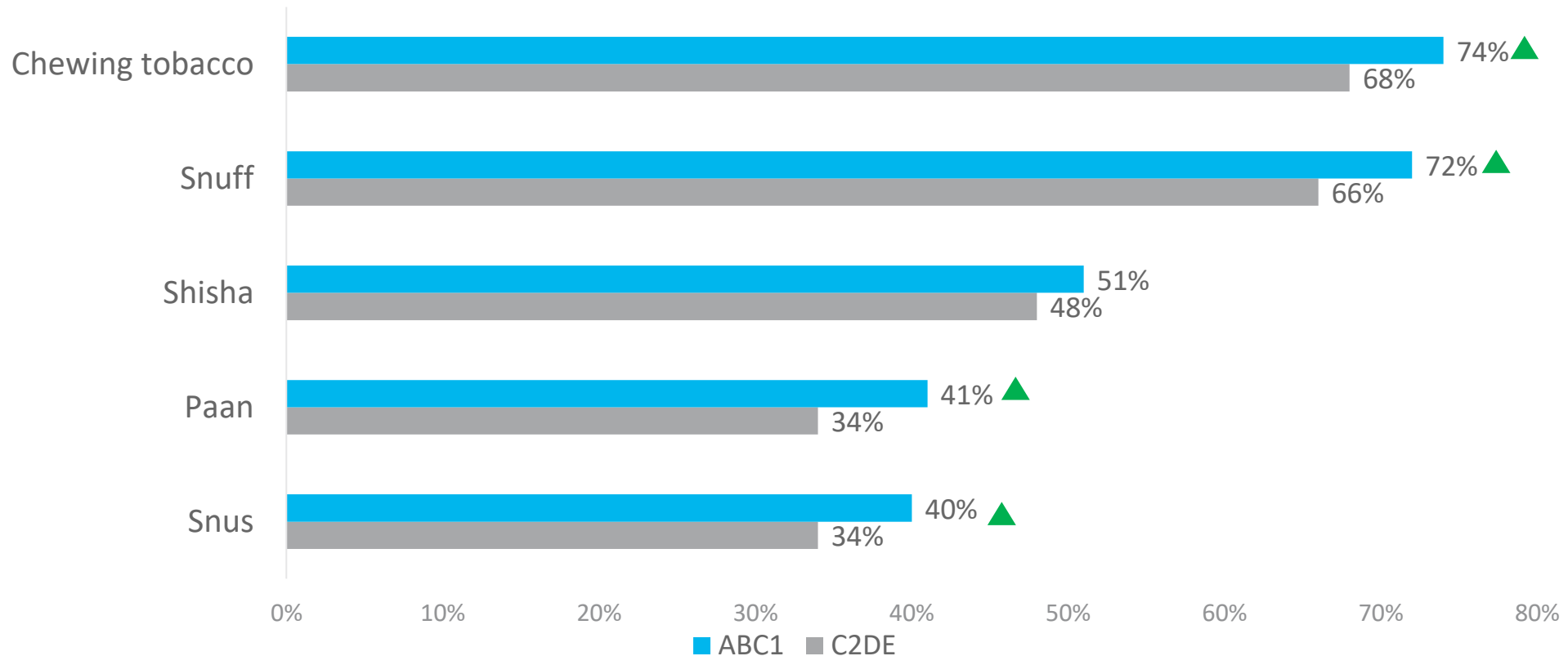
Belief that tobacco products can increase a persons chance of developing cancer by ever used and never used each product



Q1a - How often do you use the following products? Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?
Base:;ever used (Shisha n=177; Paan n=60; Chewing tobacco n=67; Snuff n=73; Snus n=58), never used: (Shisha n=2,257; Paan n=2,368; Chewing tobacco n=2,363; Snuff n=2,359; Snus n=2,375)

Awareness of increased cancer risk is higher among ABC1 respondents for all tobacco products except shisha

Belief that tobacco products can increase a persons chance of developing cancer by ever used and never used each product

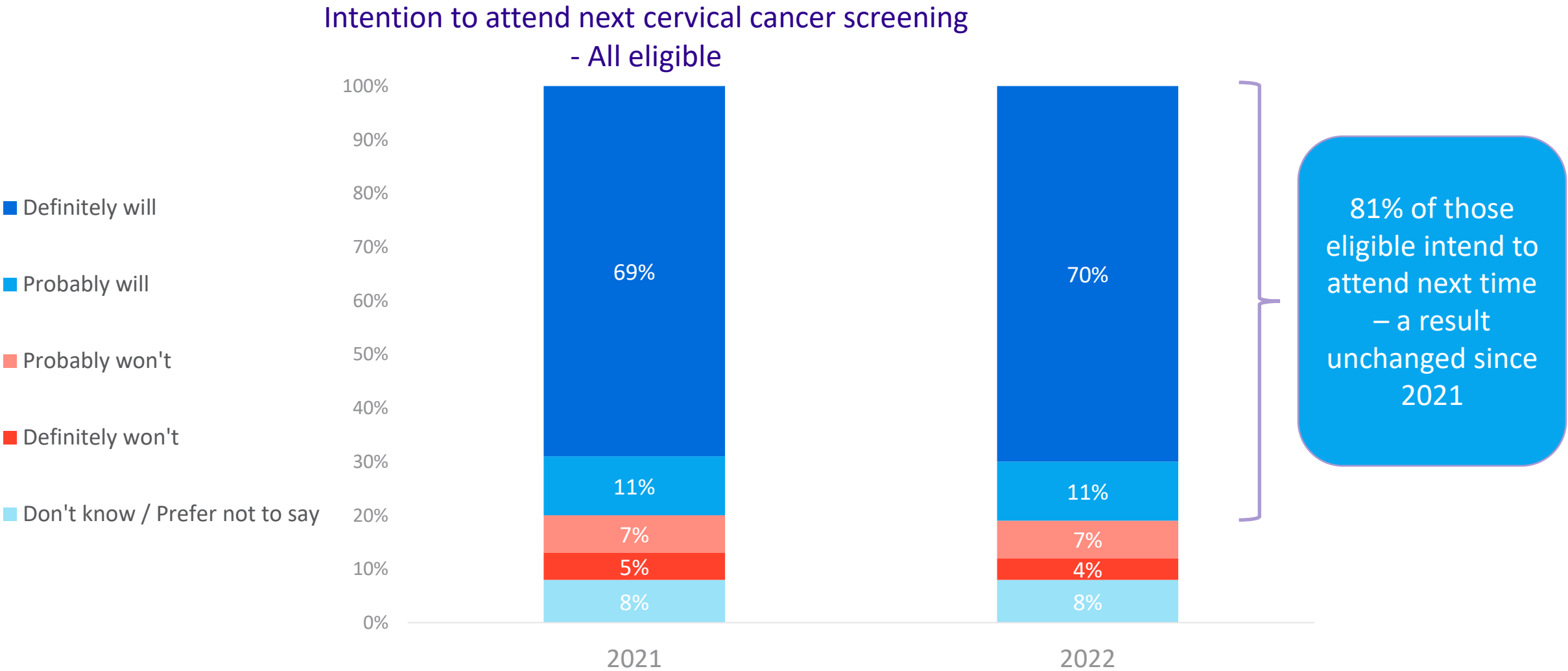


Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?

Base: ABC1: N=1,366, C2DE: N=1,102

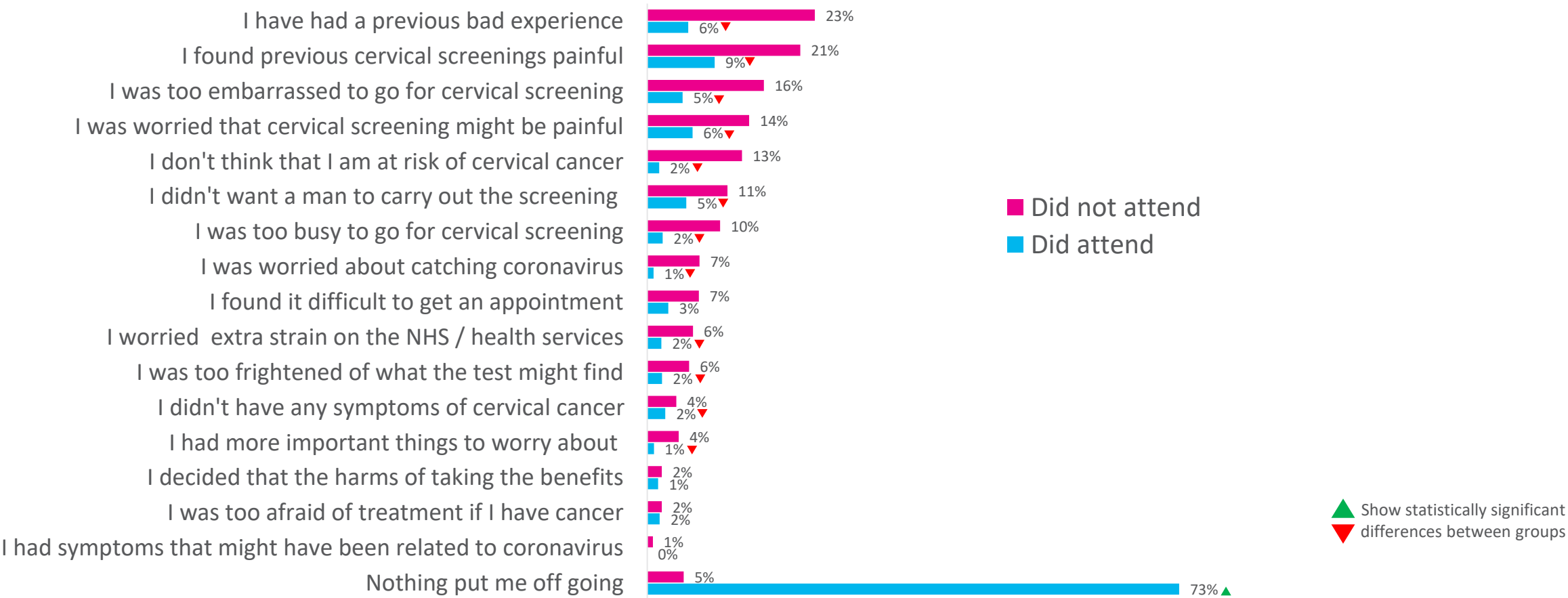
Cervical cancer screening

Over four-fifths of those eligible to attend cervical cancer screenings intend to go next time they are invited

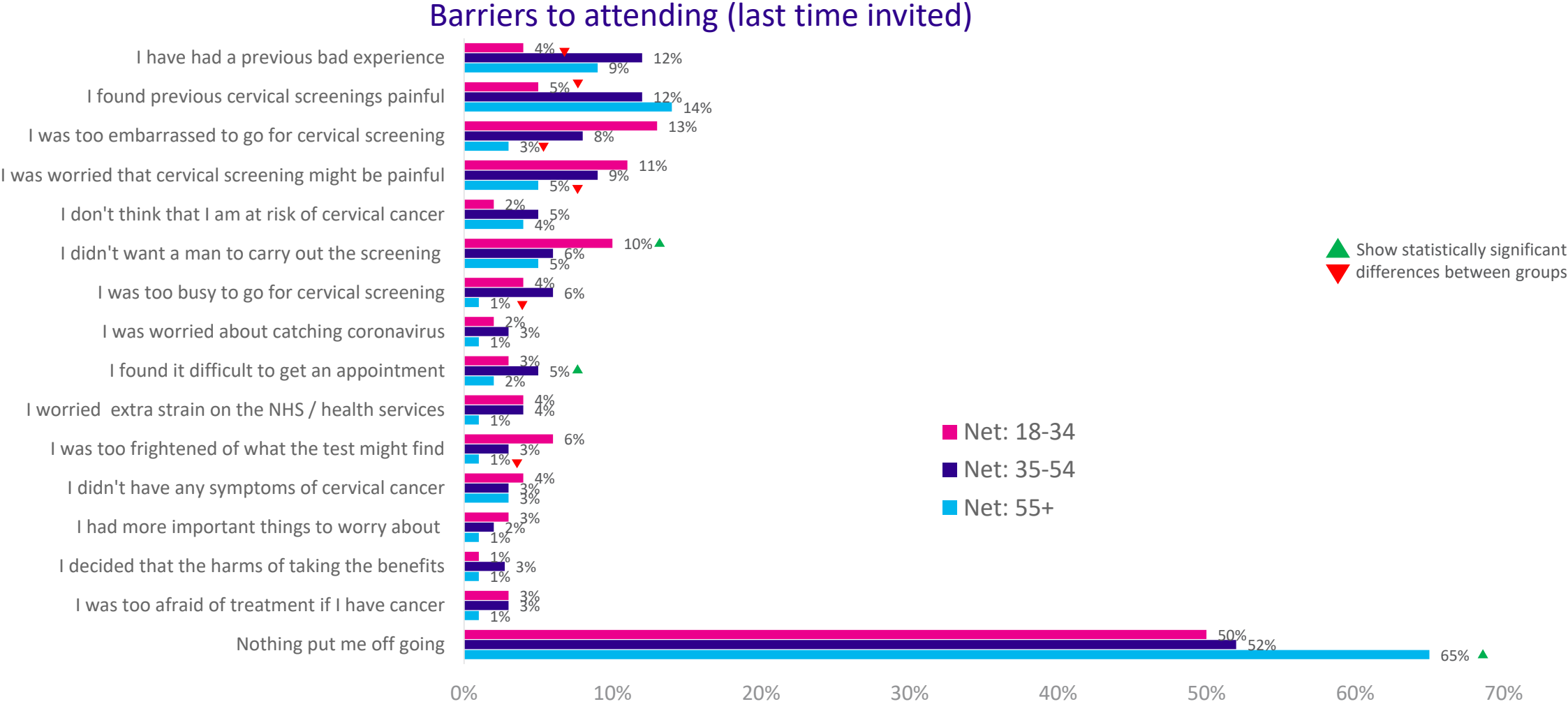


The highest barriers to attending cervical screenings are previous bad experiences and pain, especially among those who did not attend the last time they were invited

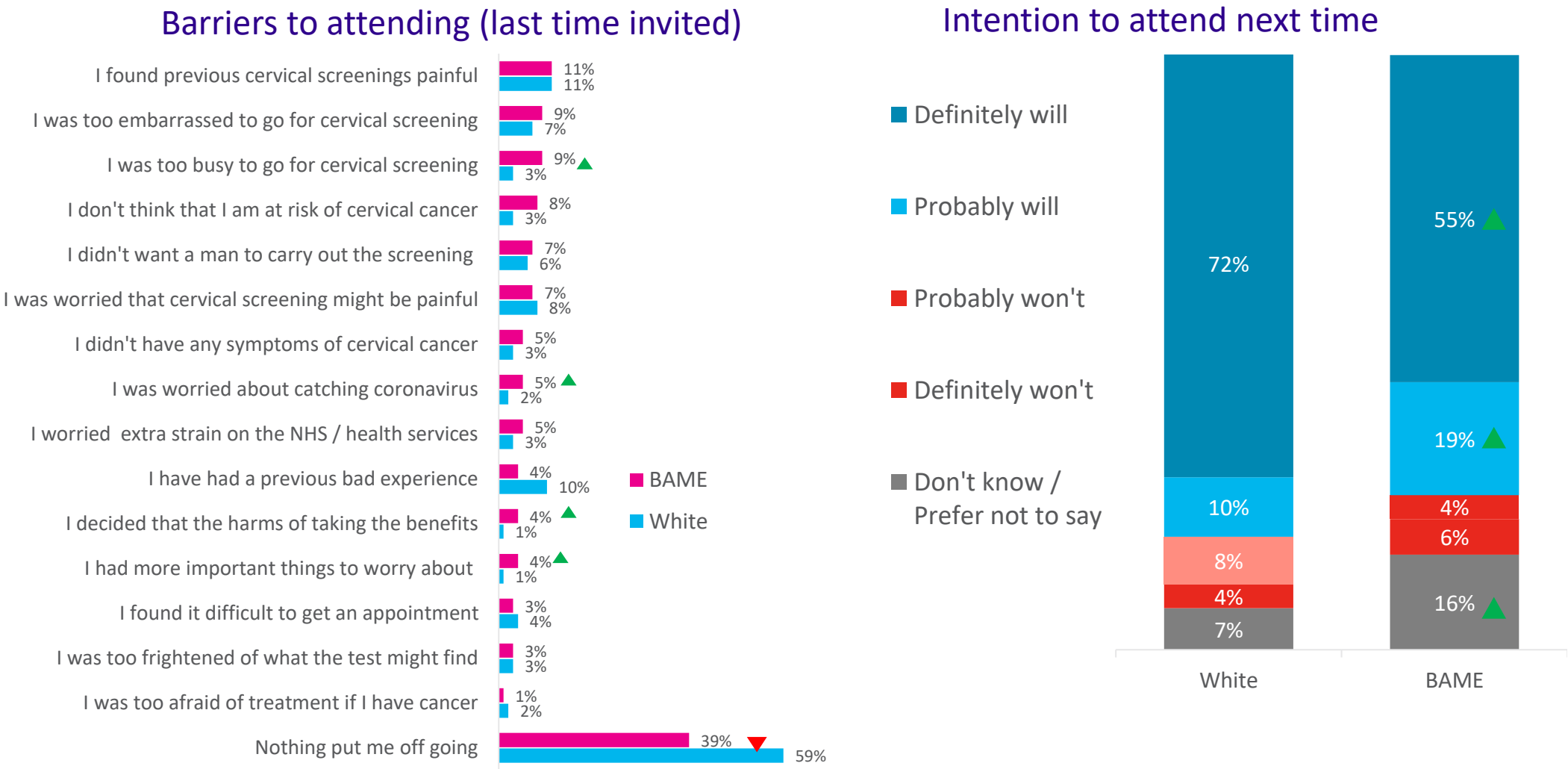
Barriers to attending (last time invited)



Younger respondents are more likely to have avoided attending screening because they were embarrassed and concerned that it would be painful

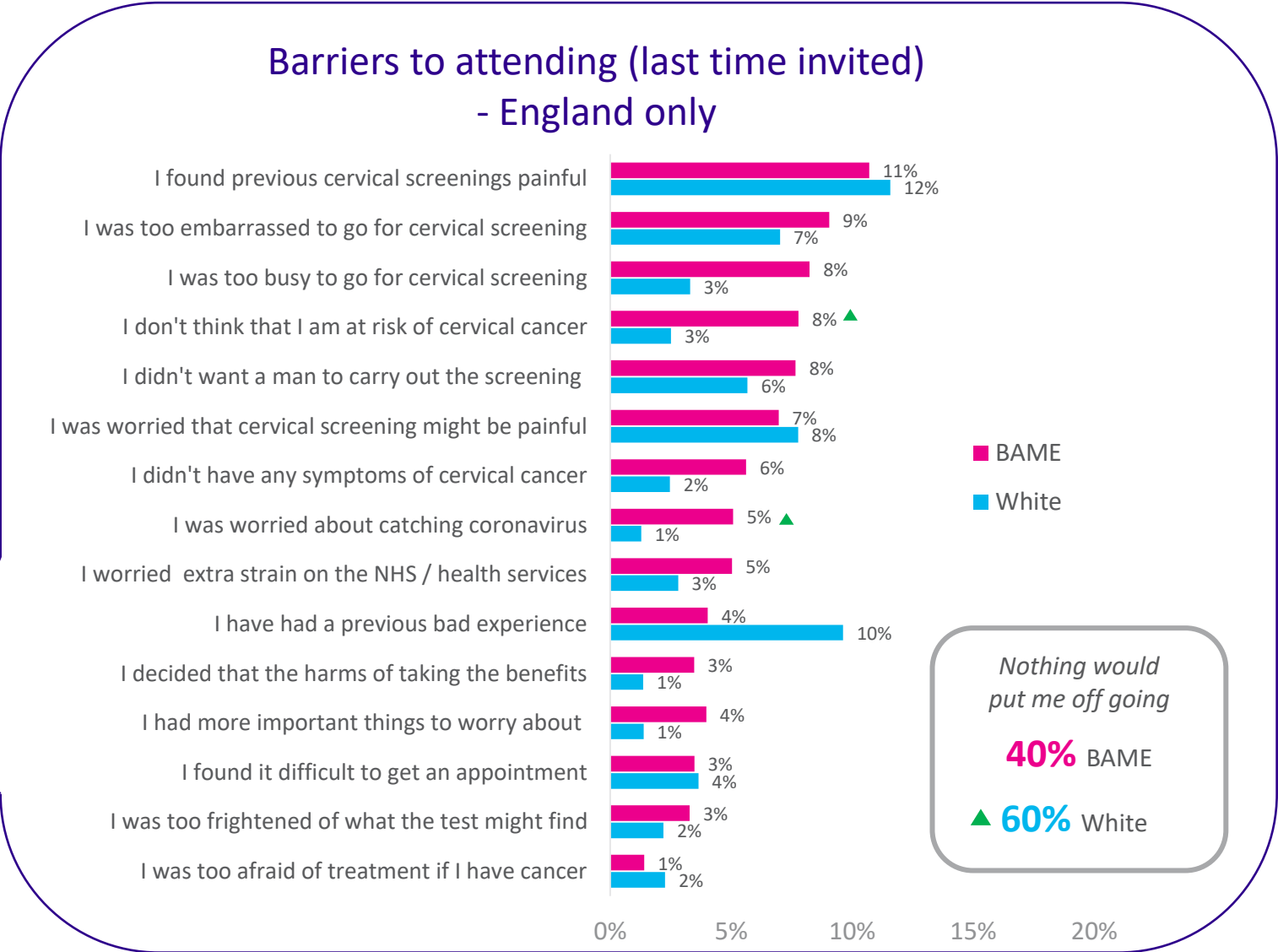


BAME respondents are less likely to say they will definitely attend their next screening and are more likely to experience several of the barriers listed



Q38. Thinking about the last time you were invited for cervical screening, did any of the following put you off going? Please select all that apply. Base: White n=1052; BAME n=147;
Q37. Will you go for cervical screening next time you are invited? Base: all eligible (White N=817, BAME N=132)

BAME women in England are more likely to cite not thinking they are at risk and coronavirus as barriers



Q38. Thinking about the last time you were invited for cervical screening, did any of the following put you off going? Please select all that apply.
Base: all eligible to be invited in England. White n=630; BAME n=127;

Those eligible for cervical screening were prompted with an explanation of possible future cervical screening options and asked which they would prefer

Prompt text:

In the future, it may be possible for people to do the cervical screening test yourself at home (HPV self-sampling), perhaps using a vaginal swab (like a long cotton bud) or by collecting a sample of wee. Imagine when you are next invited for cervical screening, you have two choices.

- 1) *Make an appointment at your GP surgery or sexual health clinic to have cervical screening done by a nurse or doctor (as happens now)*
- 2) *Request a self-sampling kit to be sent to your home so you can do the test yourself and send it directly to a laboratory in a pre-paid envelope*

41% would want the HPV self-sampling kit to do at home

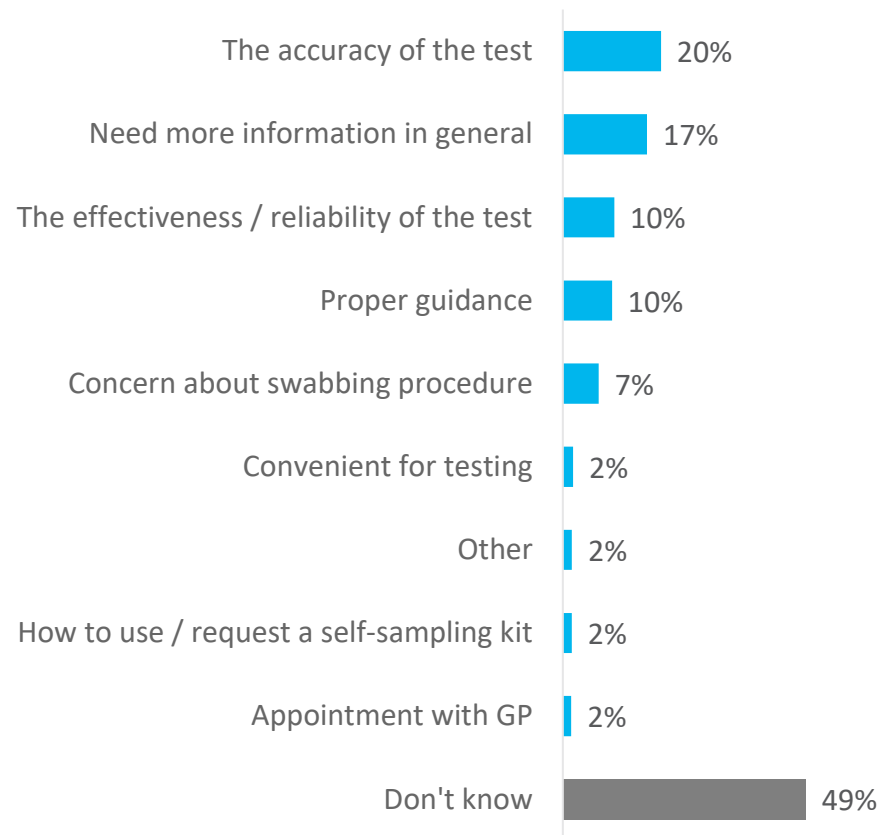
34% would want their cervical screening to be performed by a nurse or doctor

White women are more likely to opt for an appointment with a nurse or doctor (36% vs 26% of BAME women), but BAME women are more likely to not take part at all (9% vs 4%) or refused to answer the question (12% vs 5%)

Those of an ABC1 social grade are more likely to want a self-sampling kit that they can do at home (44% vs 37% of C2DEs)

In total, 14% say they don't know which test they would prefer
– when asked to explain why, the most common answers focus on the accuracy of the test and needing more information in general

Information to help those who don't know decide



The reliability of the home test. I would be concerned that I hadn't collected the sample correctly

Knowing how easy to administer and how reliable the home test kits are

It would depend on how confident I felt doing the test myself. I would need more information to ascertain if I felt capable to carry out the procedure

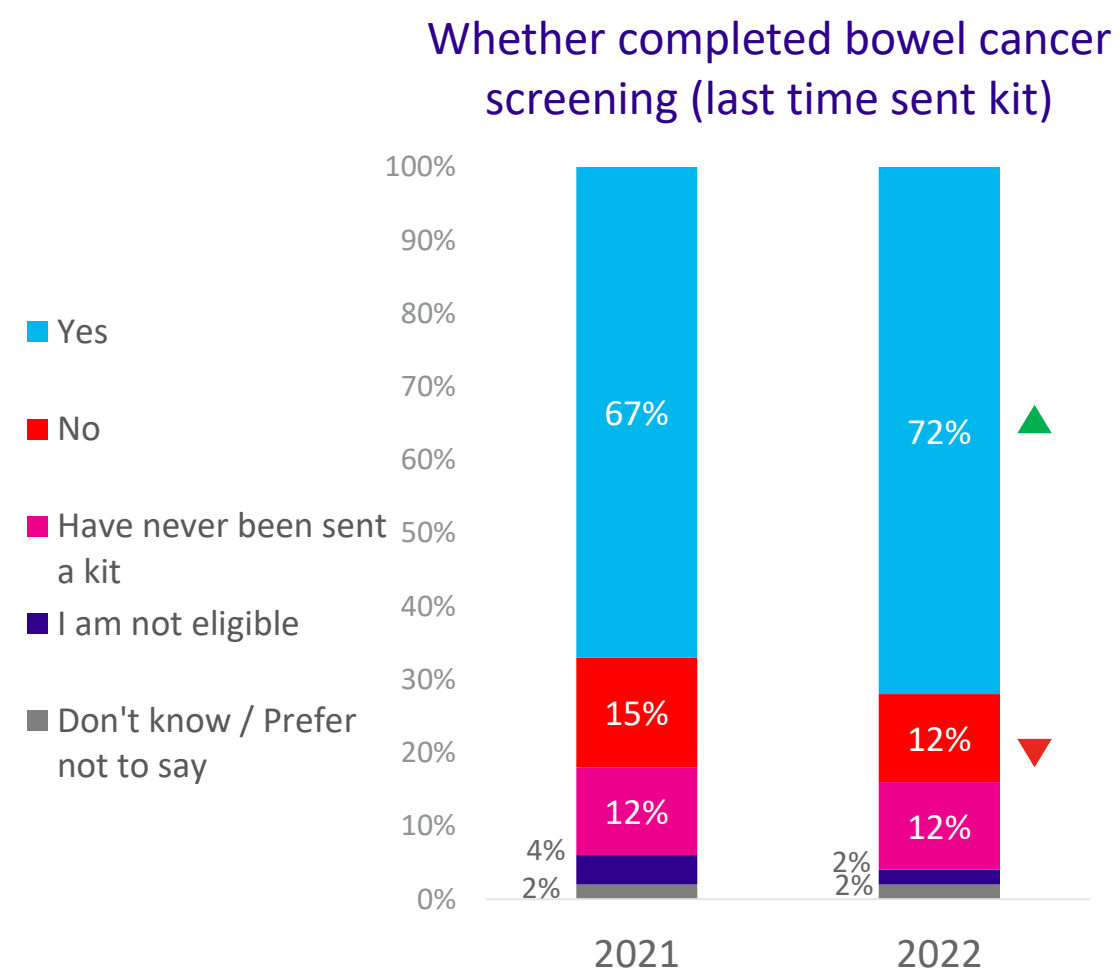
Is it NHS? What's the difference in diagnosis by each method? How difficult is the process?

Health and safety precautions when doing the self-sample at home, how long it takes to complete and when would I receive my results.

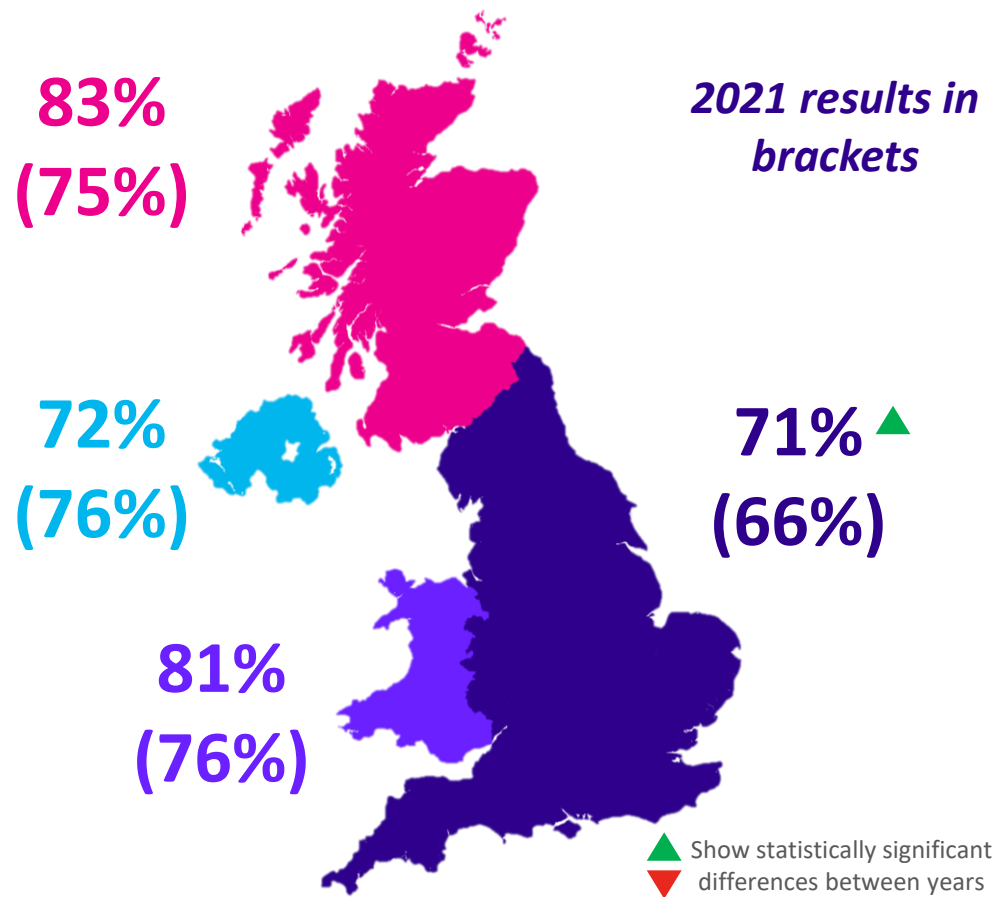
I would need to know how accurate self sampling was, both as a test and due to human error in acquiring the sample.

Bowel cancer screening

The proportion completing their bowel cancer screening kit has increased since 2021



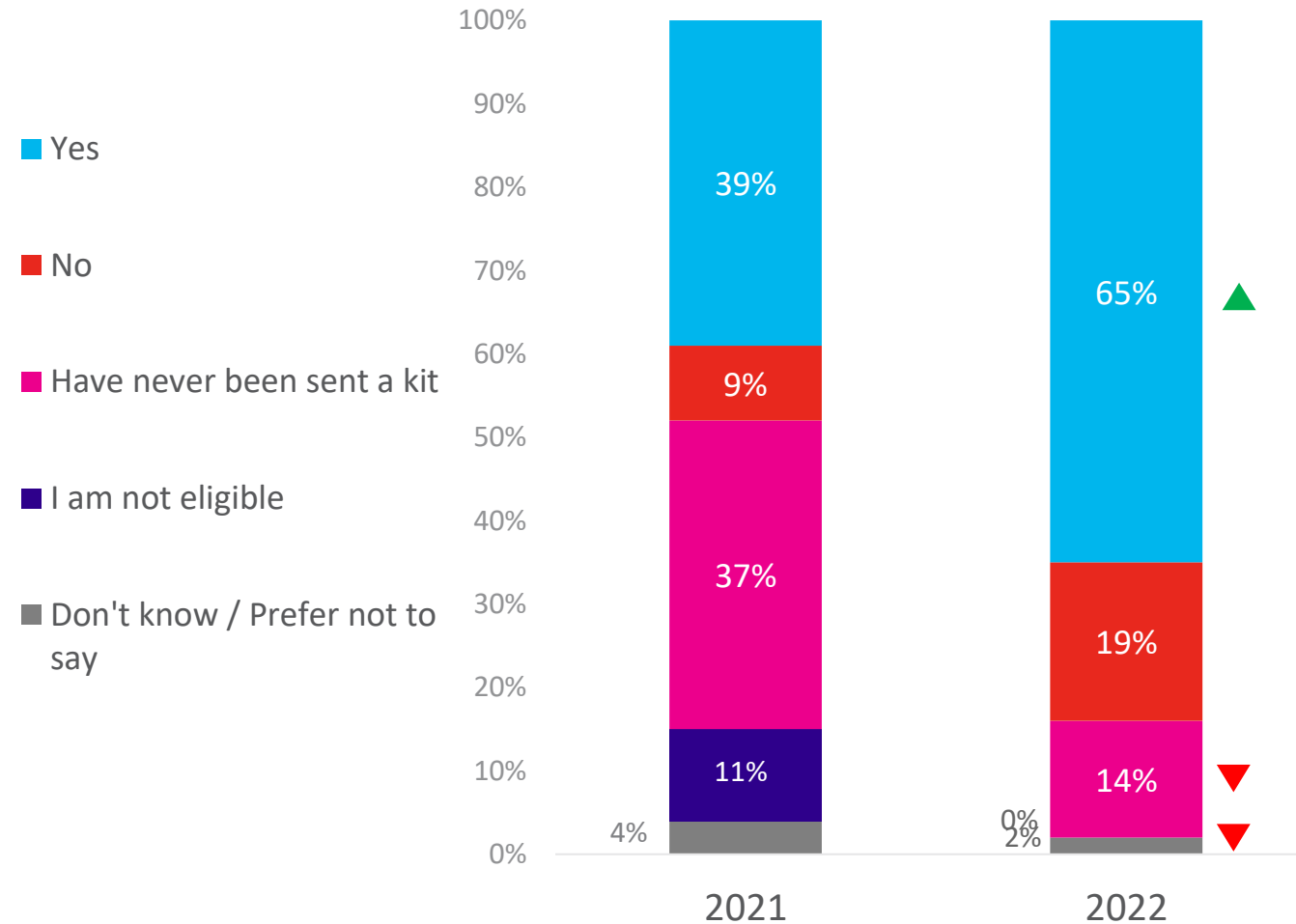
Those in England are the least likely to have completed it, but the proportion in this region who have done so has increased since 2021



Q40. Did you complete a bowel cancer screening poo test kit last time you were sent one
Base: All who are eligible for a test (2021: N= 866; 2022: N=895), all 2022 in England (N=629), Wales (N=38), Northern Ireland (N=146), Scotland (N=82)

The proportion of BAME respondents who have completed their bowel cancer screening kit has significantly increased since 2021

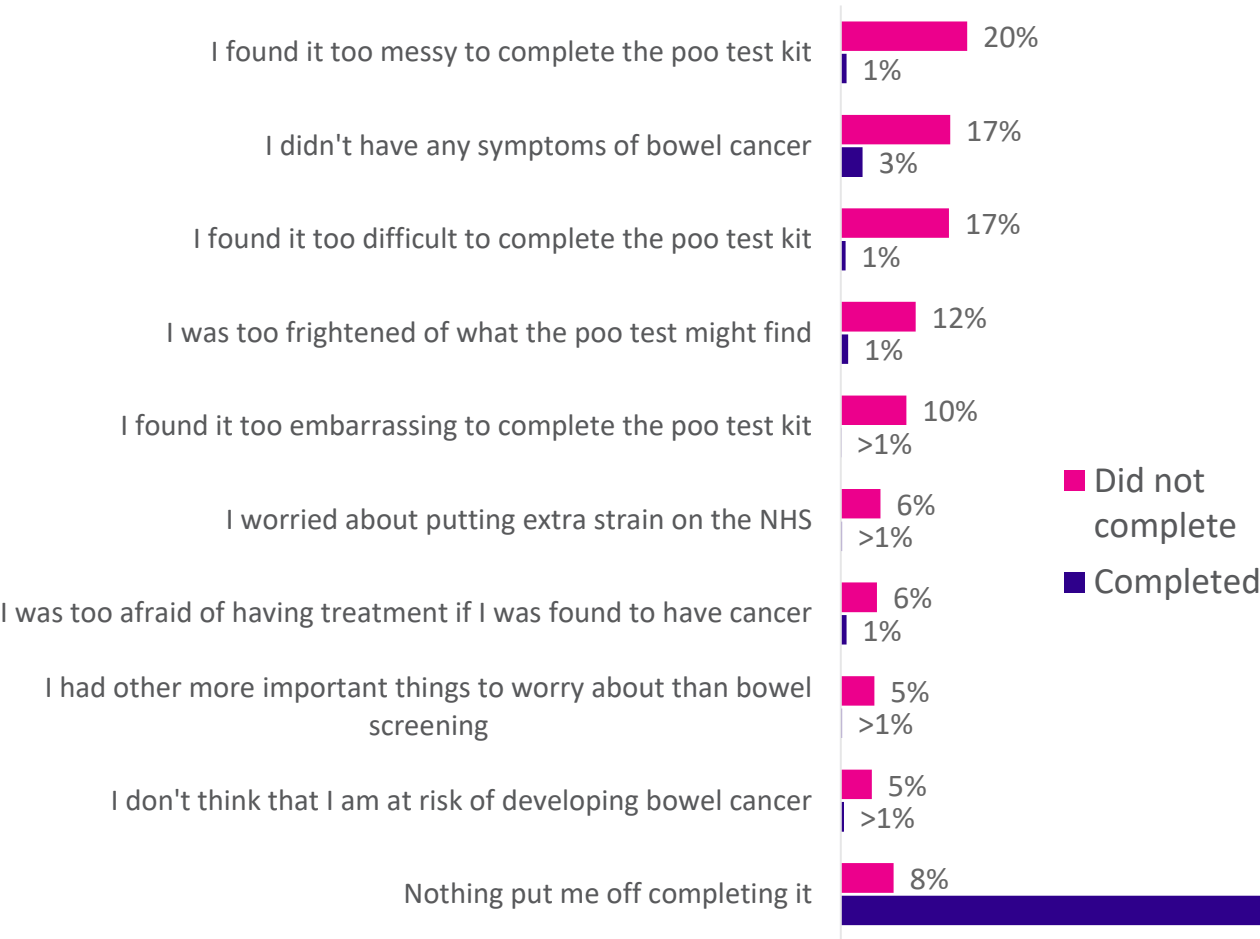
Whether completed bowel cancer screening (last time sent kit)
- BAME respondents only



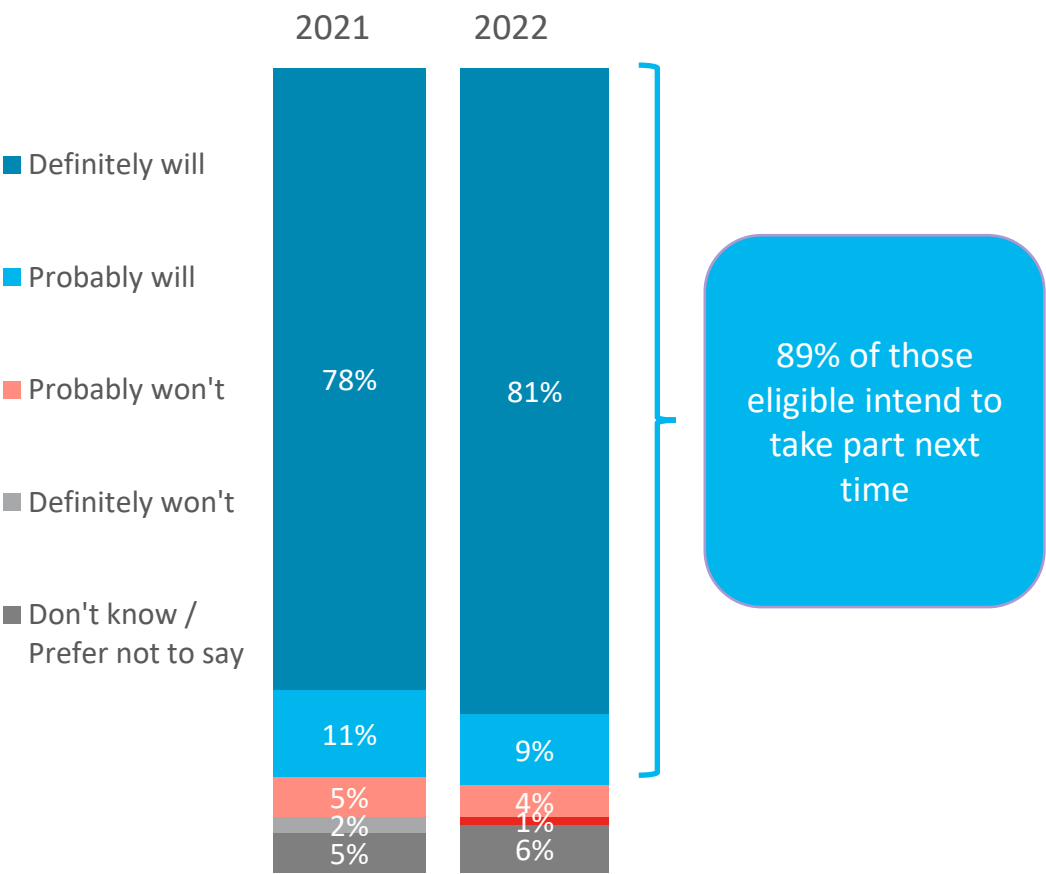
The increase has also been driven by fewer reporting that they are not eligible or have never been sent a kit

Finding it too messy is the largest barrier among those who did not complete their bowel cancer test last time

Barriers to completing (last time sent kit)

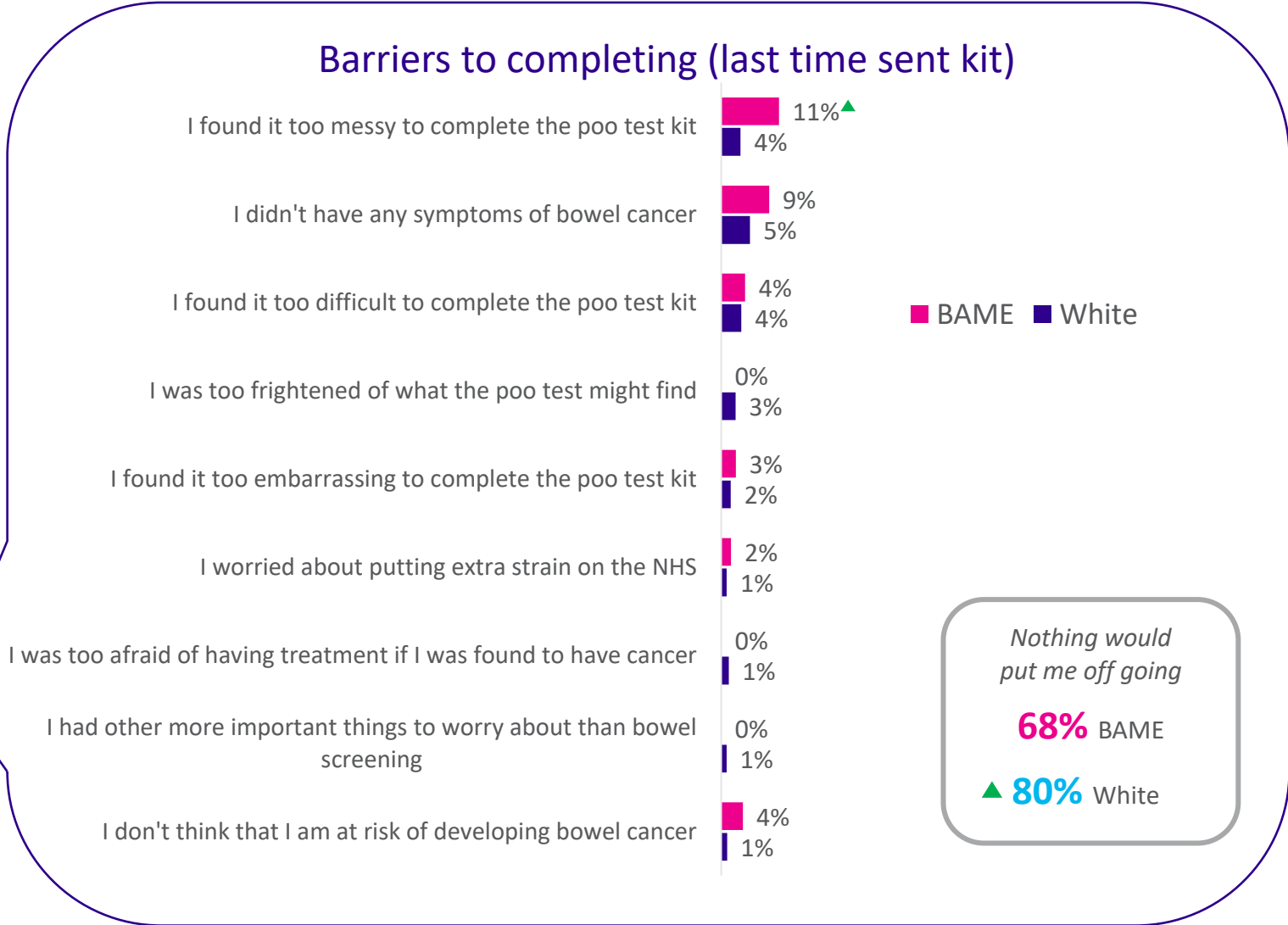


Intention to complete next time



Q42. Thinking about the last time you received a bowel cancer stool test kit, did any of the following put you off completing it? Please select all that apply. Base: All who did complete (n=652) and didn't complete (n=119)
Q41. Will you complete the kit next time you are sent one? Base: all eligible (n=895)

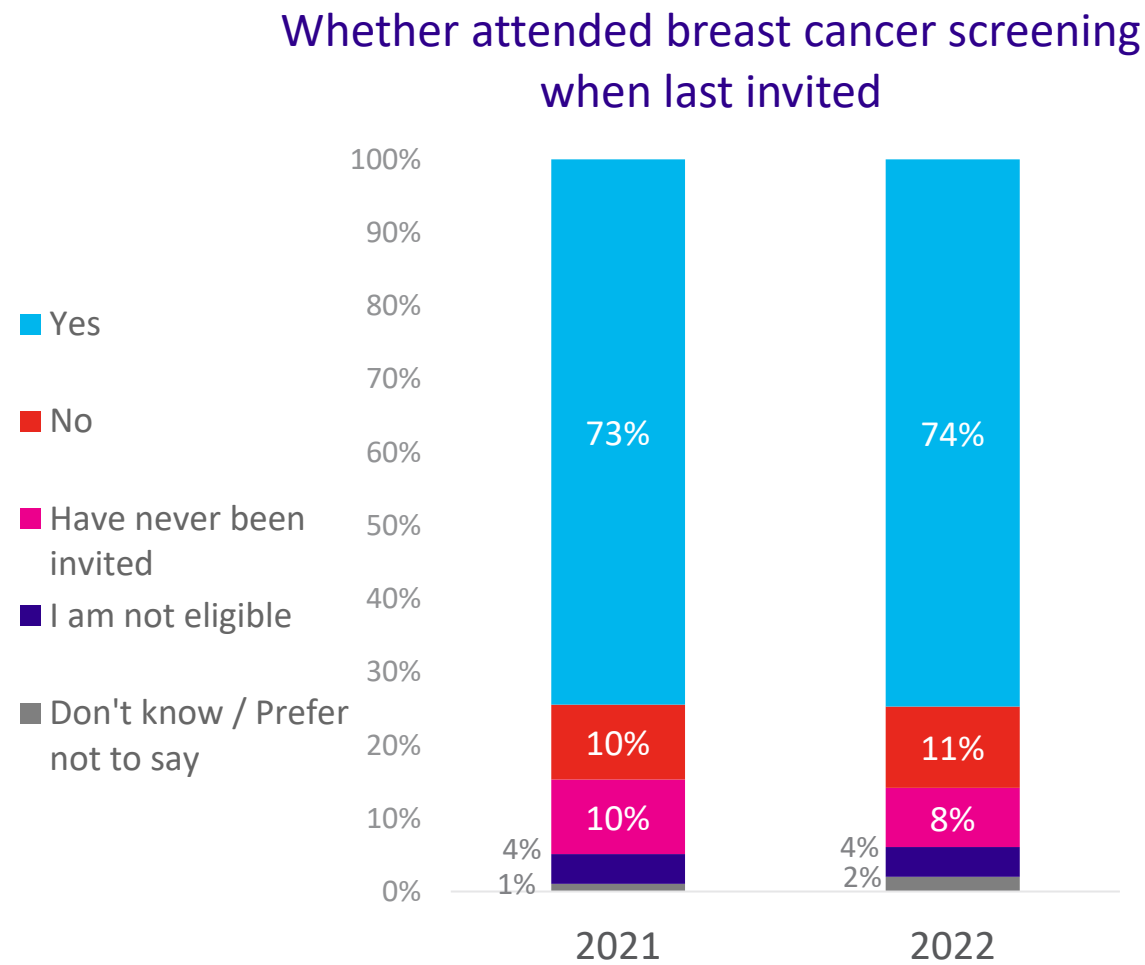
BAME respondents are more likely to cite finding the bowel cancer screening test too messy to complete as a barrier



Q42. Thinking about the last time you received a bowel cancer screening poo test kit, did any of the following put you off completing it? Please select all that apply.
Base: all eligible to be invited in England. White n=481; BAME n=52;

Breast cancer screening

There are no differences in the proportion attending their breast cancer screening with around three-quarters of those eligible attending when last invited



Attendance is lower among BAME respondents

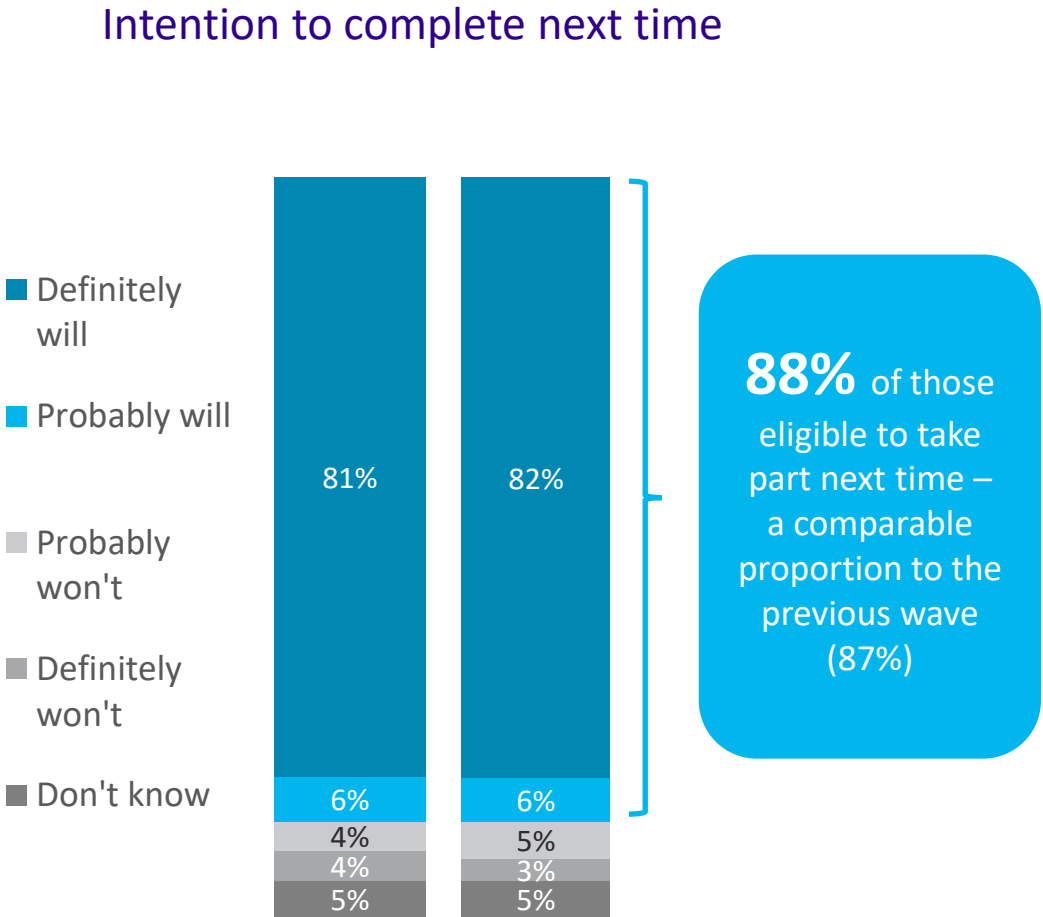
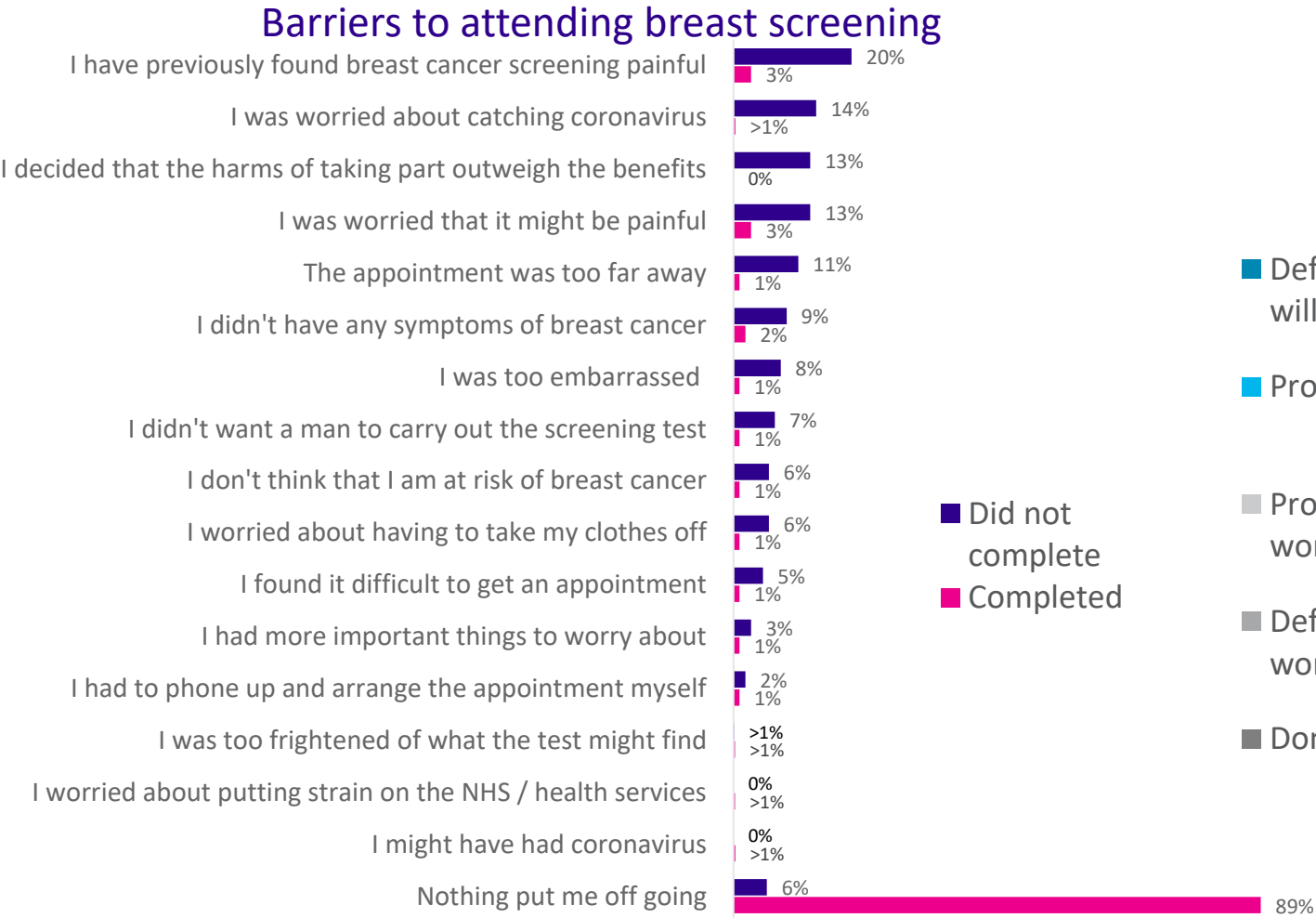
White ▲ 75% vs 58% ▼ BAME

And lower among the younger age groups

Age Group	Attendance
45 to 54	48% ▼
55 to 64	83%
55 to 64	81%

Q43. Did you go for breast screening the last time you were invited? Please select one answer.
Base: All eligible for screening (2021: N= 641; 2022: N=676), all 2022 White (N=619), BAME (N=57), all 45 to 54 (N=169), all 55 to 64 (N=203), all 65+ (N=304)

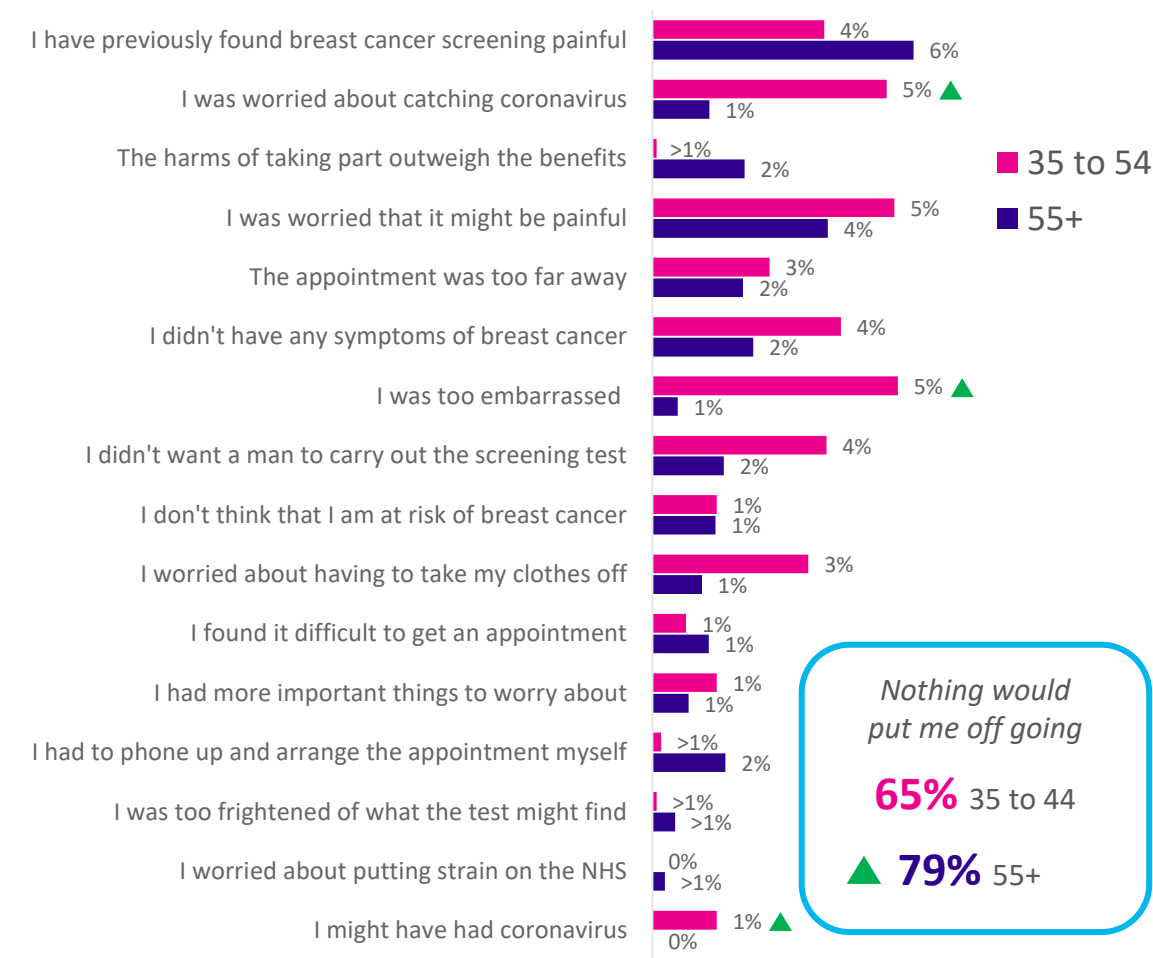
One-fifth of those who did not attend their last breast screening appointment reported a previous painful incident as a factor



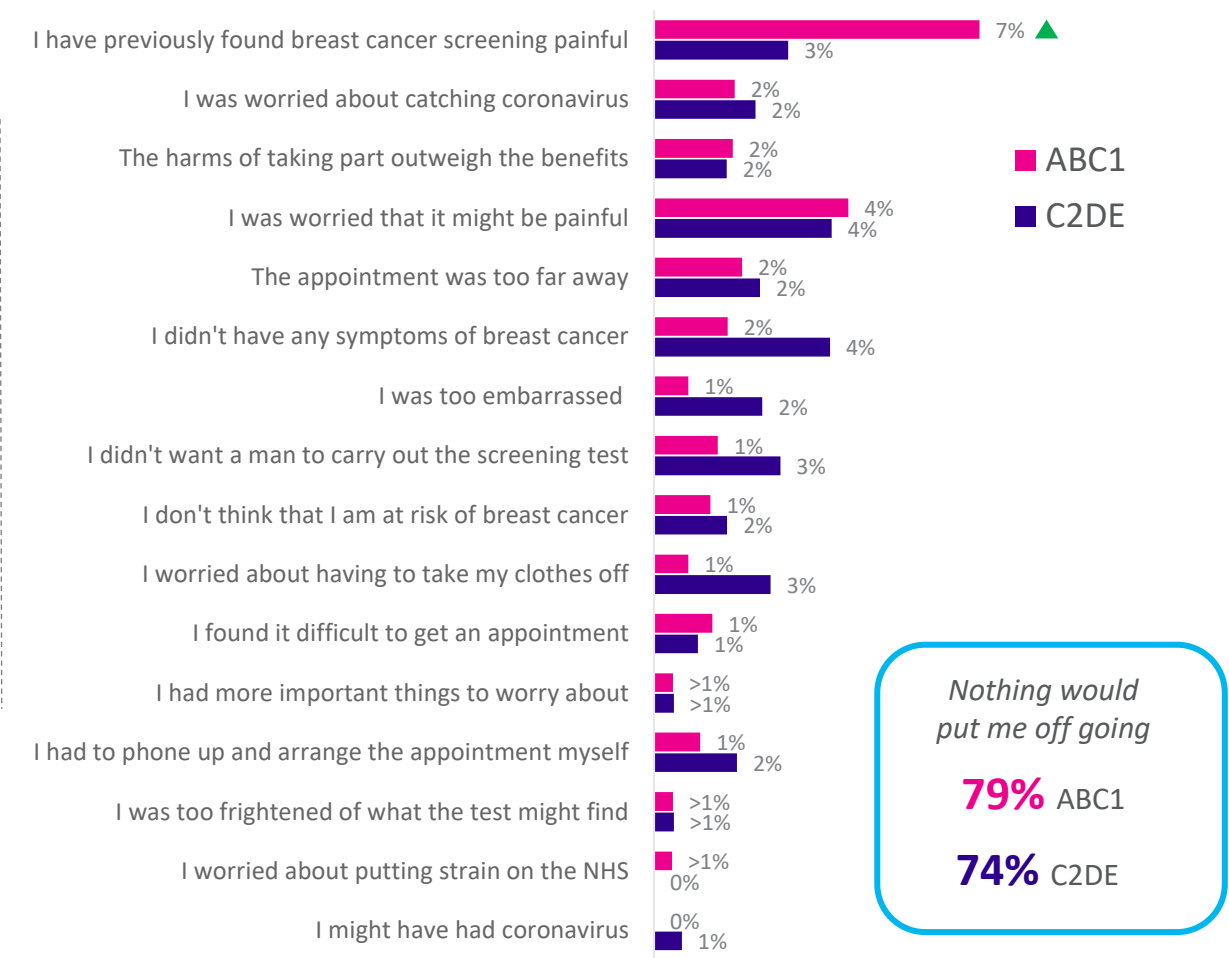
Q45. Thinking about the last time you were invited for breast screening, did any of the following put you off going? Please select all that apply.
Base: all who have been invited for screening and did not complete it (N=73), who did complete it (N=505)
Q44. Will you go for breast screening next time you are invited? Please select one answer.
Base: All eligible for screening (2021: N= 641; 2022: N=676)

Older women are more likely to say that nothing would put them off going while younger women are more likely to cite coronavirus and embarrassment as barriers

Barriers to attending breast screening
- By age



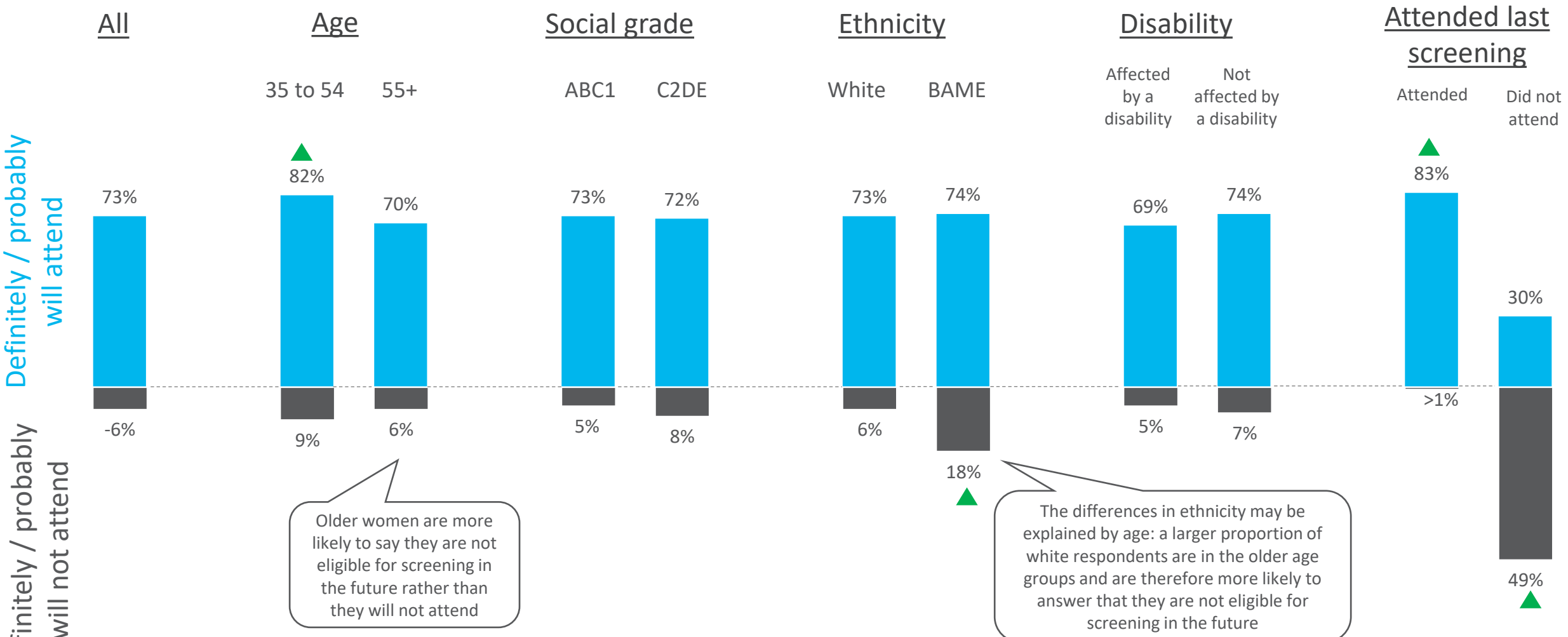
Barriers to attending breast screening
- By social grade



Q45. Thinking about the last time you were invited for breast screening, did any of the following put you off going? Please select all that apply.
Base: all 35 to 44 (N=115), 55+ (N=479), ABC1 (N=115), C2DE (N=242)

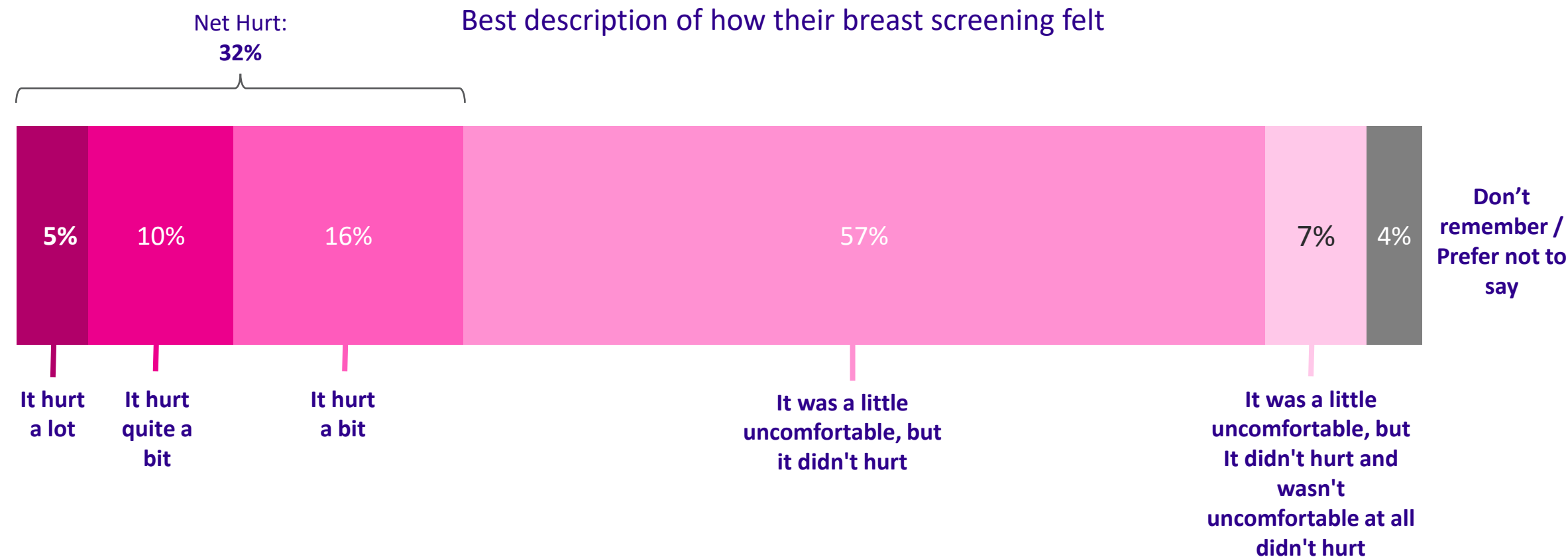
Most of those who attended their last screening will attend the next one

Intention to attend next breast cancer screening



Q44. Will you go for breast screening next time you are invited? Please select one answer.
Base: all currently eligible for screening (N=676), 35 to 44 (N=169), 55+ (N=507), ABC1 (N=401), C2DE (N=275), White (N=619), BAME (N=57), Affected by a disability (N=235), not affected by a disability (N=407), attended last screening (N=505), did not attend (N=73)

Around a third of those who had breast screening felt it hurt, but most just found it a little uncomfortable



For further information please contact:
CAM@cancer.org.uk

Reference: Cancer Research UK's Cancer Awareness
Measure Key Findings (February 2022), unpublished data