

Cancer Awareness Measure September 2022 Findings

Unpublished findings

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Together we will beat cancer

What is the Cancer Awareness Measure (CAM)?

- Survey – awareness, attitudes and behaviour in relation to cancer prevention, early diagnosis and screening
- Originally a validated, face-to-face survey designed for use at national and local levels
- Developed in 2007-2008 by CRUK, University College London, Kings College London, and University of Oxford
- Range of cancer-specific 'CAM's
- 2017 – survey moved online
- 2020 – updated to capture impact of COVID-19 in collaboration with Cardiff University



Background and methodology

- Fieldwork for this wave was conducted via YouGov's online panel between the 20th and the 30th September 2022.
- YouGov has conducted the last two waves of this survey between 9th February to the 5th March 2022 and the 8th and 30th September 2021
- In total, 2,387 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 

Survey and Participants (CAM September 2022)

Sample weighted to be nationally representative of the UK (N=2387):

Sample details			
Gender	Males = 1145		Females = 1242
Social Grade	ABC1 = 1327		C2DE = 1060
England	1622		
Wales	105		
Scotland	125		
Northern Ireland	508		
England government regions	North East= 97	North West= 212	Yorkshire & Humber= 152
	East Midlands= 136	West Midlands= 162	East of England= 171
	London= 265	South East = 262	South West= 165
Ethnicity	Minority ethnicity= 310		White = 2077

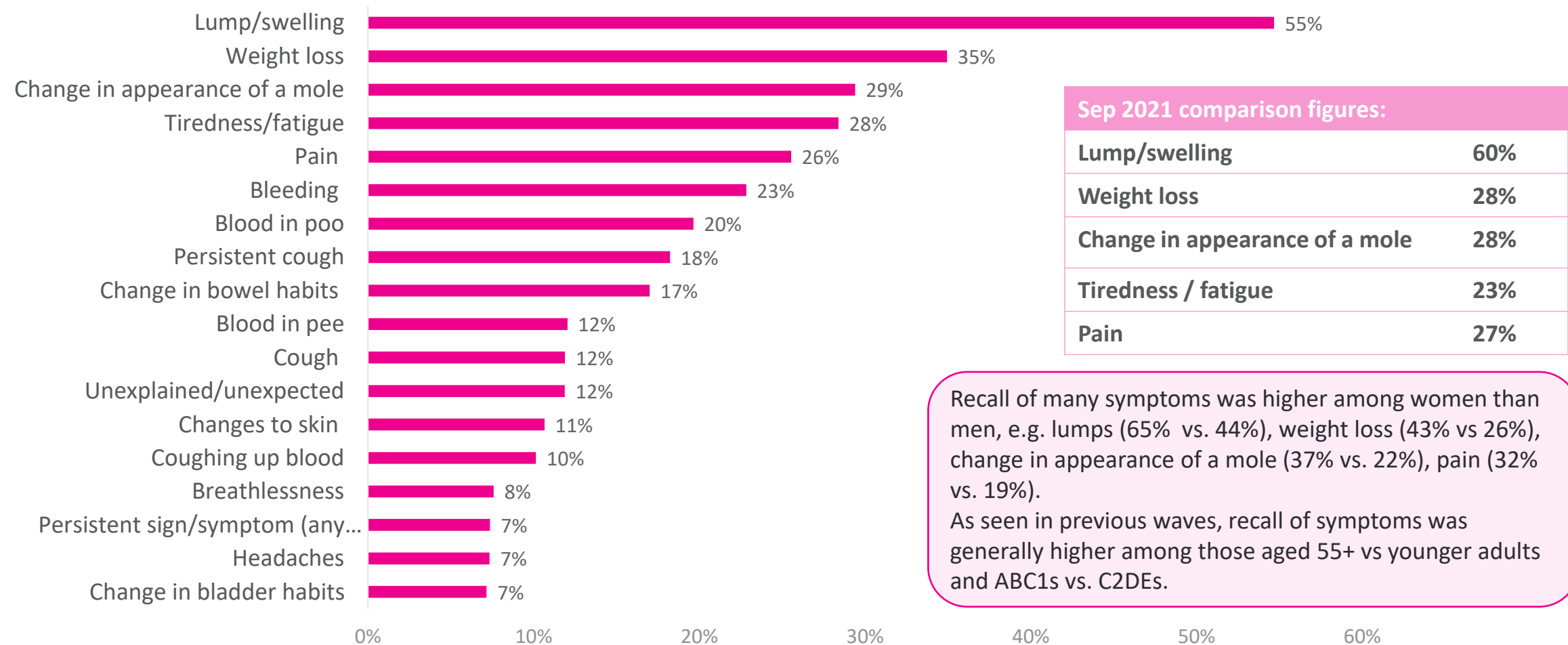
Sample details						
Age	18-24 = 266	25-34 = 395	35-44 = 413	45-54 = 442	55-64= 364	65+= 507

Shows unweighted sample sizes: Base all UK adults

Awareness of cancer symptoms and risk factors

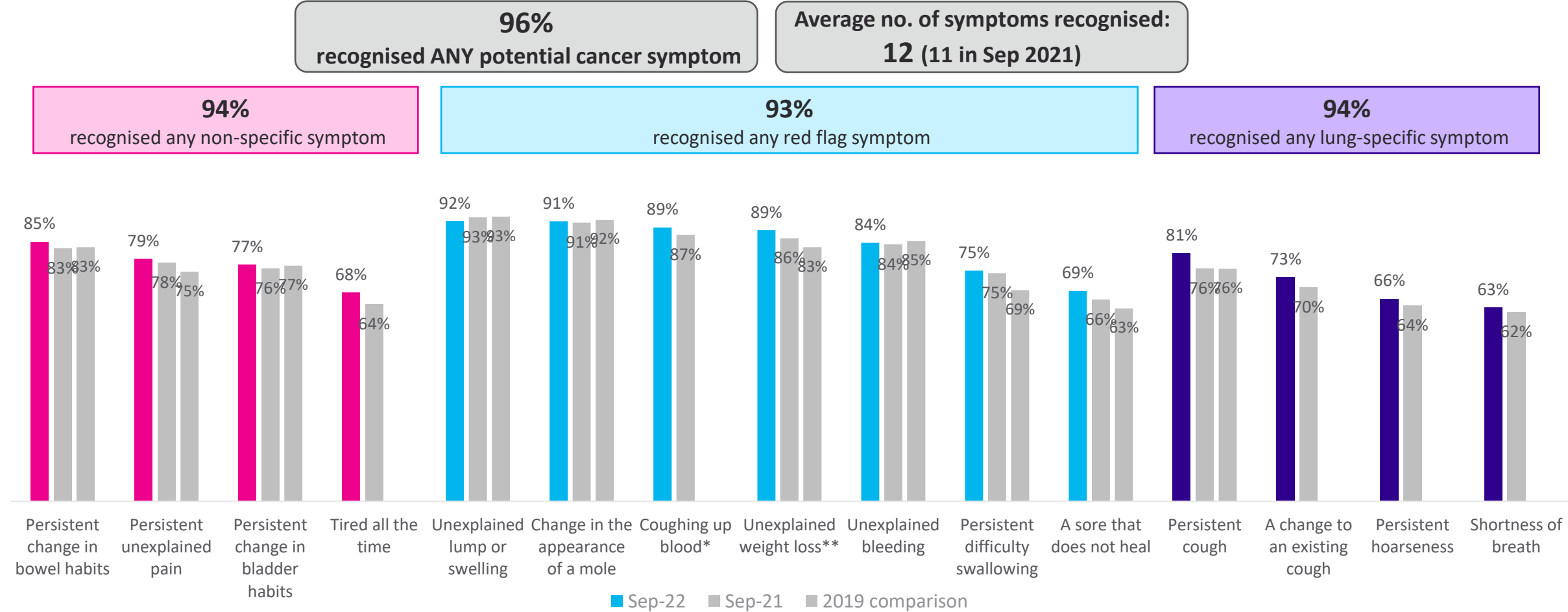
Lumps / swelling remained the most cited sign or symptom, however there was an increase compared to last year when citing weight loss

Spontaneous recall of signs / symptoms



Q31. Please list as many warning signs and symptoms of cancer as you can think of in the boxes below. *For clarity, only symptoms of more than 5% are shown
Base: All UK adults (N=2,387)

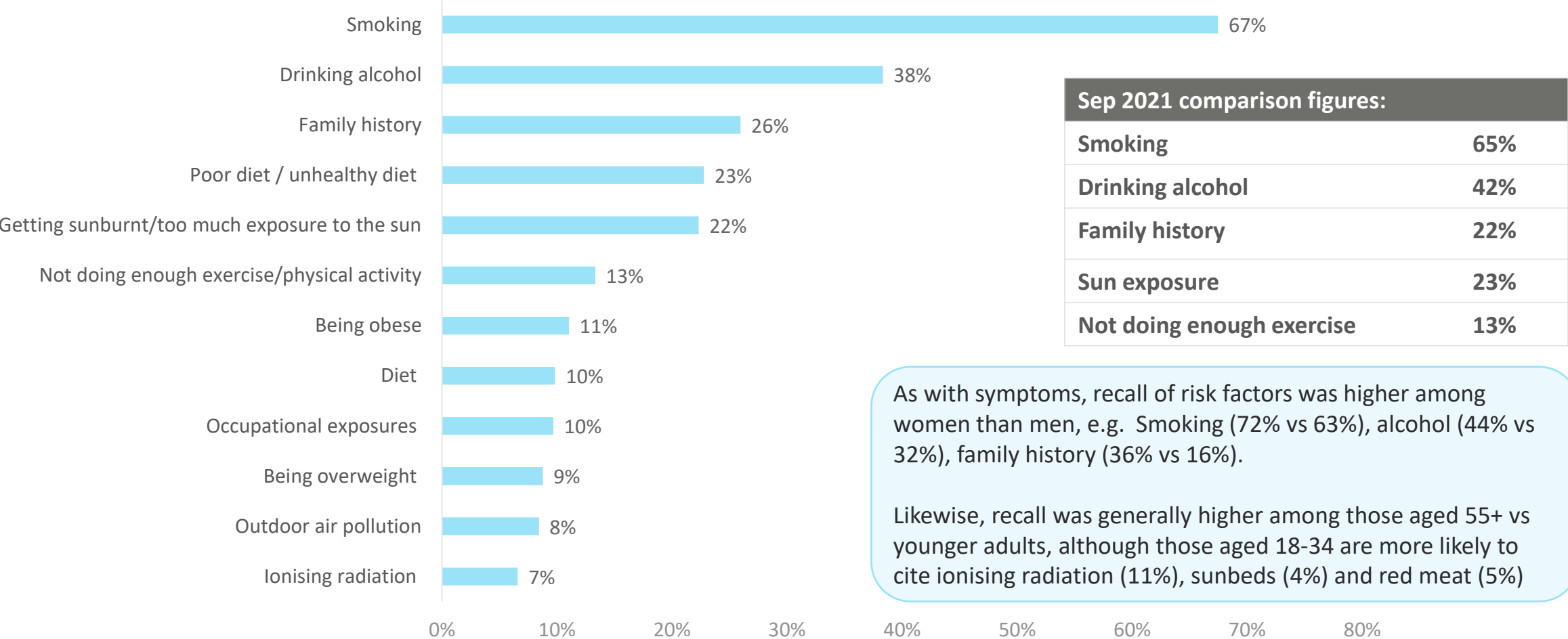
All symptoms were recognised by a majority and red-flag symptoms saw some of the highest recognition. Results were generally consistent with the previous two years of tracking.



Q32. Which of the following, if any, do you think could be warning signs or symptoms of cancer?
Base: All UK adults (Sep 2021 N=2,446; 2022 N=2,387)

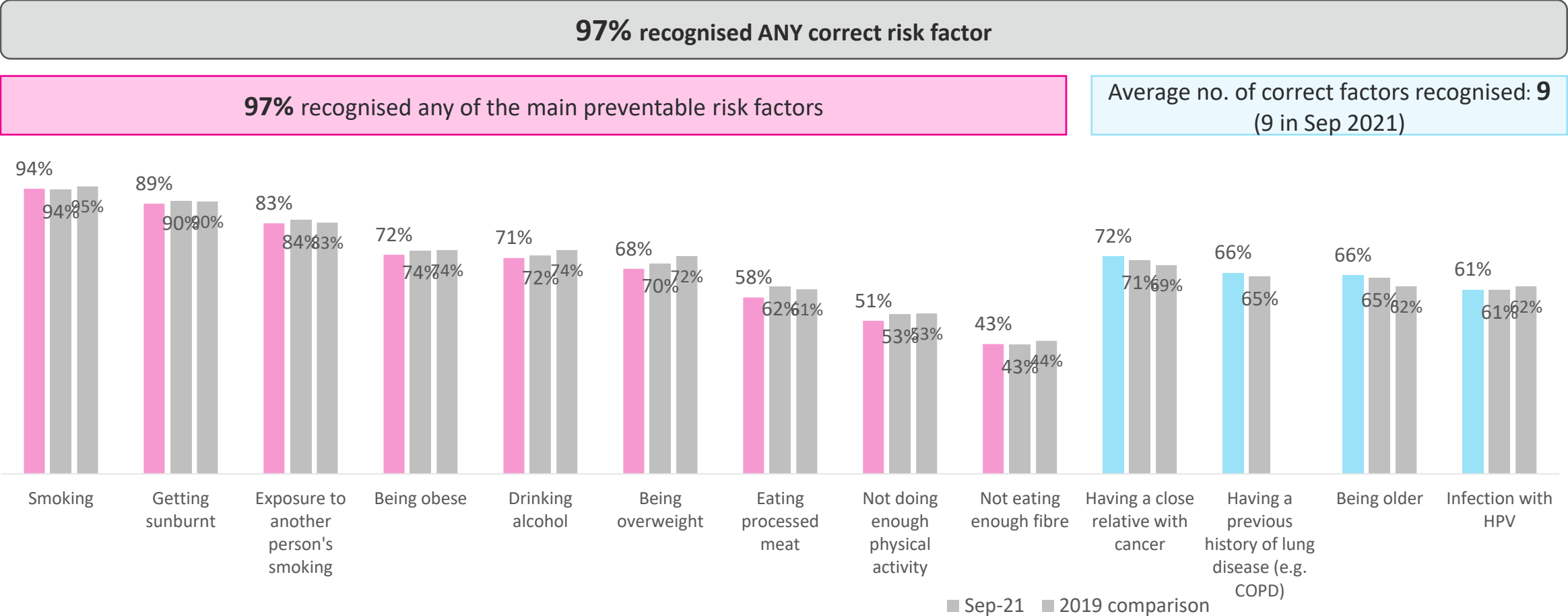
Smoking was spontaneously mentioned by two-thirds – considerably ahead of any other factor – while alcohol was recalled by two-fifths. Most factors are in line with those cited in Sep 2021.

Spontaneous recall of risk factors



Q33. What things do you think could increase a person’s chance of developing cancer? *For clarity, only symptoms of more than 5% are shown
Base: All UK adults (N=2,387)

Most correct risk factors were recognised by a majority. Among preventable risk factors, lack of fibre is the only factor recognised by around half or less.



Q34. Which of the following, if any, do you think could be warning signs or symptoms of cancer?
Base: All UK adults (Sep 2021 N=2,446; 2022 N=2,387)

Symptoms experience and presentation

Symptoms assessed

Non-specific	Red flag	Lung-specific
A persistent change in bowel habits	A change in the appearance of a mole	Shortness of breath
A persistent change in bladder habits	An unexplained lump or swelling	Persistent hoarseness
Tired all the time	Unexplained bleeding	A persistent cough
Persistent unexplained pain	A persistent difficulty swallowing	A change in an existing cough
Unexplained weight loss	A sore that does not heal	Coughing up blood
	Unexplained weight loss	
	Coughing up blood	
Oral-specific		
Red/white patches in mouth		
Ulcer that doesn't heal		
Difficulty swallowing		
Persistent unexplained pain		
Unexplained weight loss		

The proportion who experienced any symptoms has steadily increased compared to previous tracking, with women more likely to have experienced a cancer symptom than men

▲ Show statistically significant differences between groups
▼

Symptoms	2021	Mar 2022	Sep 2022
Any cancer symptom	46%	48%	55% ▲
Any non-specific cancer symptom	37%	39%	46% ▲
Any red-flag symptom	17%	18%	20% ▲
Any lung-specific cancer symptom	17%	19%	23% ▲
Any oral cancer symptom	*	14%	16% ▲

Women are more likely to have experienced a cancer symptom than men

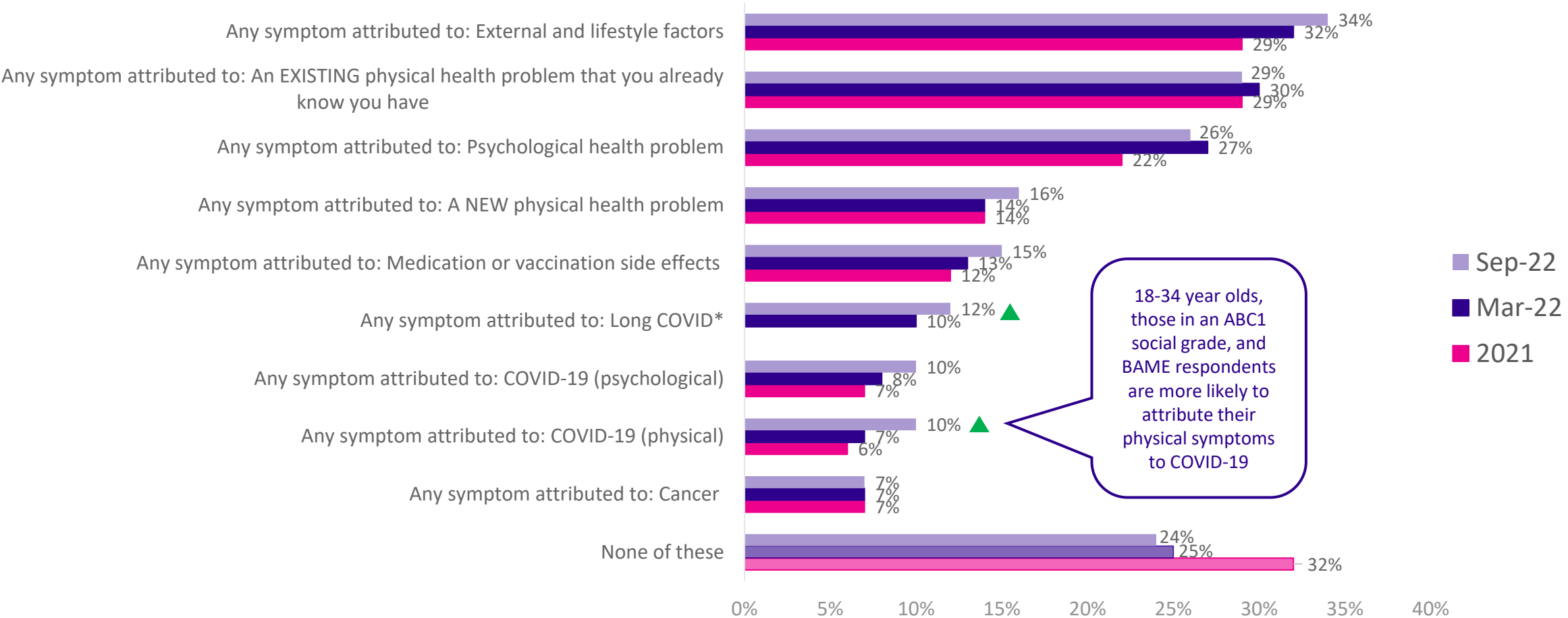
49% ♀ ♂ 60%

While those aged 55 and above are more likely to have experienced a lung cancer symptom (26%), those aged 18 to 34 are more likely to have experienced a red-flag symptom (23%)

More attributed their cancer symptoms to COVID-19 than previously

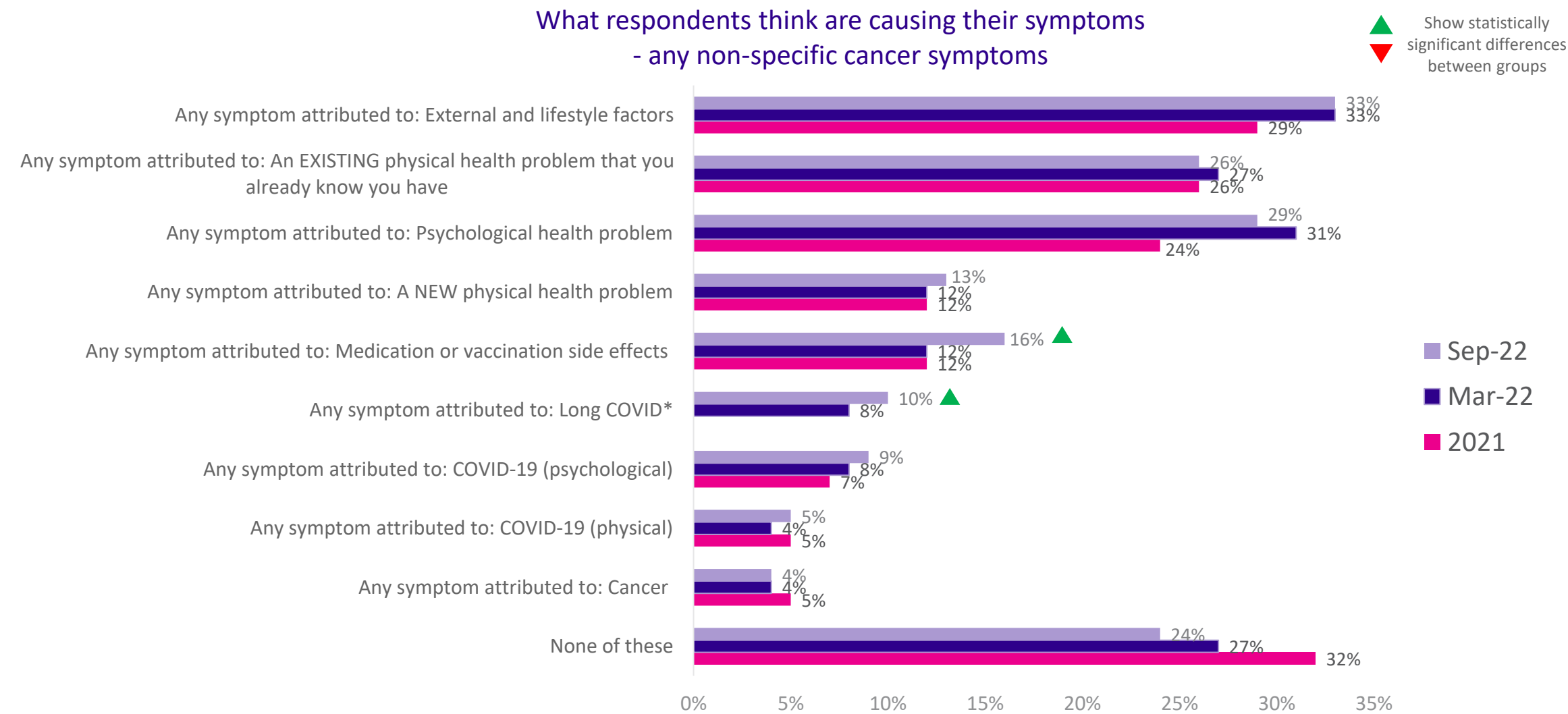
What respondents think are causing their symptoms - any cancer symptoms

▲ Show statistically significant differences between groups
▼



Q14_rc1. 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. What do you think caused this symptom? Please select all that apply - any cancer symptom (2021: N=1,159; Mar 2022: N=1,230; Sep 2022: N=1,328),
*Not asked in 2021

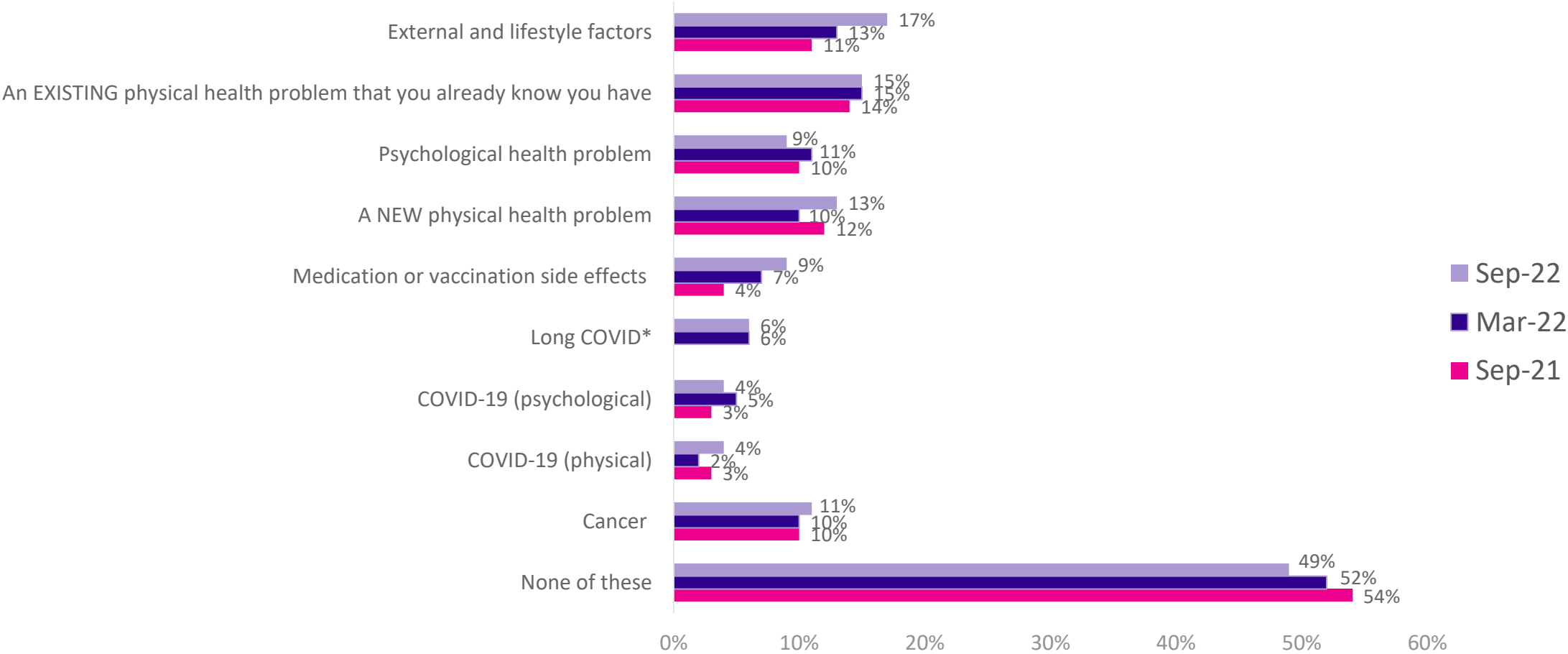
For non-specific cancer symptoms, a growing number attributed them long COVID, or to medication or vaccination side effects



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; Mar 2022: N=945; Sep 2022: N=1,124,
*Not asked in 2021

Those with red flag symptoms were more likely to believe it was caused by cancer than those with any symptoms as a whole - this relatively unchanged since previous tracking

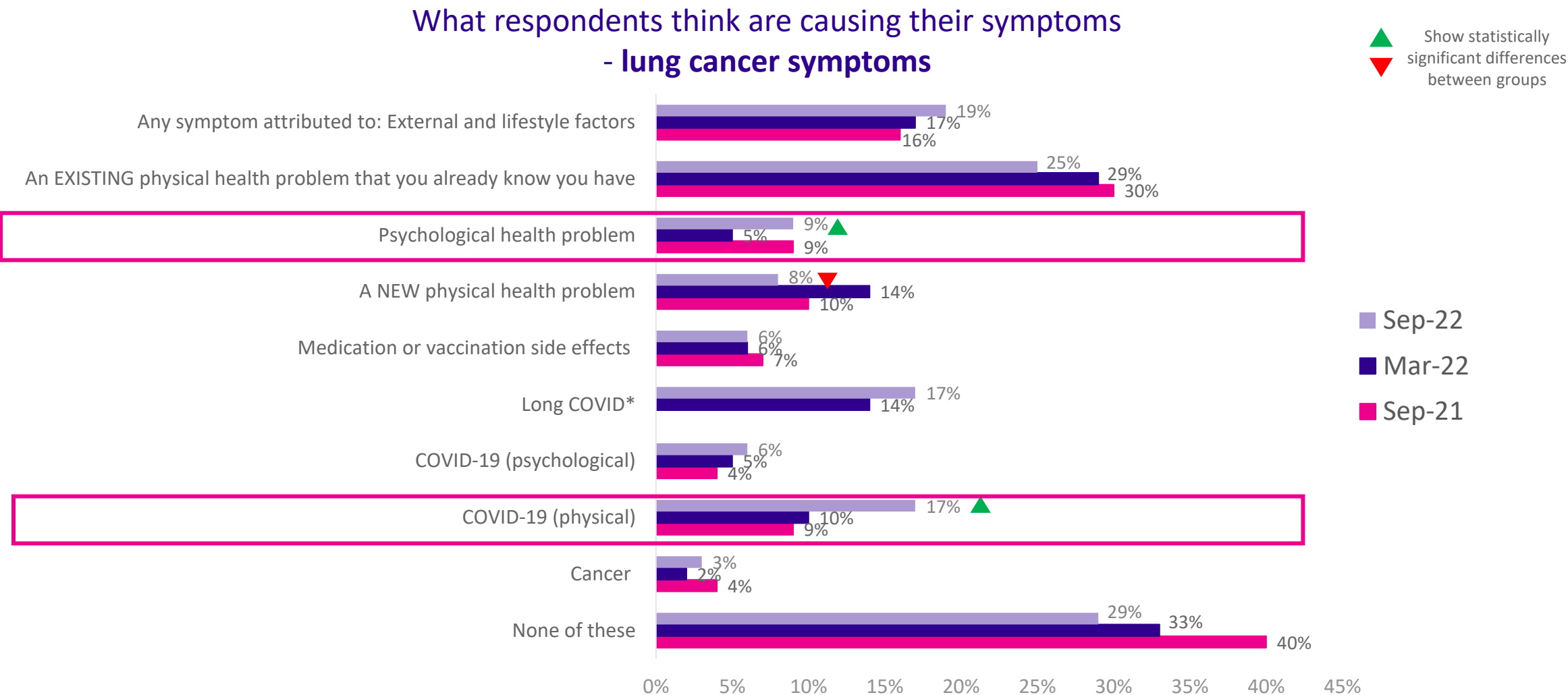
What respondents think are causing their symptoms
- red flag cancer symptoms



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 (Sep 2021: N=443; Mar 2022: N=443; Sep 2022: N=506),

*Not asked in Sep 2021

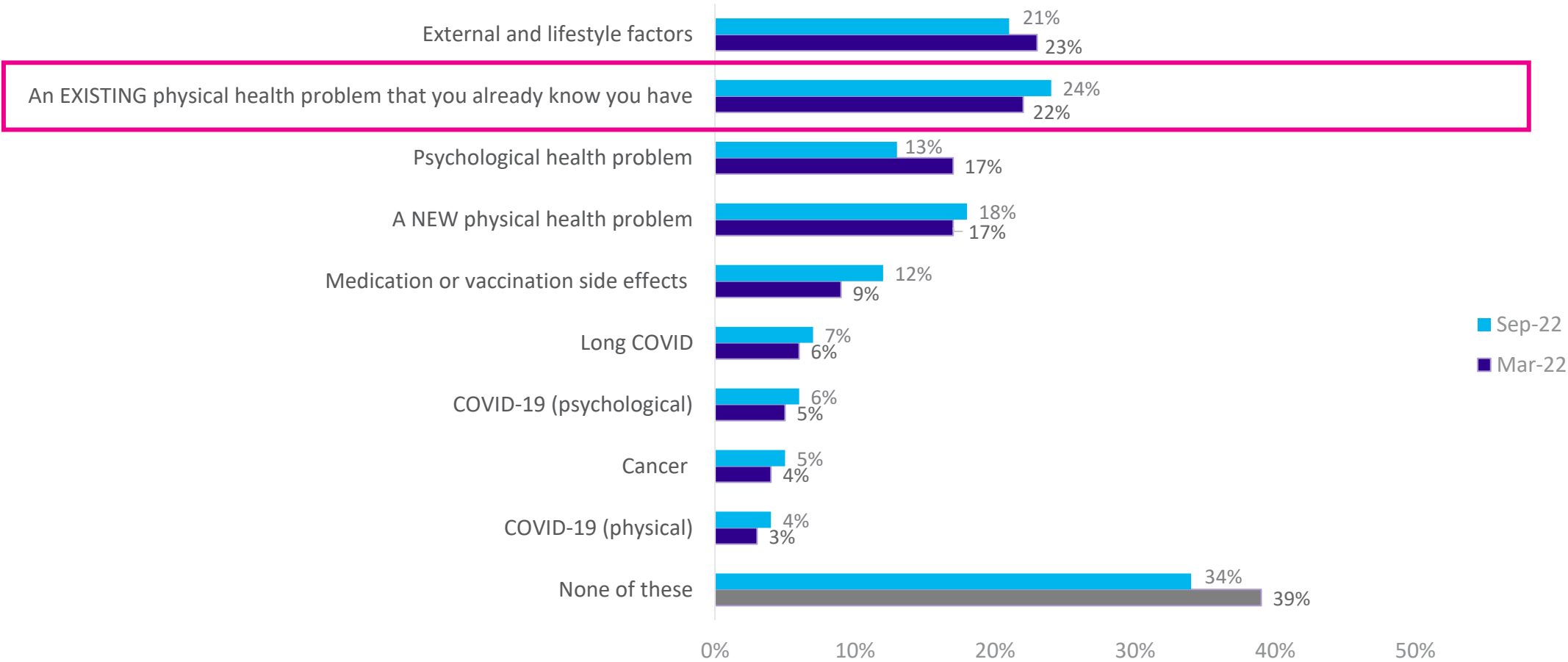
An increasing proportion of respondents attributed any lung cancer symptoms to psychological health problems and physical symptoms of COVID-19



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 (Sep 2021: N=423; Mar 2022: N=501; Sep 2022: N=539),
*Not asked in Sep 2021

Almost a quarter of respondents believed their oral cancer symptoms were caused by an existing known physical health problem

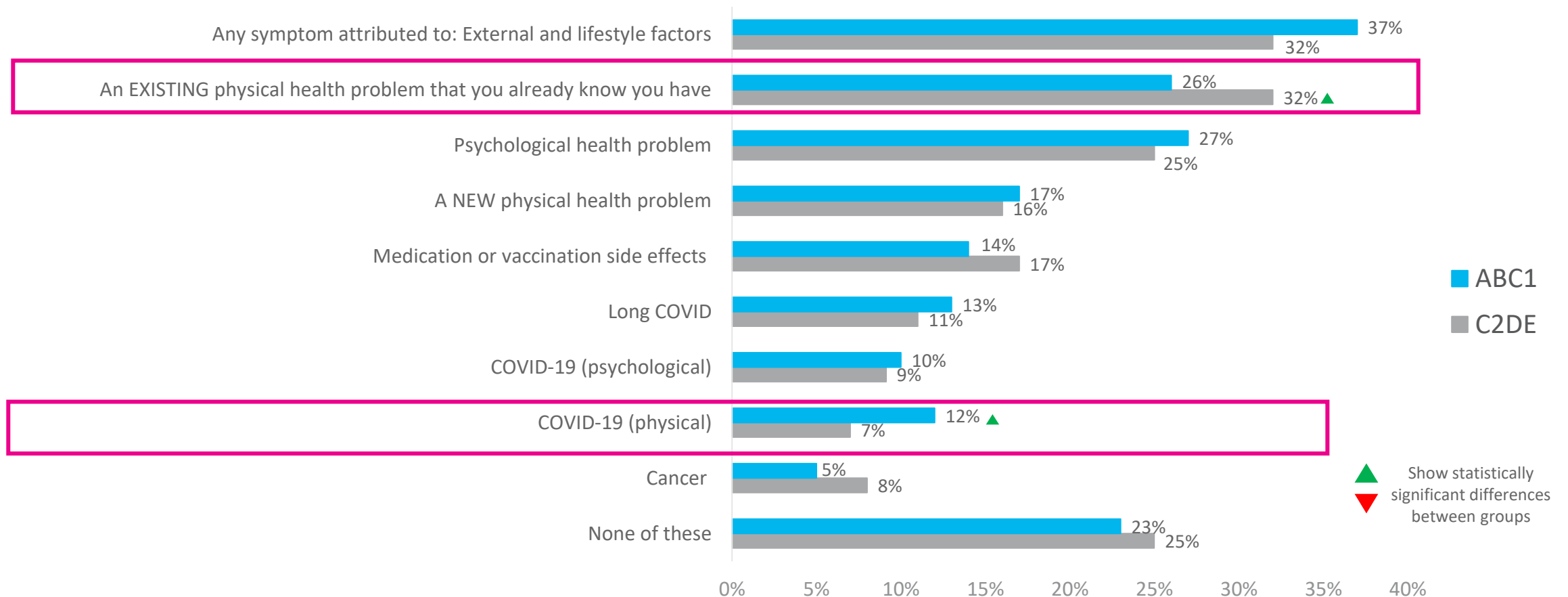
What respondents think are causing their symptoms
- oral cancer symptoms



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 (Mar 2022: N=356; Sep 2022: N=413)

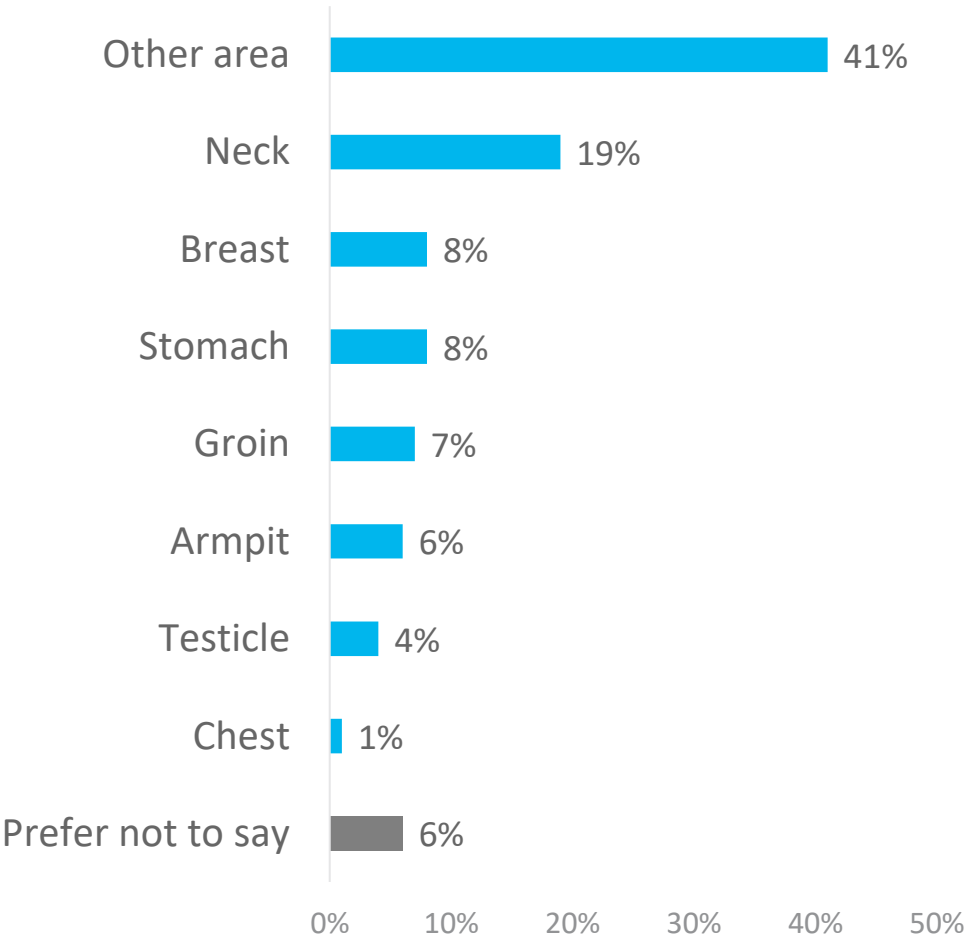
C2DE respondents were more likely to consider their symptoms to be caused by an existing physical health problem, while ABC1 respondents attributed them to physical COVID-19

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



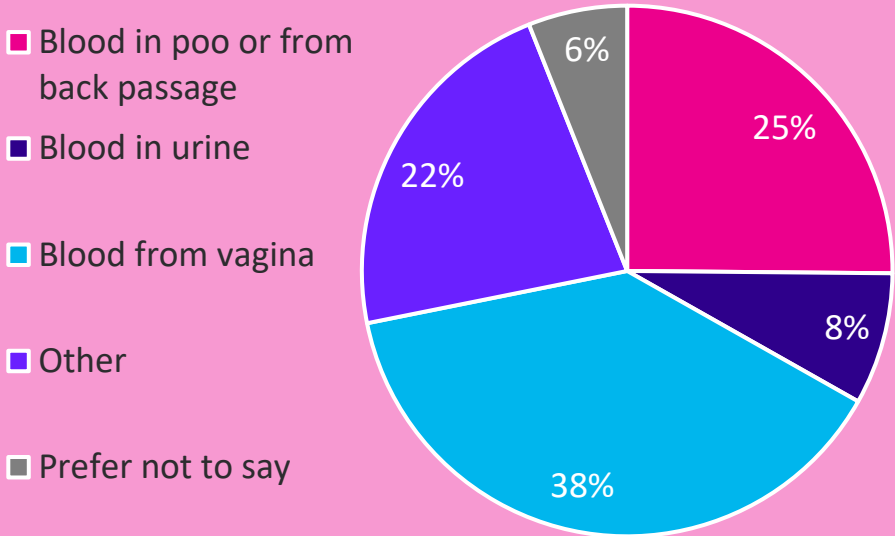
Respondents were asked where their specific symptoms were located

Where lump or swelling was located

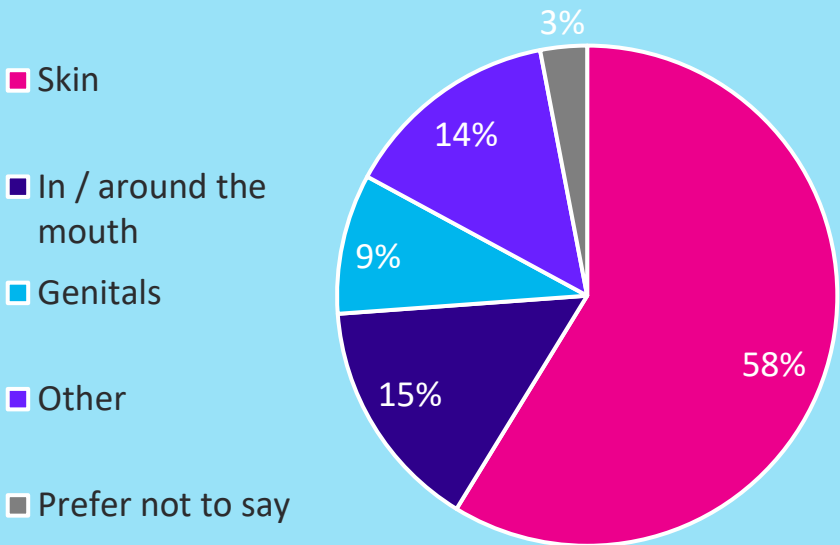


Q9. Where in the body was the lump or swelling? Please select one answer. Base: All experiencing this symptom (N=195)
Q10. Where did the bleeding come from? Please select one answer. Base: All experiencing this symptom (N=81)
Q11. Where on your body was the sore? Please select one answer. Base: All experiencing this symptom (N=79)

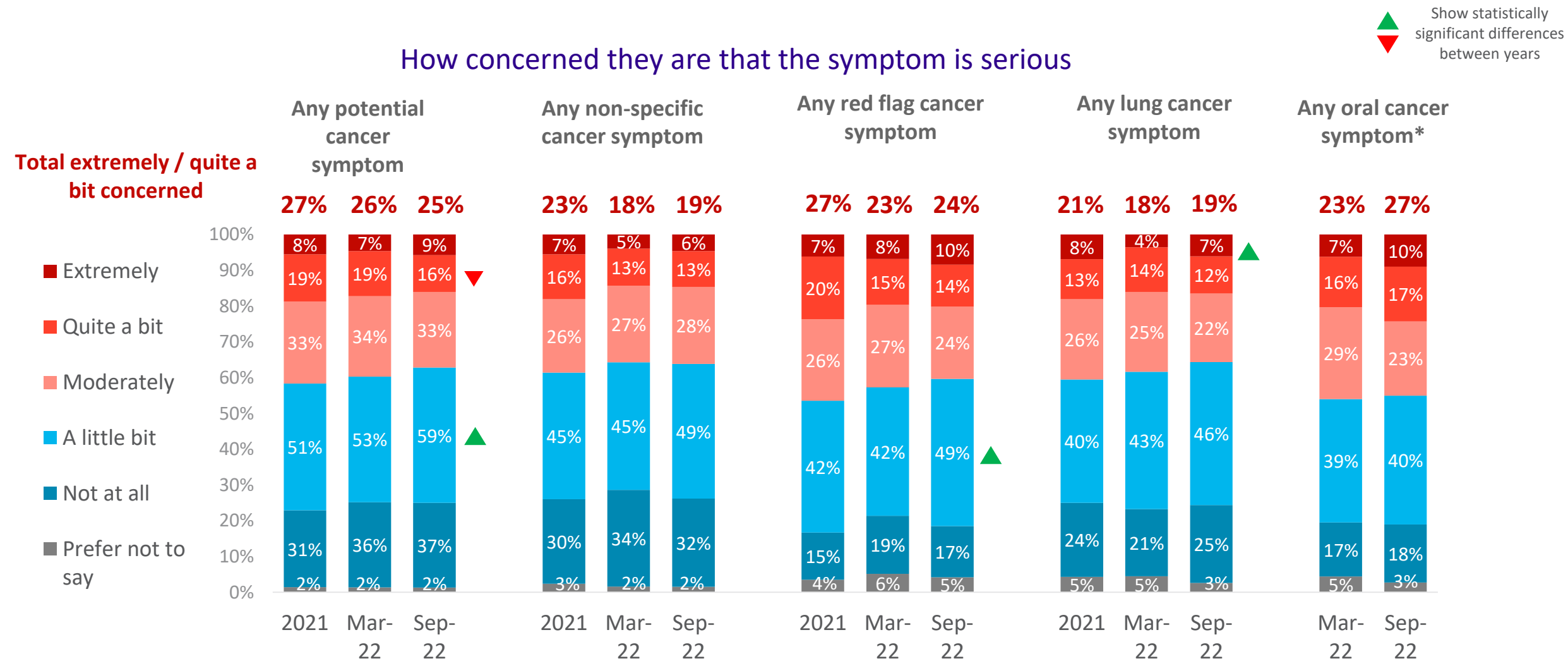
Where bleeding was located



Where sore was located

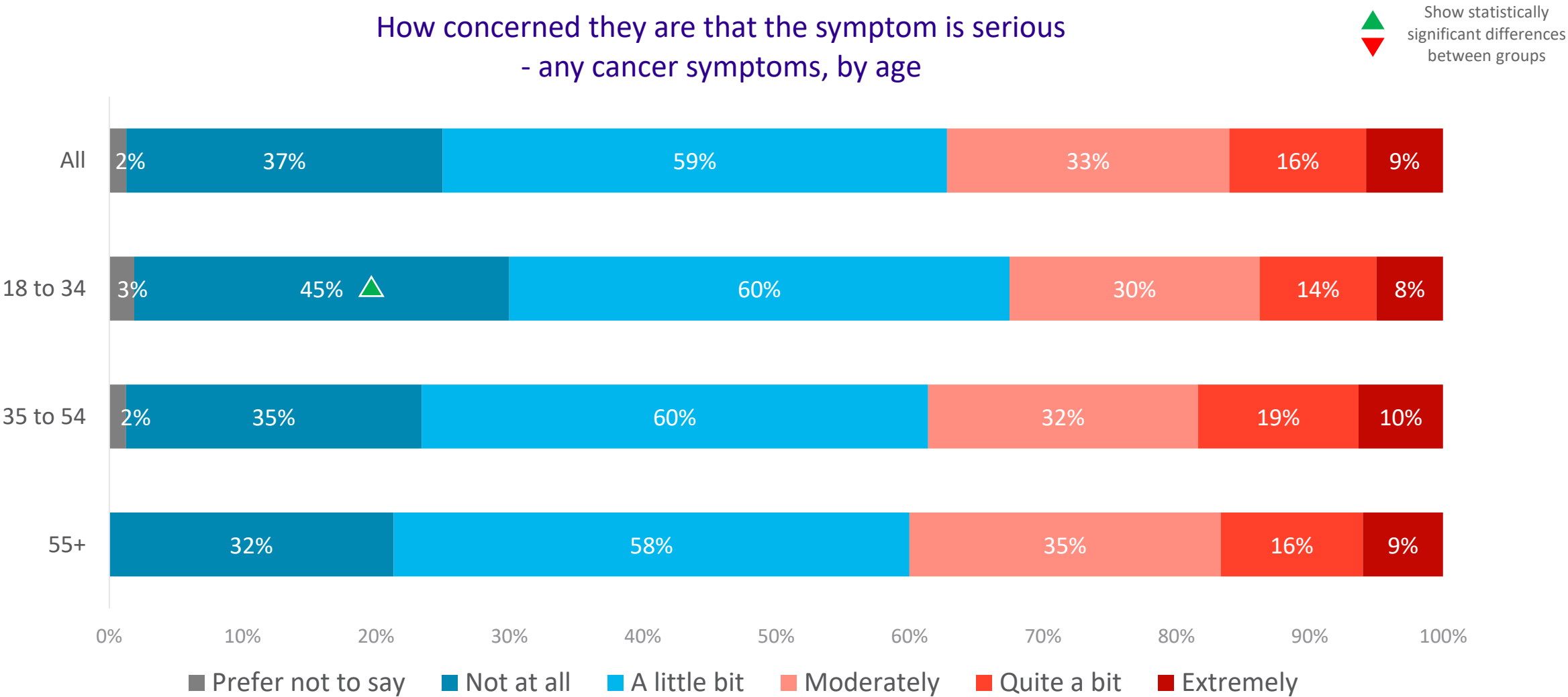


While the overall proportion concerned remains relatively unchanged, more were now extremely concerned about lung cancer symptoms, and there has been an increase in those a little bit concerned about any cancer or red flag symptom than in previous tracking



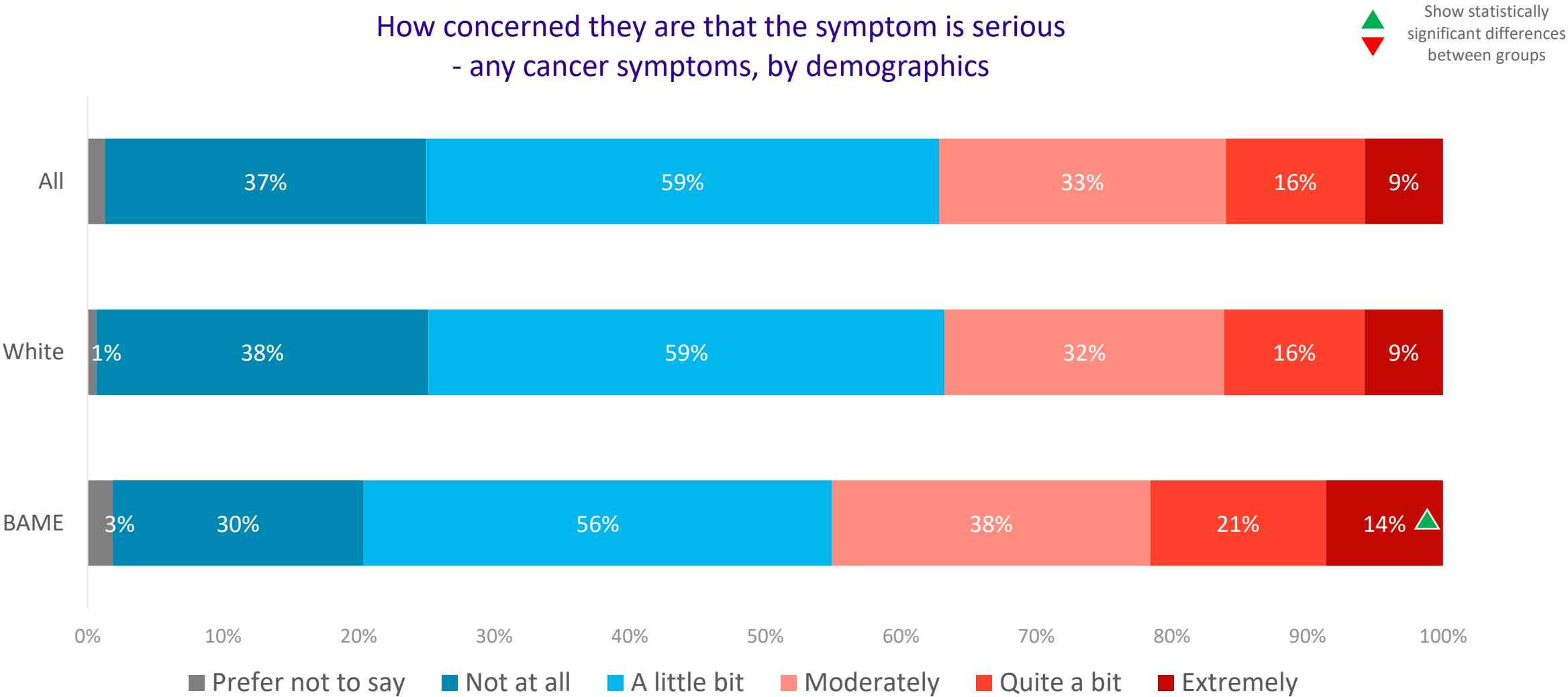
Q13_rc. You said that you have experienced [symptom] in the last 6 months. We would now like to ask you a few more questions about this. How concerned have you been that this symptom might be serious? Please select one answer - any cancer symptom (Sep 2021: N=1,159; Mar 2022: N=1,230; Sep 2022: N=1,328), Any non-specific cancer symptom (Sep 2021: N=945; Mar 2022 N=994; Sep 2022: N=1,124), Any red-flag cancer symptom (Sep 2021: N=443; Mar 2022: N=443; Sep 2022: N=506), Any lung-specific cancer symptom (Sep 2021: N=423; Mar 2022: N=501; Sep 2022: N=539), Any oral cancer symptom (Mar 2022: N=356; Sep 2022: N=413). *Not asked in Sep 2021

Younger respondents were less likely to be at all concerned that any potential cancer symptom they had was serious



Q13_rc1. 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 (Sep 2022: N=1,328).

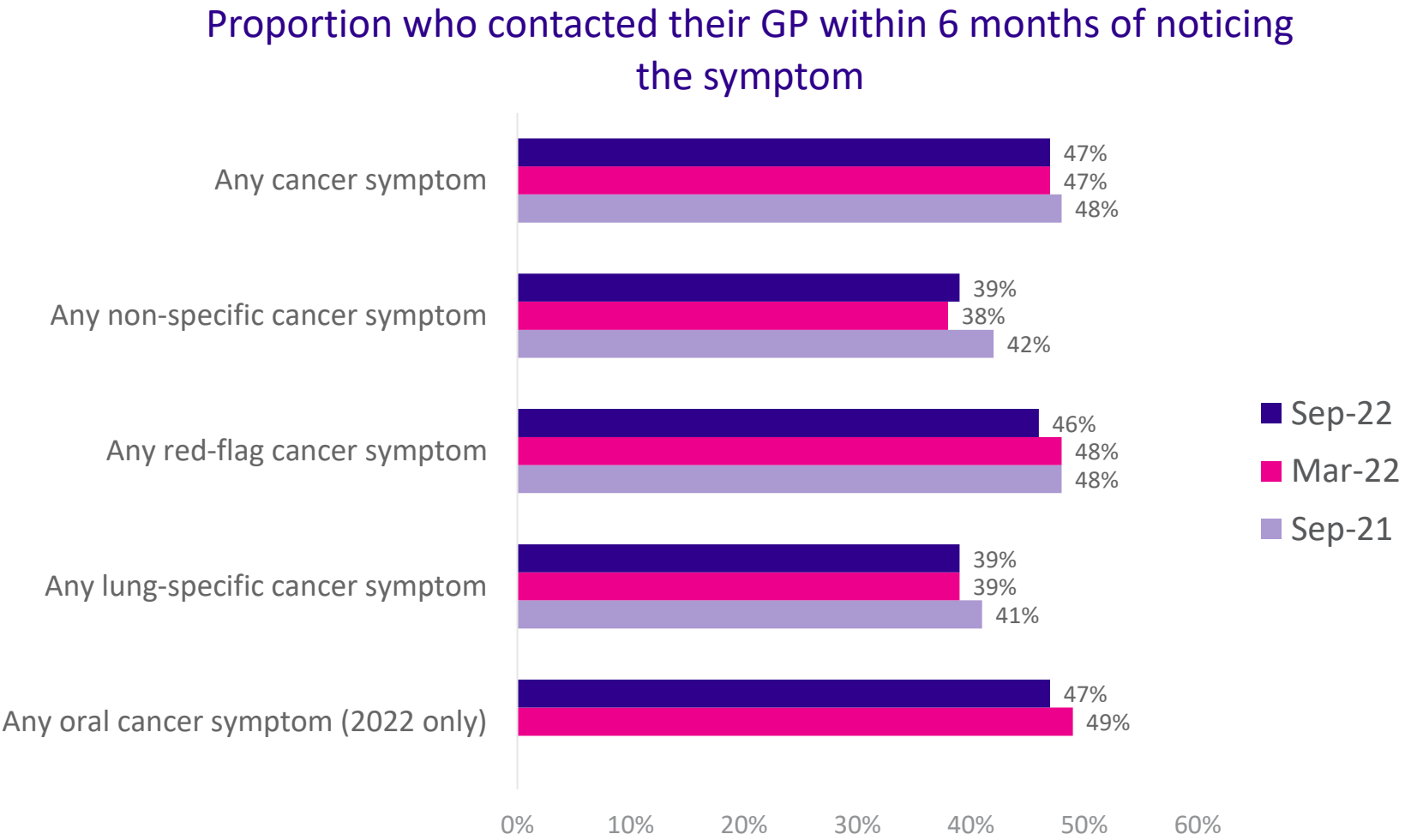
Those from the ethnic minorities were more likely to have said they are extremely concerned any potential cancer symptom they had was serious



Q13_rc1. 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 (Sep 2022: N=1,328).

Help seeking - cancer symptoms

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

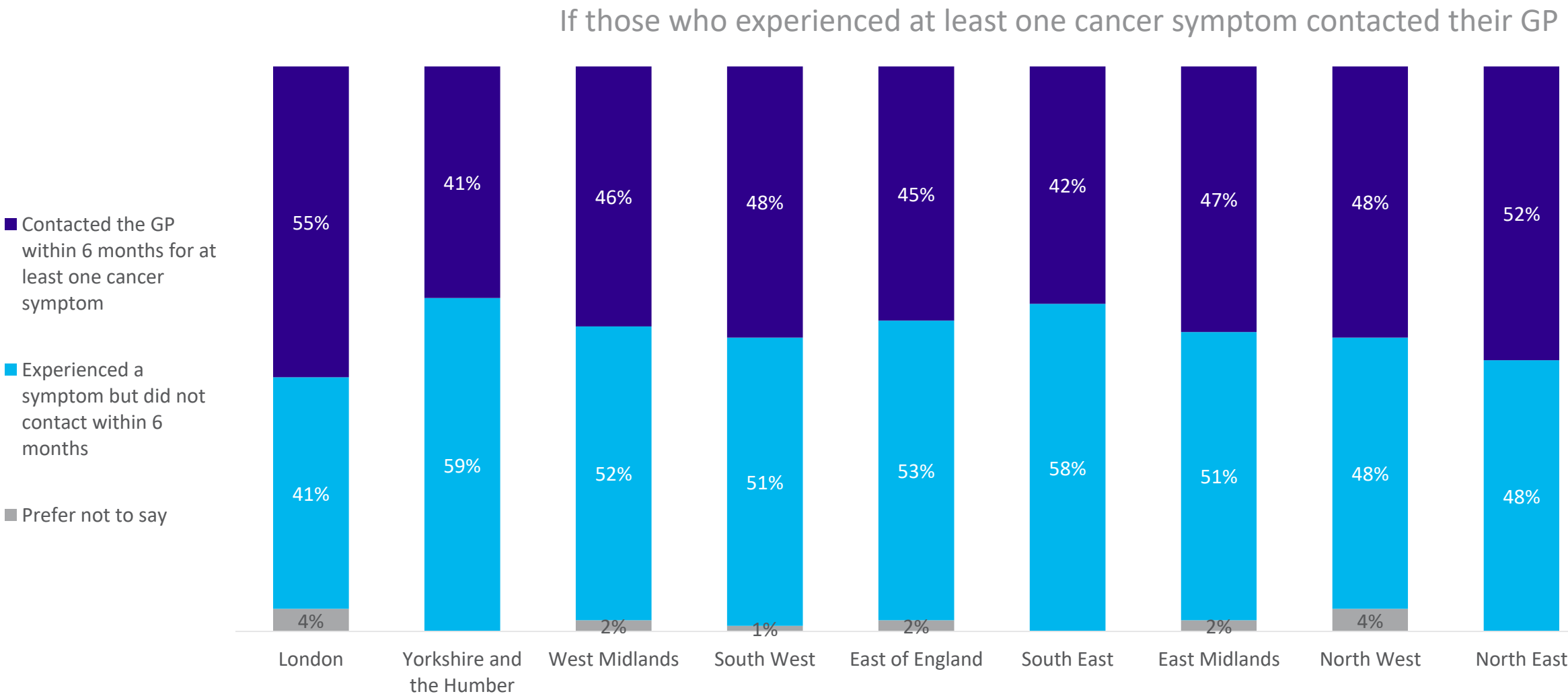


As in previous years, younger respondents were the least likely to have contacted their GP about any cancer symptom within the past 6 months:

- 38% of 18 to 34s ▼
- 47% of 35 to 54s ▲
- 53% of 55+ ▲

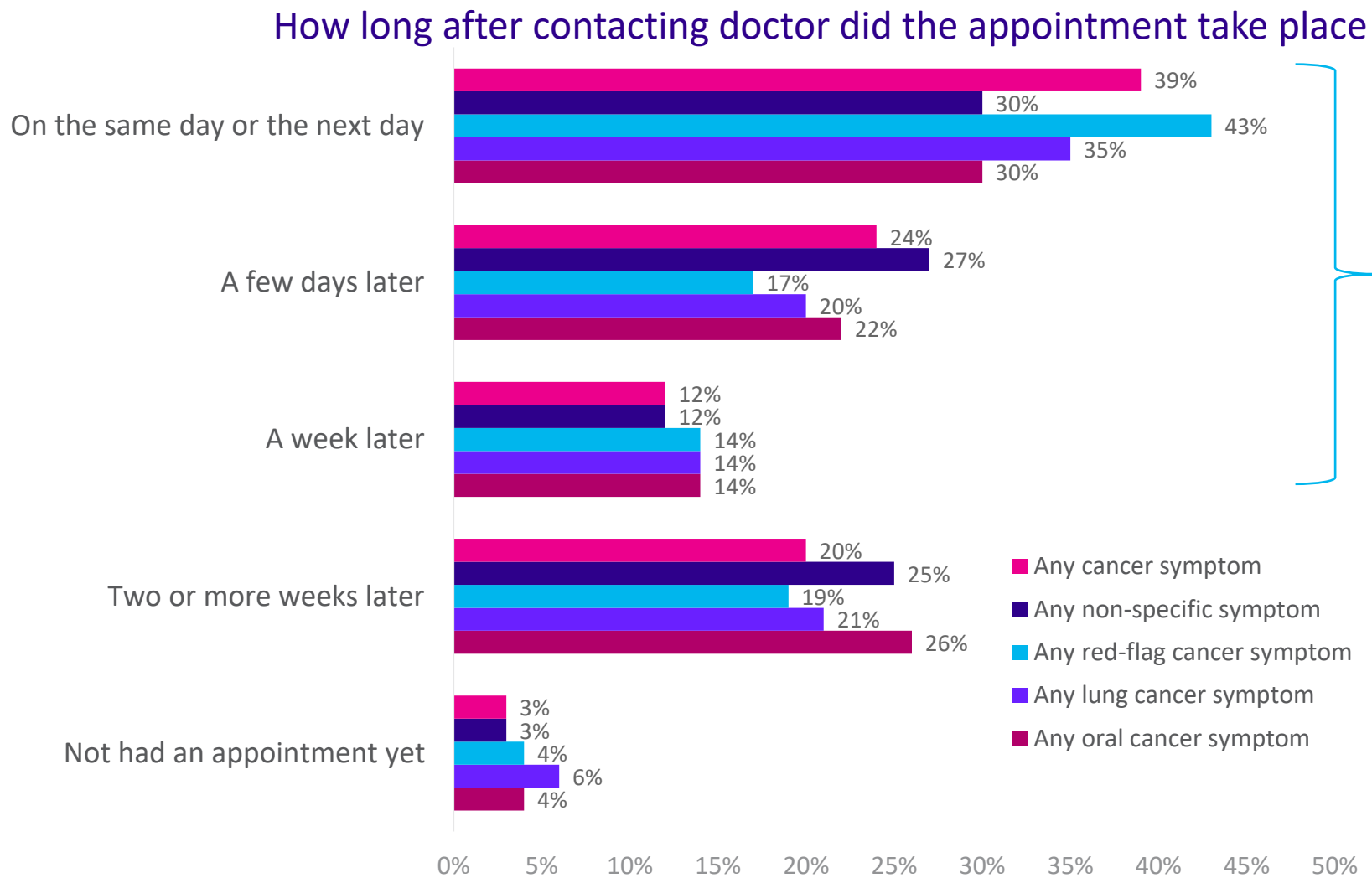
Q15_rc. You said that you have experienced [symptom]. We would now like to ask you a few more questions about this. How long after you first noticed the symptom did you contact the GP about it? If you are unsure, please give your best guess. Please select one answer - any cancer symptom (Sep 2021: N=1,159; Mar 2022: N=1,230; Sep 2022: N=1,328), Any non-specific cancer symptom (Sep 2021: N=945; Mar 2022 N=994; Sep 2022: N=1,124), Any red-flag cancer symptom (Sep 2021: N=443; Mar 2022: N=443; Sep 2022: N=506), Any lung-specific cancer symptom (Sep 2021: N=423; Mar 2022: N=501; Sep 2022: N=539) Any oral cancer symptom (Mar 2022: N=356; Sep 2022: N=413)

Over half in London and the North East reported contacting their GP within 6 months for at least one symptom



Q15_rc1. You said that you have experienced [symptom]. 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 any potential cancer symptom (London: N=138; Yorkshire: N=76; West Midlands: N=95; South West: N=95; East of England: N=106; South East: N=131; East Midlands: N=78; North West: N=116; North East: N=56)

Three quarters saw their doctor within a week of experiencing any cancer symptom, but there are few differences by symptom type



Proportion who saw their doctor within a week

75% any cancer symptom

69% any non-specific symptom

74% any red-flag symptom

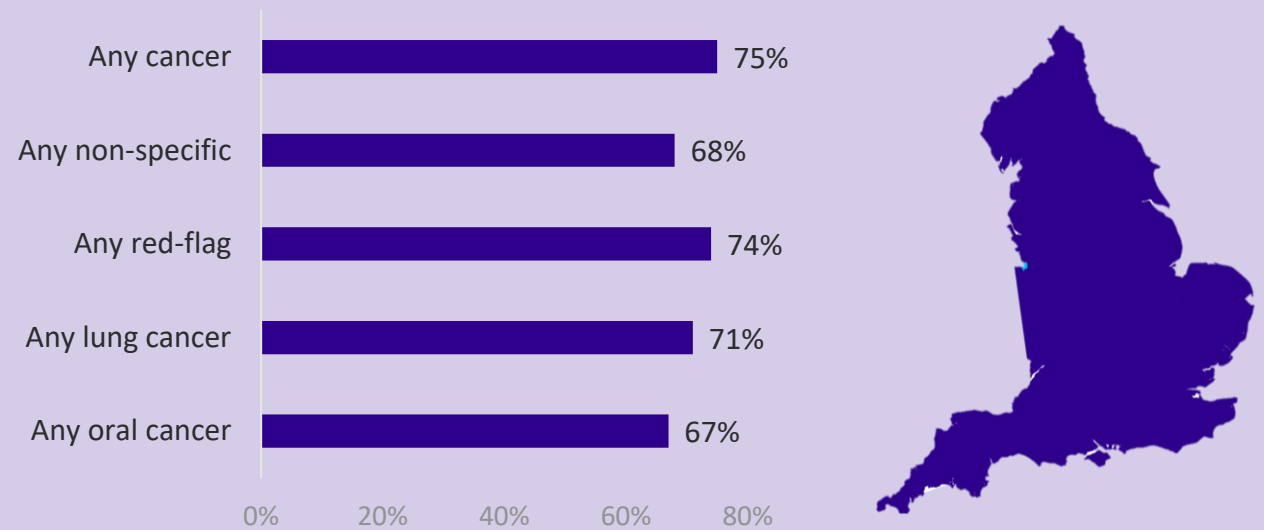
70% any lung cancer symptom

66% any oral cancer symptom

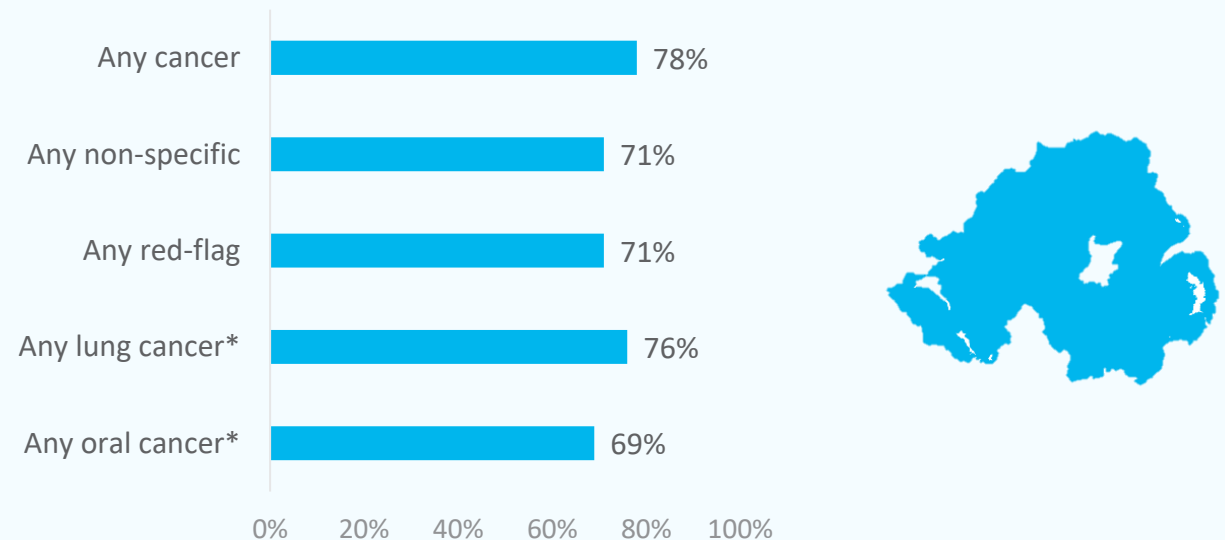
Q15a_rc. You said that you contacted your doctor after [symptom] in the last 6 months. How long after contacting the doctor (GP) did the appointment take place? Base: Any who contacted their doctor - about any cancer symptom (N=634); Any non-specific cancer symptom (N=456); Any red-flag cancer symptom (N=241); Any lung-specific cancer symptom (N=211); Any oral cancer symptom (N=199)

More than two-thirds in England and Northern Ireland saw their doctor within one week of contacting them about all symptom types

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



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

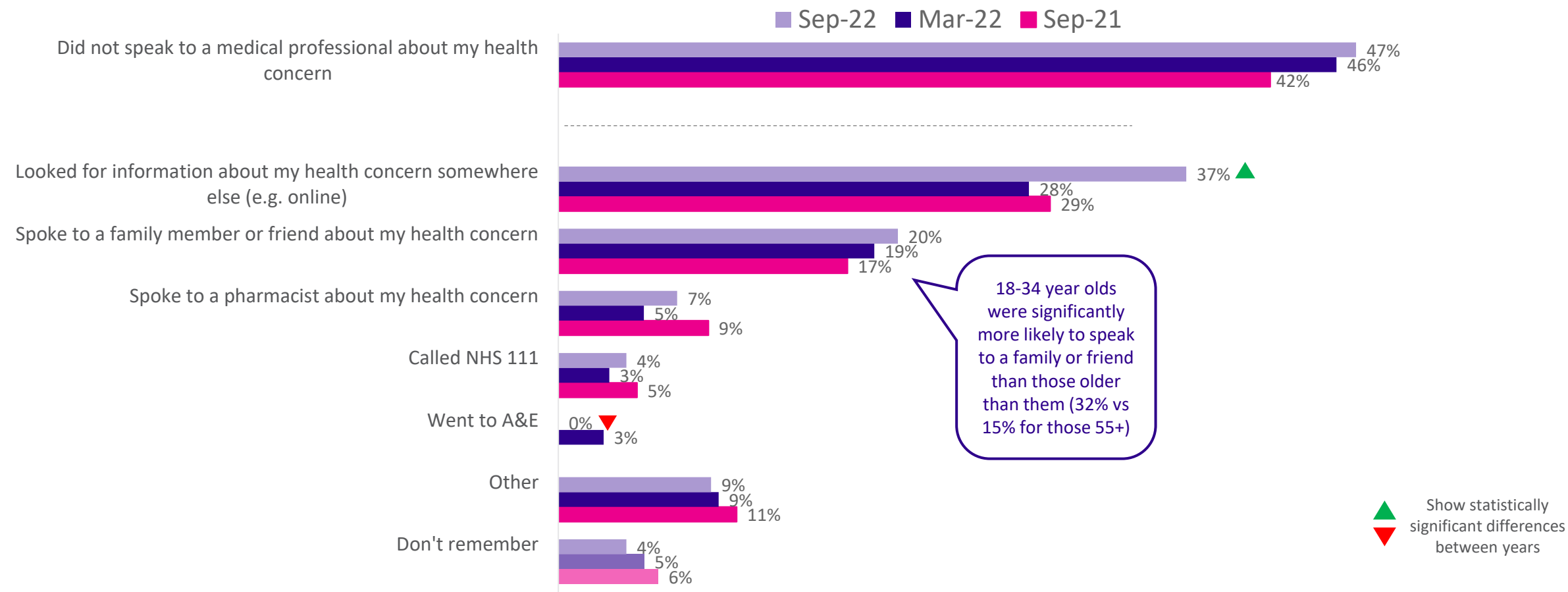


Q15a_rc. You said that you contacted your doctor after [symptom] in the last 6 months. How long after contacting the doctor (GP) did the appointment take place?
Base: Any who contacted their doctor – any cancer symptom (England: N=418, N Ireland: N=146); Any non-specific symptom (England: 295, N Ireland: 108); Any red flag symptom (England: 150, N Ireland: 59); Any lung cancer (England: 143, N Ireland: 47); Any oral cancer (England: 129, N Ireland: 47)
*Caution: low base size

Help seeking
- any symptoms

Of those who had a health problem (either a potential cancer symptom or something else) and did not contact their GP, there was a decrease in those who went to A&E and an increase in those who sought information somewhere else (e.g. online)

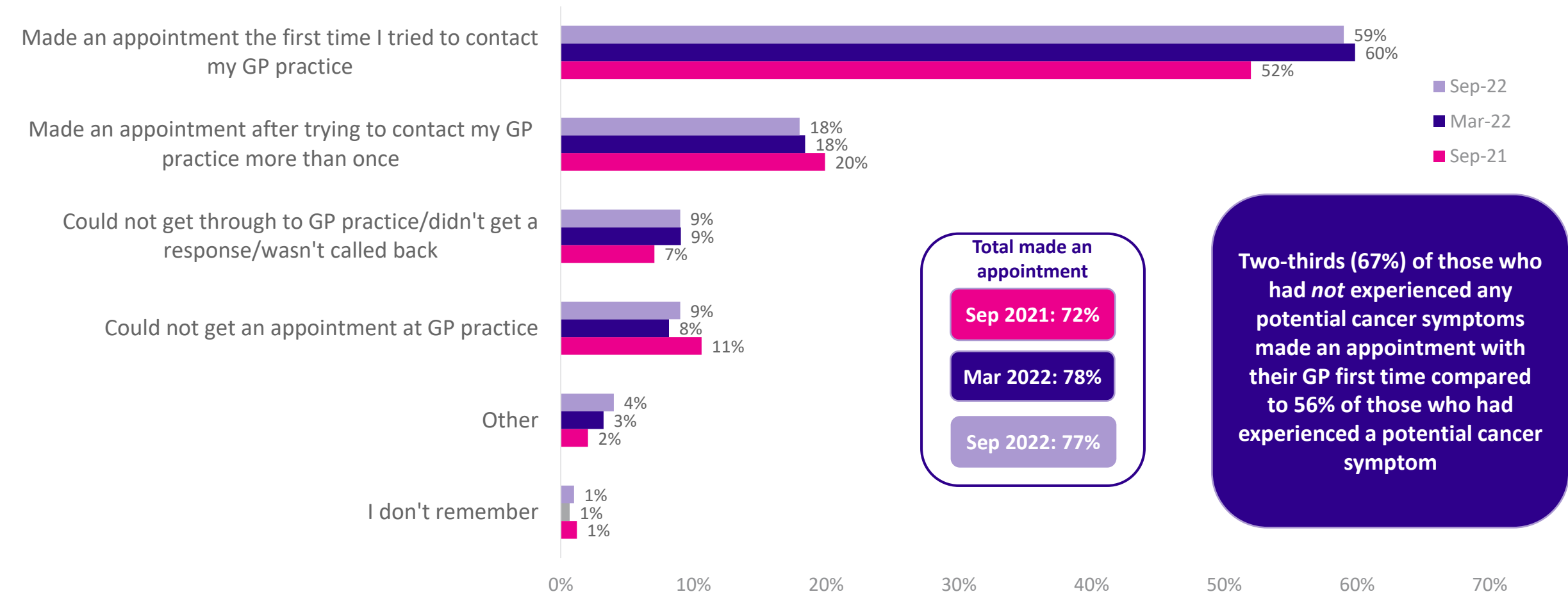
Subsequent actions of those who did not contact their GP



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 (Sep 2021: N=287; Mar 2022: N=301; Sep 2022: N=300).

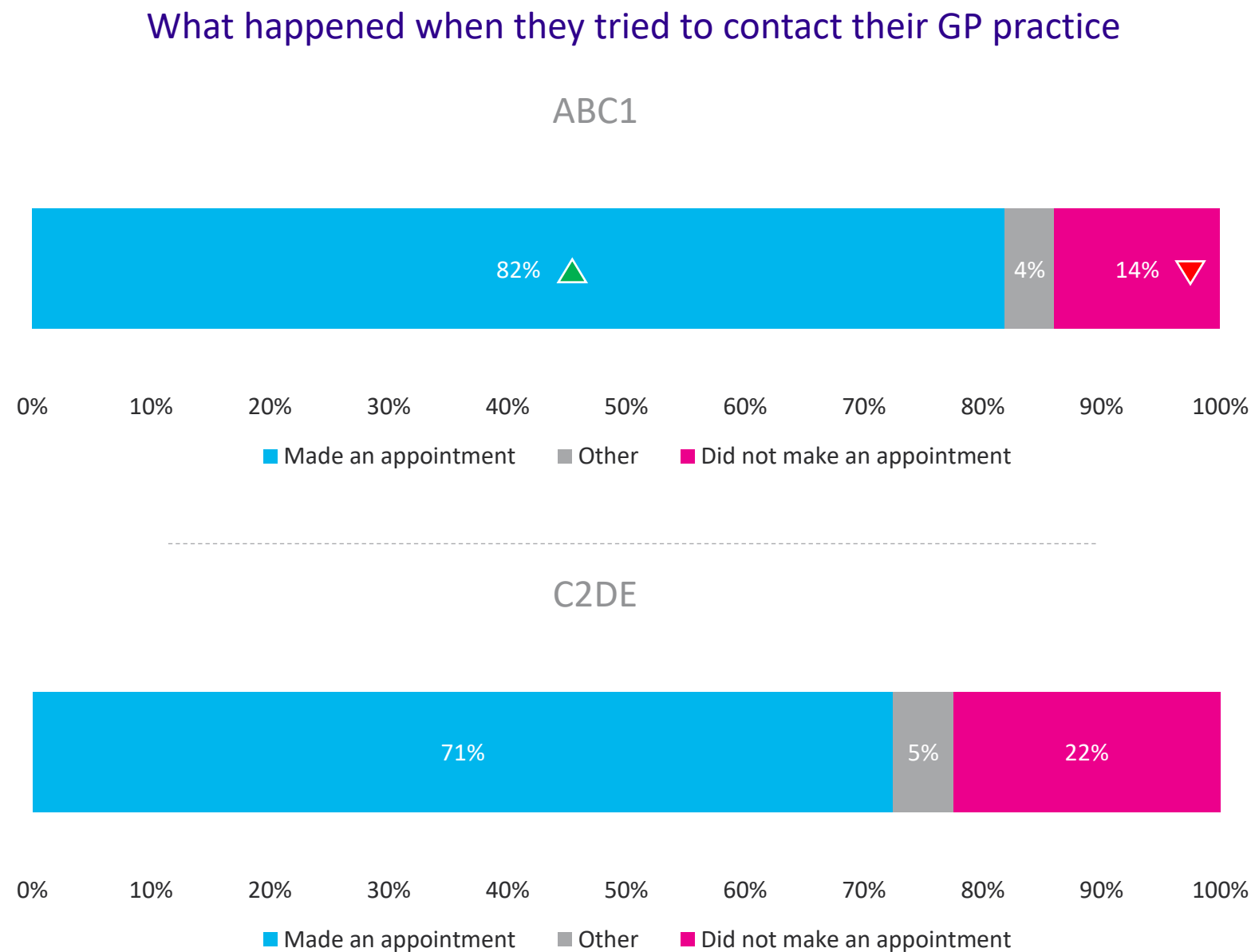
Of those who did contact their GP, three-fifths made an appointment the first time they tried to contact them and over three-quarters made an appointment eventually – with no significant change from previous tracking

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 (Sep 2022: N=884)

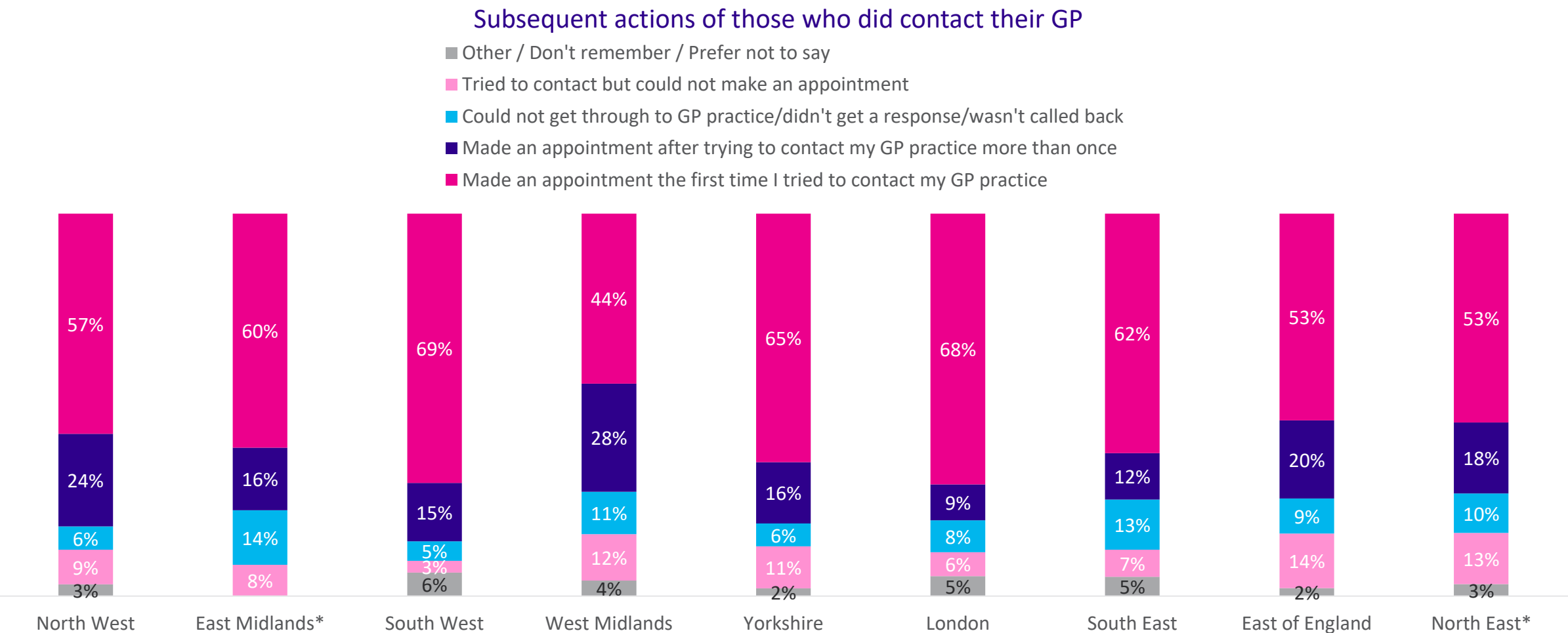
Those of an ABC1 social grade were significantly more likely to have made an appointment with a GP practice to discuss a health concern while those of a C2DE social grade were more likely to have been unable to do so



▲ Show statistically significant differences by social grade
▼

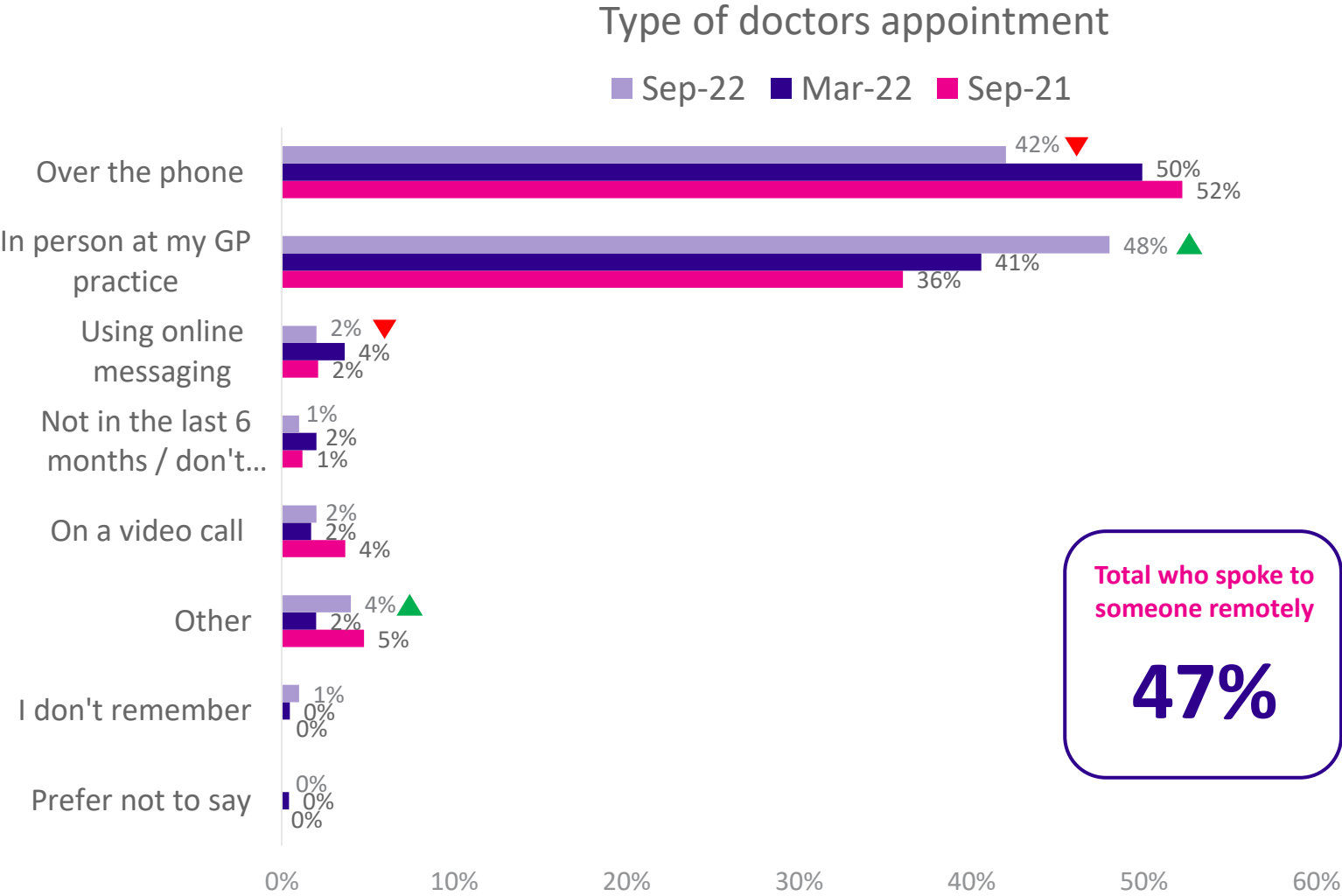
Q19. You said that in the last 6 months you tried to contact your GP practice to discuss a health concern with a medical professional. Which of the following best describes what happened next? Base: All who tried to contact their GP (Sep 2022, ABC1: N=483; C2DE: N=401)

Those in Yorkshire, London and both regions in the South all reported significantly higher levels than the West Midlands of being able to make an appointment with the GP the first time they tried, while the West Midlands reported higher rates of needing to contact their GP multiple times



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=76; East Midlands: N=48; South West: N=69; West Midlands (N=69), Yorkshire and the Humber (N=55), London (N=98), South East (N=89), East of England (N=59), North East (N=31),
*Caution: low base size

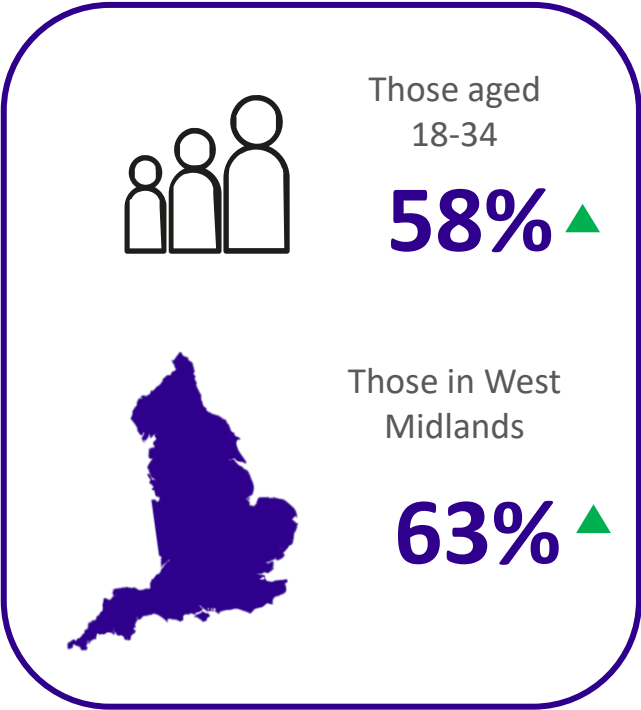
While just under half (47%) had a remote appointment, more people are transitioning away from remote methods and heading back to in-person appointments



Total who spoke to someone remotely

47%

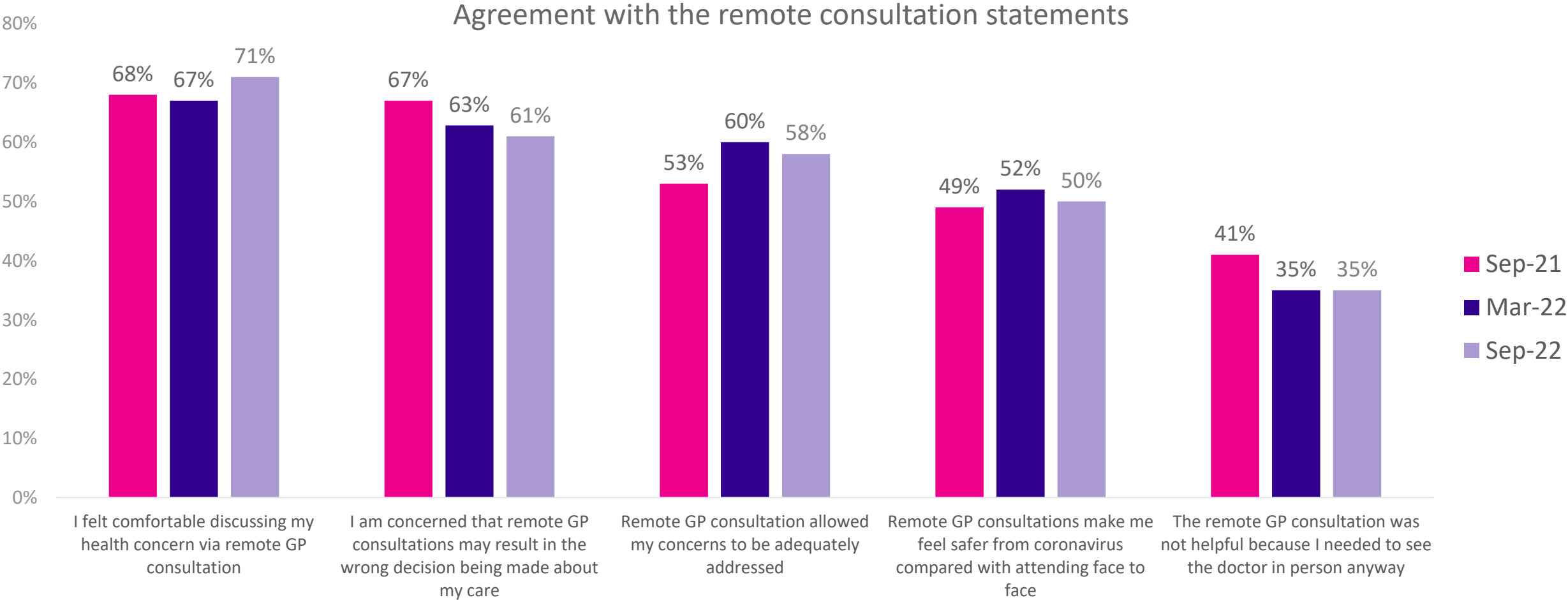
Certain groups are more likely to have had a remote appointment



▲ Show statistically significant differences between years
▼

Q20. Which of the following best describes the type of appointment you had? Base: All who made an appointment / refused to answer (Sep 2021: N=721; Mar 2022: N=742; Sep 2022: N=708)

No change over time in attitudes towards remote consultations. Attitudes generally mixed with people feeling comfortable to discuss health remotely but also concerned it may result in the wrong decision being made and not allow concerns to be adequately addressed



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 (Sep 2021: N=448; Mar 2022: N=421; Sep 2022: N=356)

Those aged 18 to 34 felt more comfortable with remote GP consultations than those aged 55+

Proportion who agree with each statement (by age group)

▲ Show statistically significant differences between age groups
▼

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

18-34	35-54	55+
63% ▲	49%	40%

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

18-34	35-54	55+
80% ▲	78% ▲	60%

'The remote GP consultation allowed my concerns to be adequately addressed'

18-34	35-54	55+
69% ▲	58%	50%

The proportion who said that nothing put them off or delayed them seeking medical attention has fallen since the last waves

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

Sep 2021: 36%

Mar 2022: 33% ▼

Sep 2022: 29% ▼

Those who did not experience a potential cancer symptom were more likely to say that nothing put them off seeking medical attention than those who did experience one (41% vs 20%)

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)	Sep 2021	Mar 2022	Sep 2022
I found it difficult to get an appointment	17.1%	16.9%	20.7%
I didn't want to be seen as someone who makes a fuss	12.6%	12.0%	13.4%
I worried about wasting the healthcare professional's time	13.2%	13.0%	12.7%
I worried about putting extra strain on the NHS / health services	11.9%	13.9%	11.5%
I found it difficult to get an appointment at a convenient time	8.7%	10.5%	11.4%
I found it difficult to get an appointment with a particular health professional	8.5%	9.8%	10.4%
I worried they wouldn't take my symptom(s) seriously	8.6%	10.5%	10.2%
I didn't want to talk to a receptionist/administrative person about my symptom(s)	10.7%	11.5%	10.1%
I had too many other things to worry about	6.2%	6.6%	8.2%
I thought the symptom was related to an existing illness or condition	6.1%	6.9%	6.8%

While there was an increase in the existence of symptoms with unknown causes, bothersome or persisting symptoms were the most common reason to seek medical help

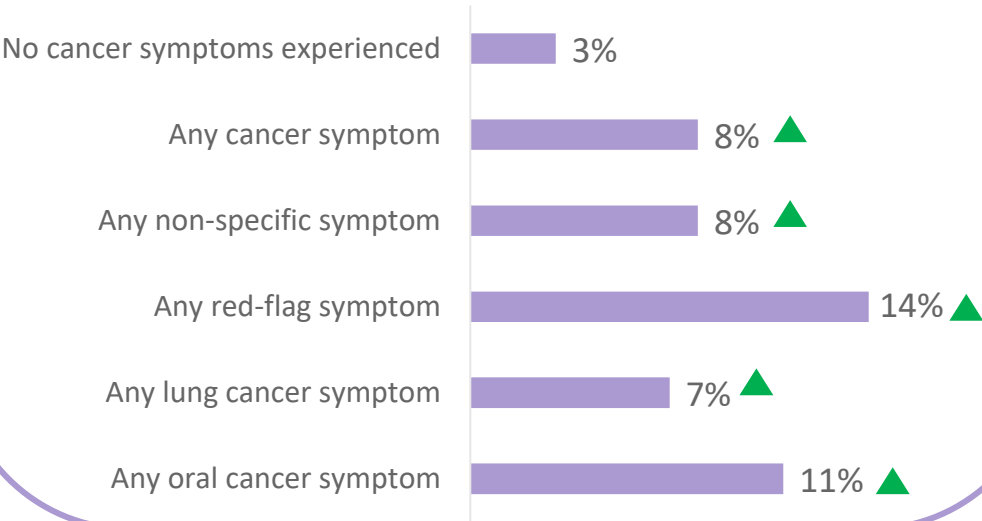
▲ Show statistically significant differences between years

Prompts for seeking medical help (top 10)	Sep 2021	Mar 2022	Sep 2022
I had a symptom that was "bothersome"	16.2%	18.0%	18.2%
I had a symptom that didn't go away	16.9%	17.6%	18.2%
I needed an appointment for an existing problem/condition	18.3%	19.6%	17.4%
I had a symptom, but I didn't know what was causing it	15.1%	13.4%	16.0%
I had a symptom that was painful	15.1%	14.3%	14.8%
I had a symptom that was getting worse	14.4%	14.2%	14.7%
I had a symptom that was unusual for me	13.5%	13.9%	13.8%
I had a feeling that something wasn't right	13.0%	12.6%	13.7%
I have never sought medical attention	8.2%	10.9%	9.9%
My friends or family encouraged me to go	8.3%	9.0%	9.5%

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

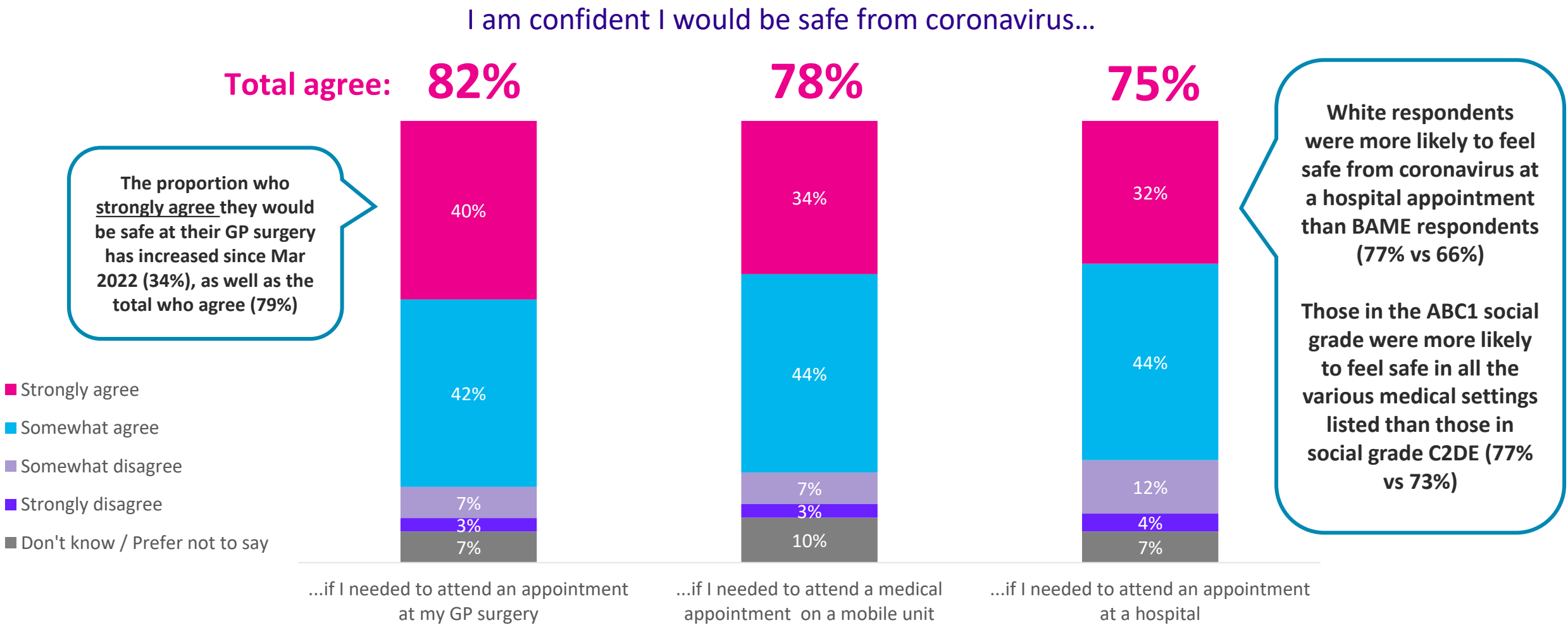
Those who had previously experienced a cancer symptom were more likely to give this as a reason:

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



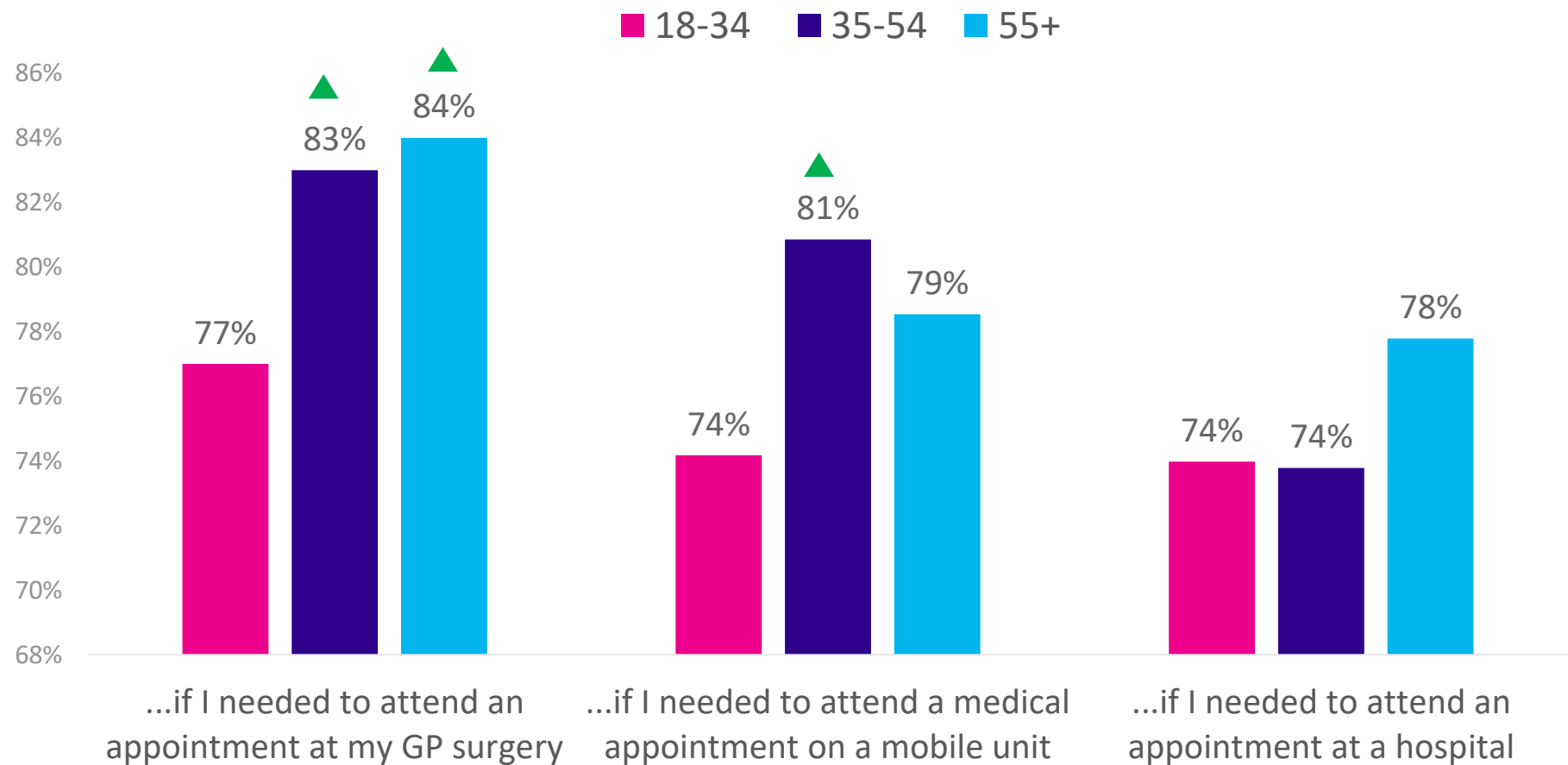
Q25. The last time you saw or spoke to a medical professional about your health, which of the following played a role in your decision to do so?
Base: All (Sep 2021: N=2,446; Mar 2022: N=2,398; Sep 2022: N=2,330)

Most were confident they would be safe from COVID-19 in different medical settings, with more strongly agreeing they would be safer at a GP surgery than in March 2022



As in previous tracking, confidence that they will be safe from coronavirus was higher among older age groups

I am confident that I would be safe from coronavirus...
- Total agree



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

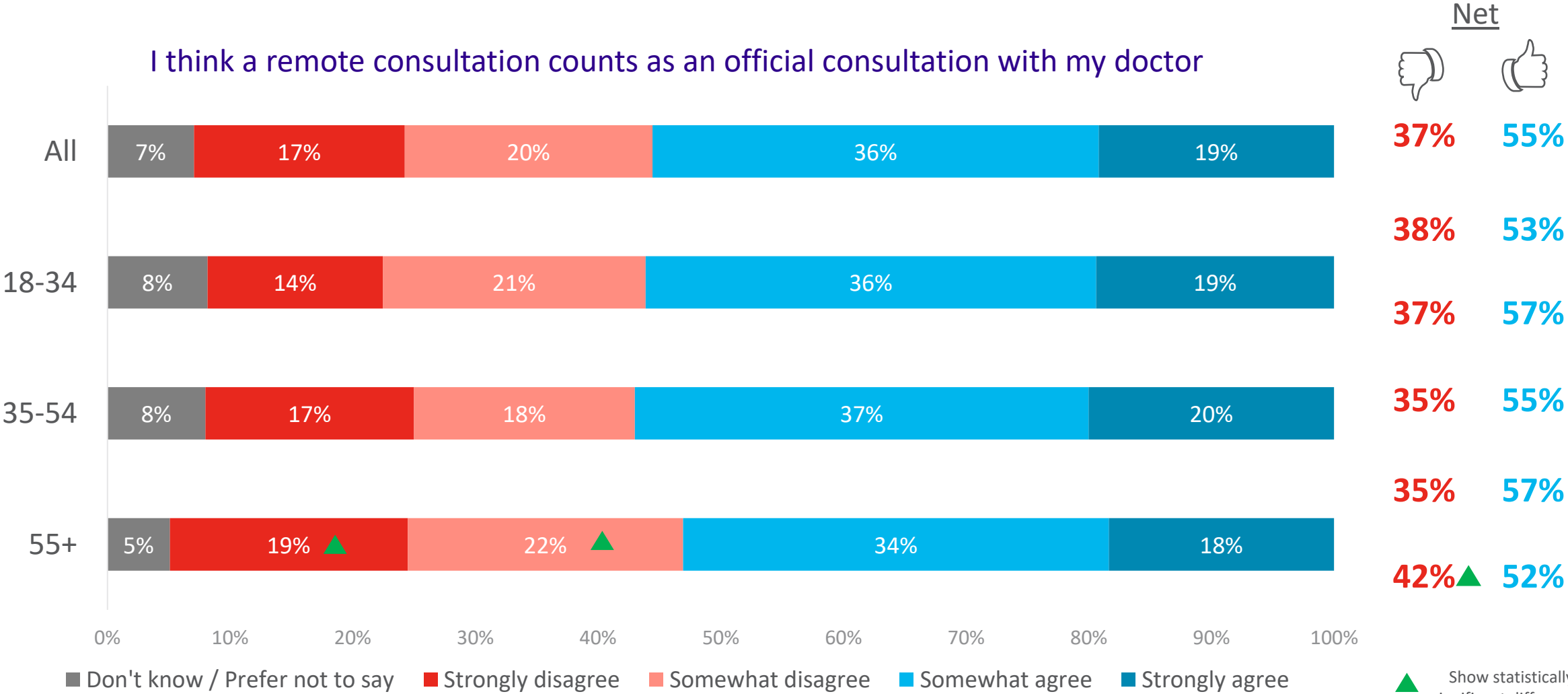
At their GP surgery
69% vs 83% of white respondents

At a mobile unit
63% vs 80% of white respondents

At a hospital
66% vs 77% of white respondents

▲ Show statistically significant differences between demographic groups
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While most agreed that a remote consultation counts as an official one, the proportion who disagreed has increased since March 2022, with older respondents being the most likely to disagree



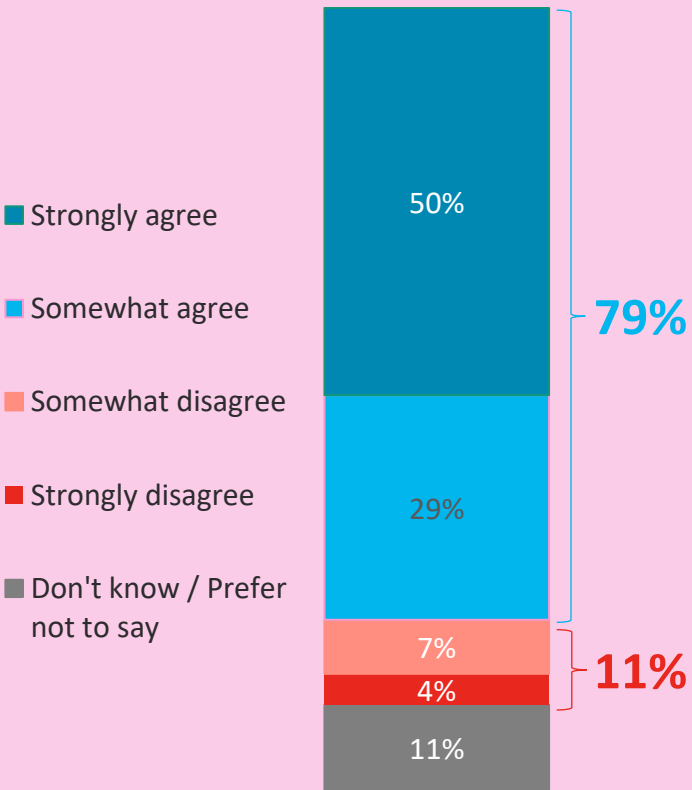
Q27_7. To what extent do you agree or disagree with the following statements? Please select one answer per statement.
Base: All, N=2,365 (Men: N=1,145; Women: N=1,242; Age 18-34: N=661; Age 35-54: N=855; Age 55+: N=871)

▲ Show statistically significant differences between years
▼

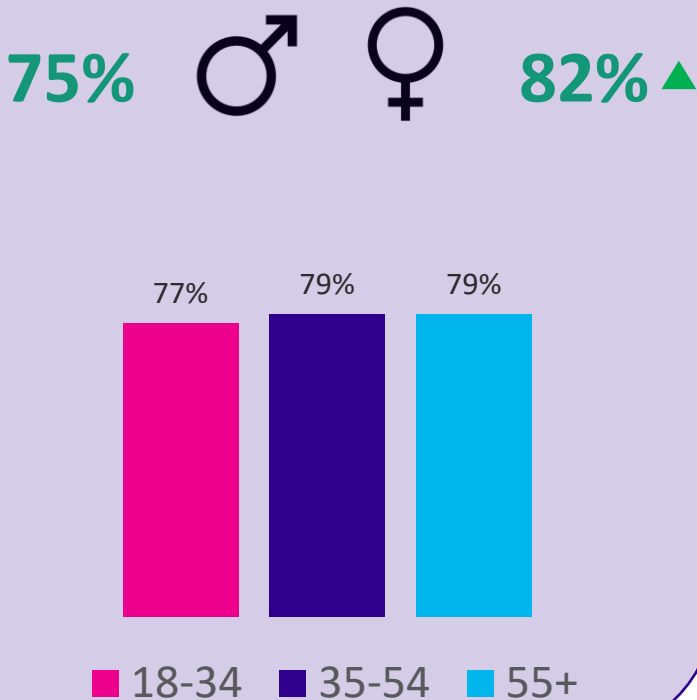
Confidence in the health system's ability to tackle cancer was low, and has decreased compared to March 2022

'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'

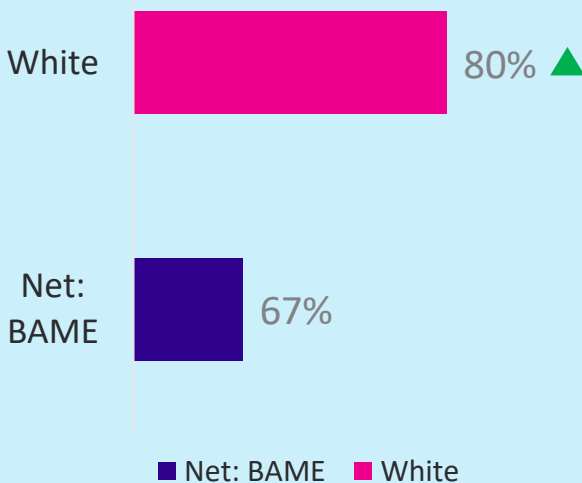
Total agreement



Agreement by age and gender



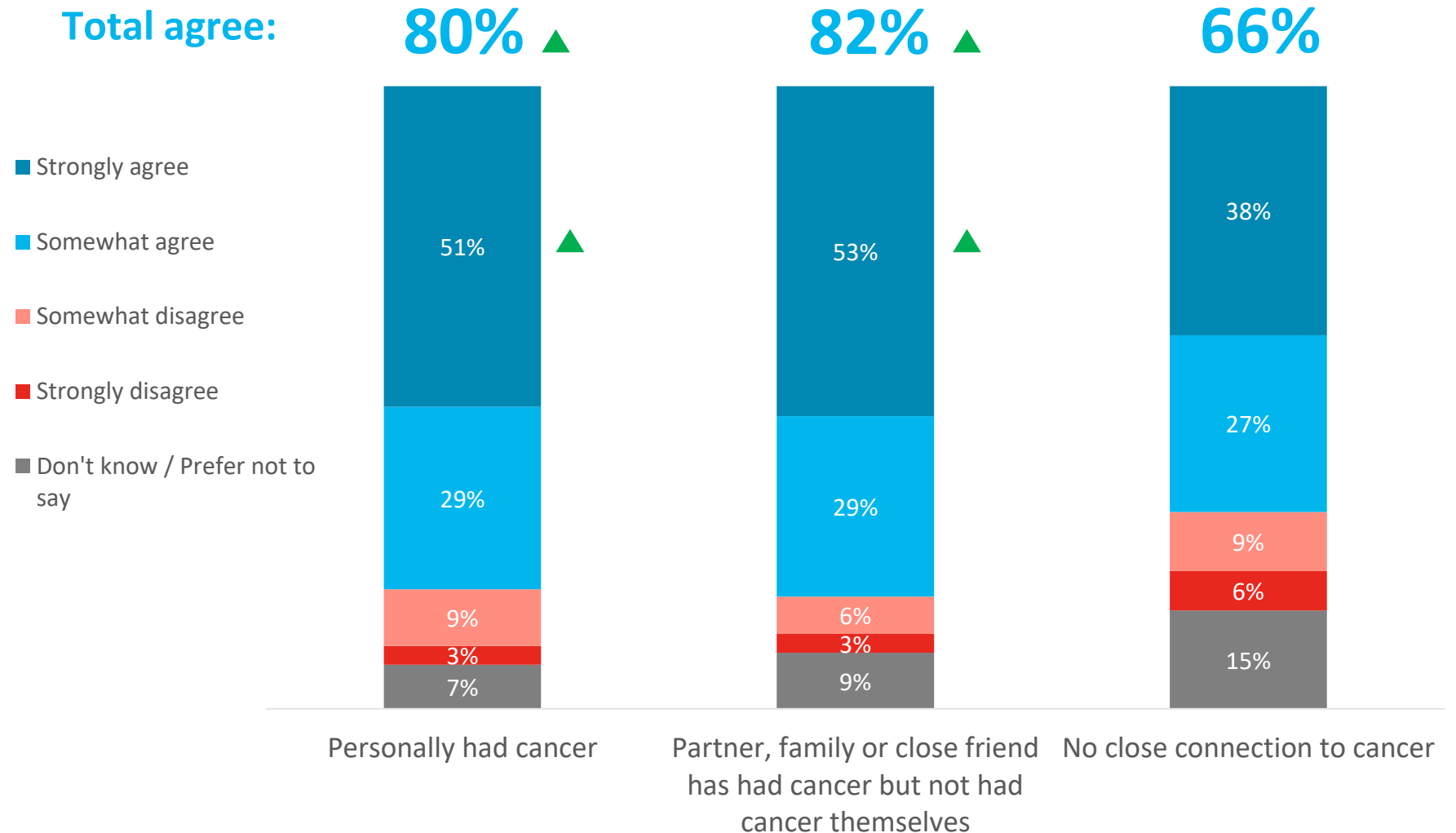
Agreement by ethnicity



▲ Show statistically significant differences between demographic groups
▼

Those who have had cancer themselves or who have a close personal connection to cancer were 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'

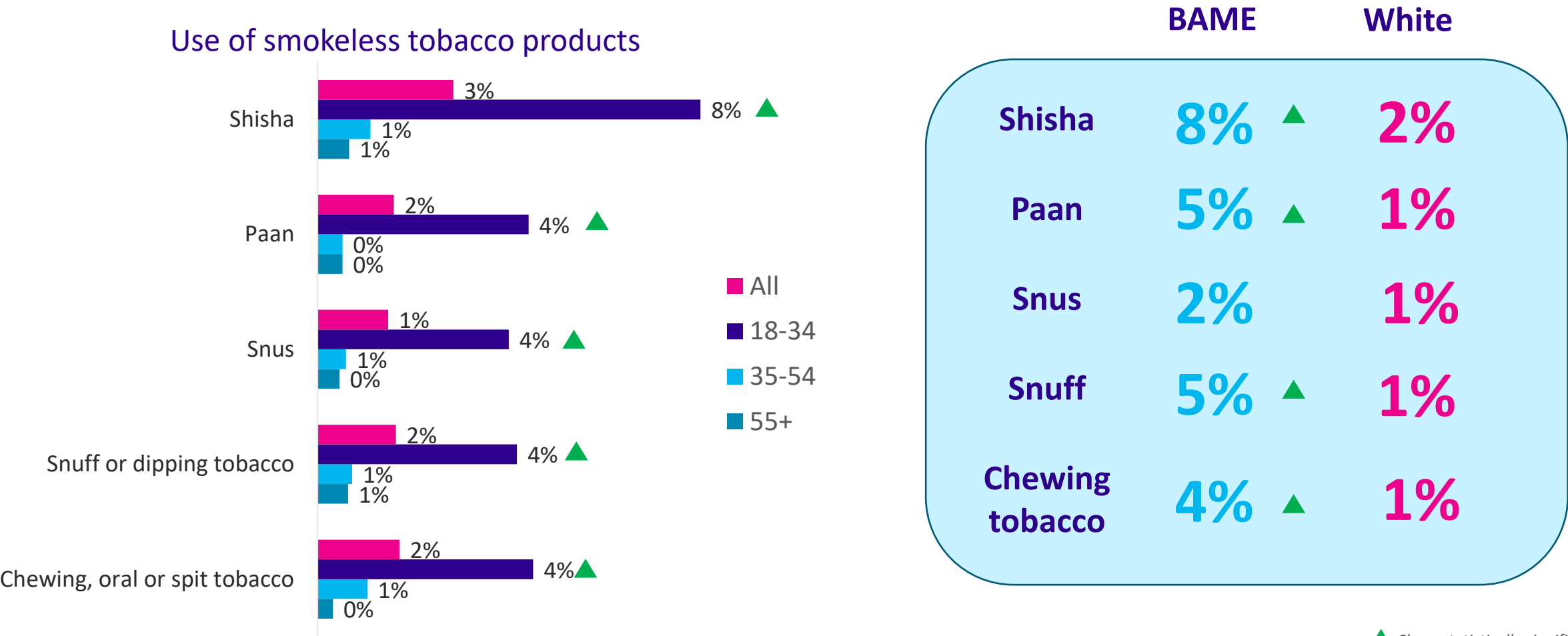


Q30_4_2. To what extent do you agree or disagree with the following statements. Please select one answer per statement

Base: All N=2,365 (Those who have personally had cancer: N=169; Those who have a partner/family/close friend had cancer but not had cancer themselves: N=1,737; Those with no close connection to cancer: N=481)

Prevention

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

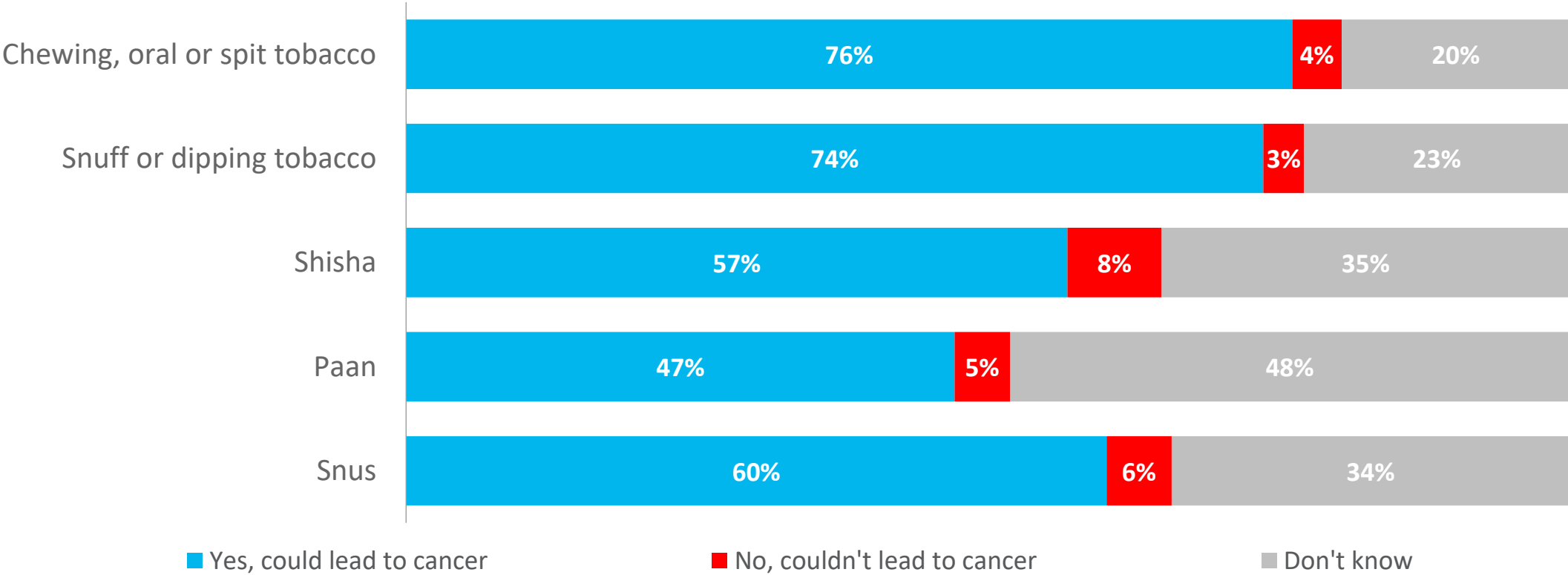


Q1a - How often do you use the following products?
Base: All N=2387 (BAME N=310; White N=2077; 18-34 N=661; 35-54 N=855; 55+ N=871)

▲ Show statistically significant differences between groups

Three quarters were aware that chewing tobacco and snuff can increase cancer risk, but for other forms of smokeless tobacco, large proportions report that they do not know

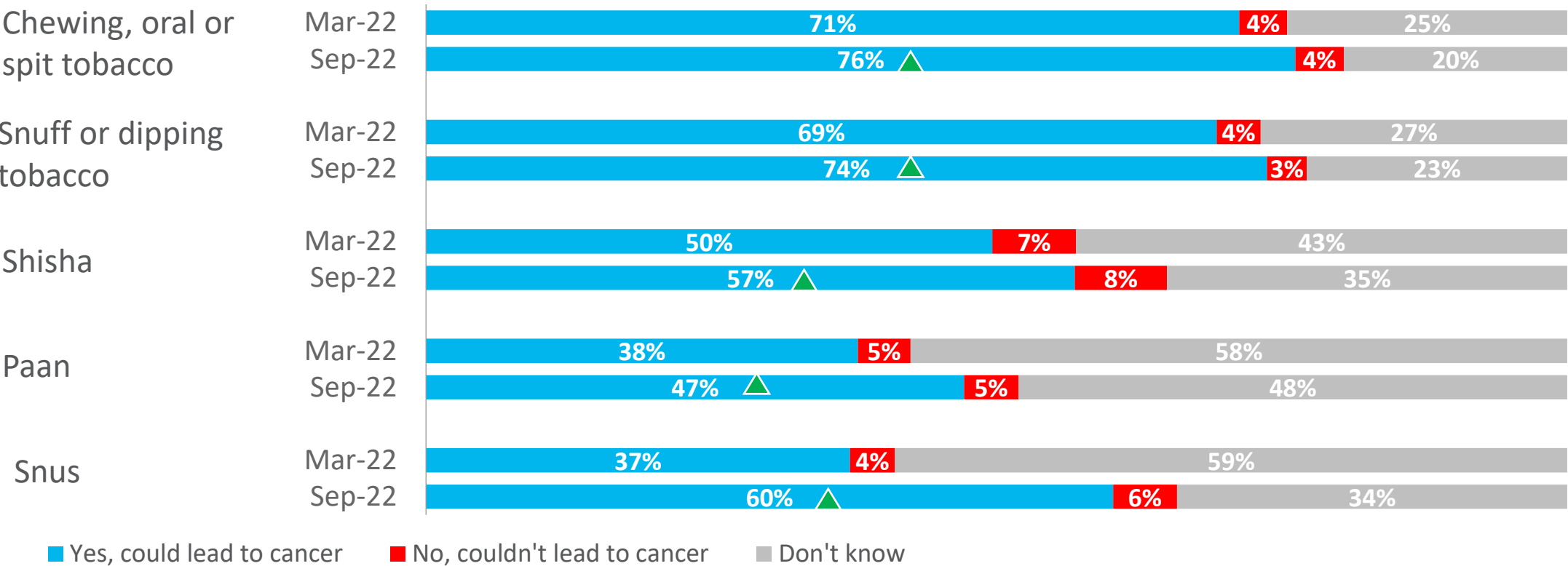
Belief that tobacco products can increase a persons chance of developing cancer



Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?
Base: Total (N=2387)

Despite this, awareness that they could lead to cancer has grown across all tobacco products, largely as a result of declining uncertainty

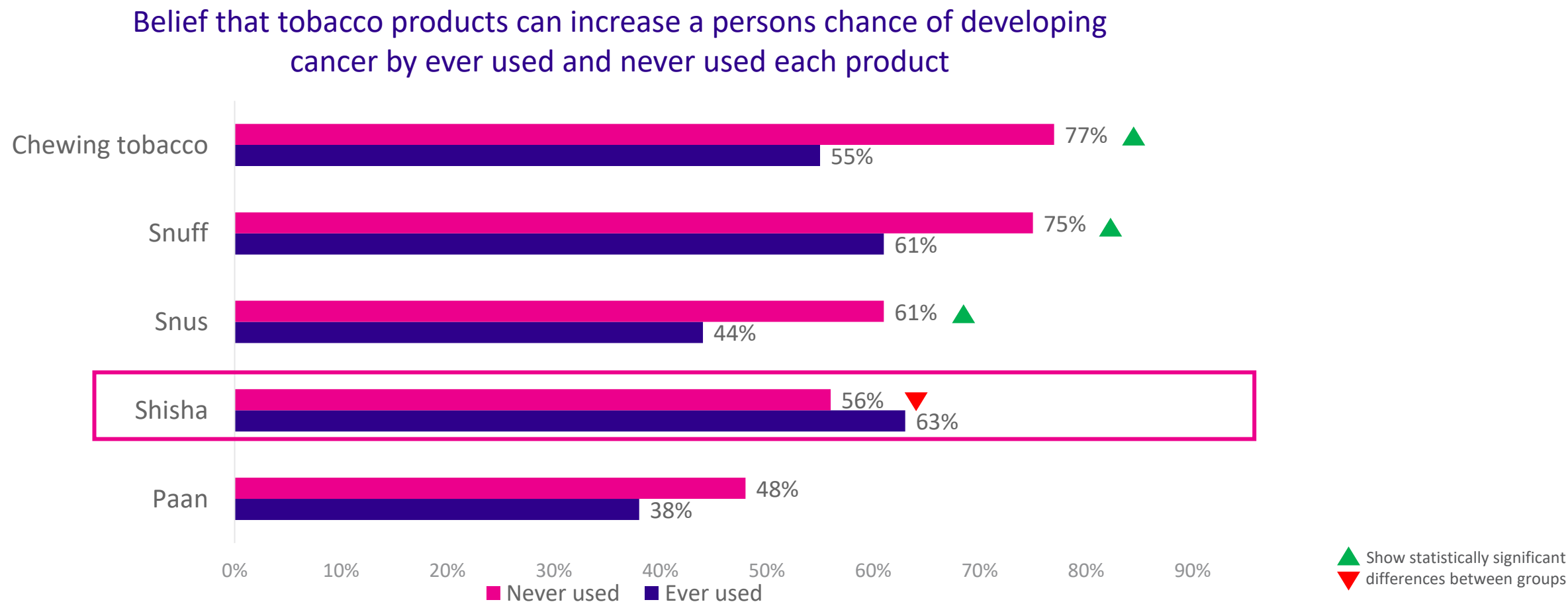
Belief that tobacco products can increase a persons chance of developing cancer



Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?
Base: Total (Mar-22 N=2,446; Sep-22 N=2387)

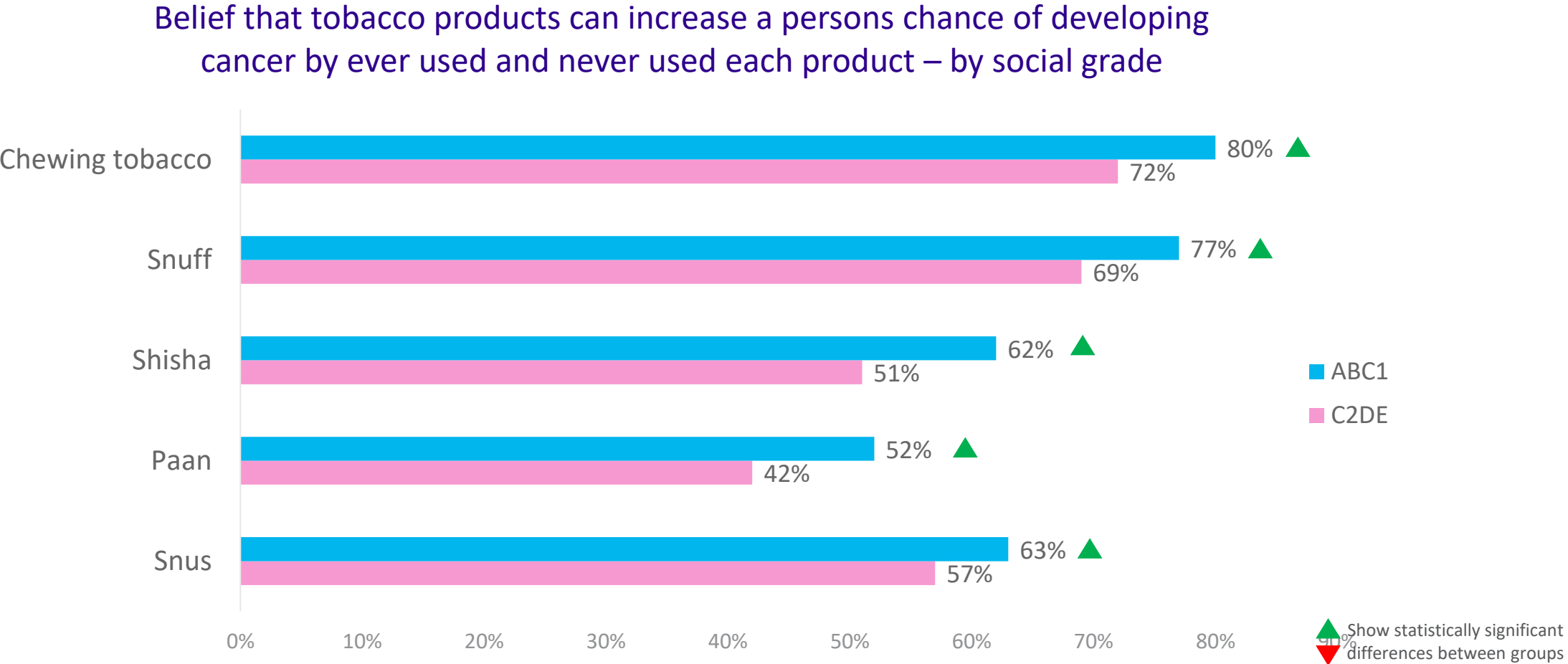
▲ Show statistically significant differences between groups

For chewing tobacco, snuff, and snus, respondents who have never used them were significantly more likely to report that the products could cause cancer. Shisha is the only product to see increased awareness among users compared to non-users.



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=214; Paan N=63; Chewing tobacco N=79; Snuff N=80; Snus N=58), never used: (Shisha N=2,153; Paan N=2,307; Chewing tobacco N=2,292; Snuff N=2,283; Snus N=2,375)

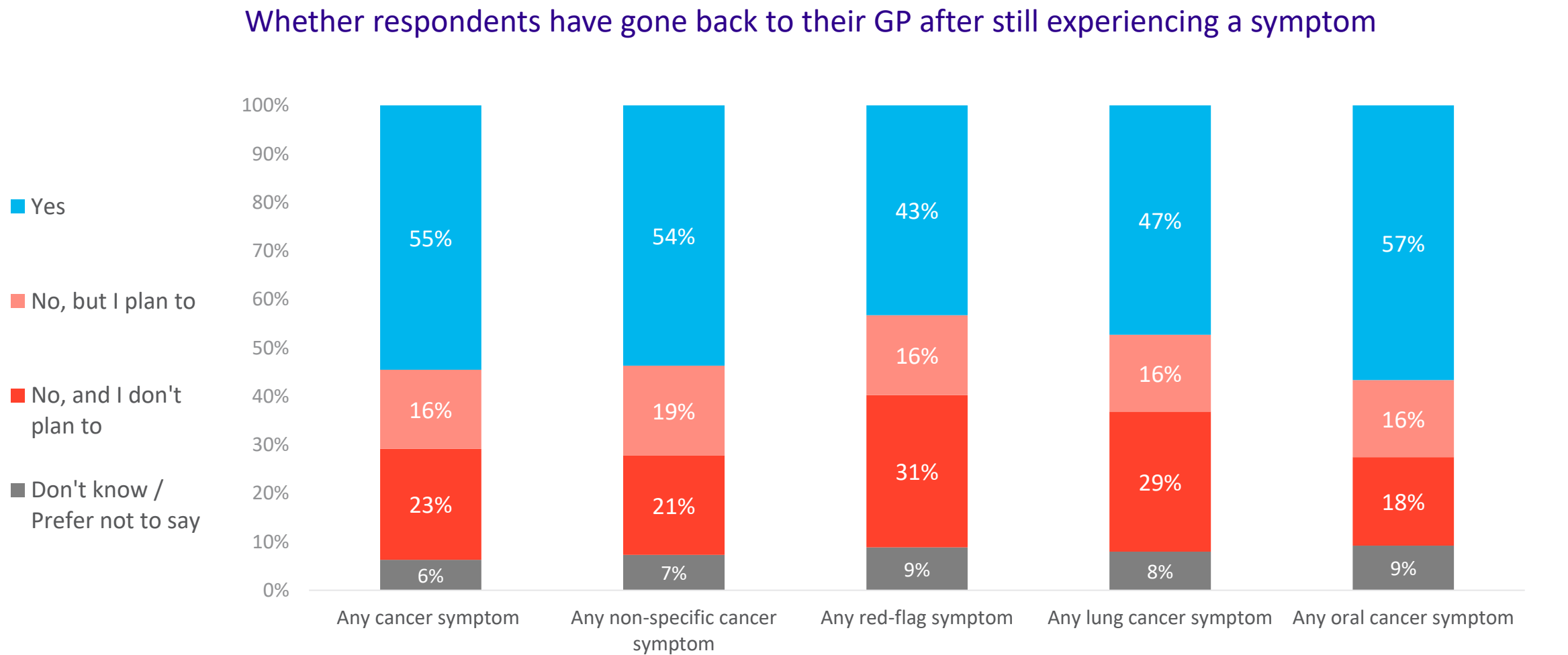
Despite overall growing awareness compared to last wave, awareness of increased cancer risk continues to higher among ABC1 respondents for all tobacco



Q34a - Which of the following, if any, do you think could increase a person's chance of developing cancer?
Base: (ABC1: N=1,327, C2DE: N=1,060)

Re-presentation

Over half of those with any potential cancer symptom had recontacted their doctor because they were still experiencing the symptom, comparatively fewer recontacted their doctor about a red-flag symptom

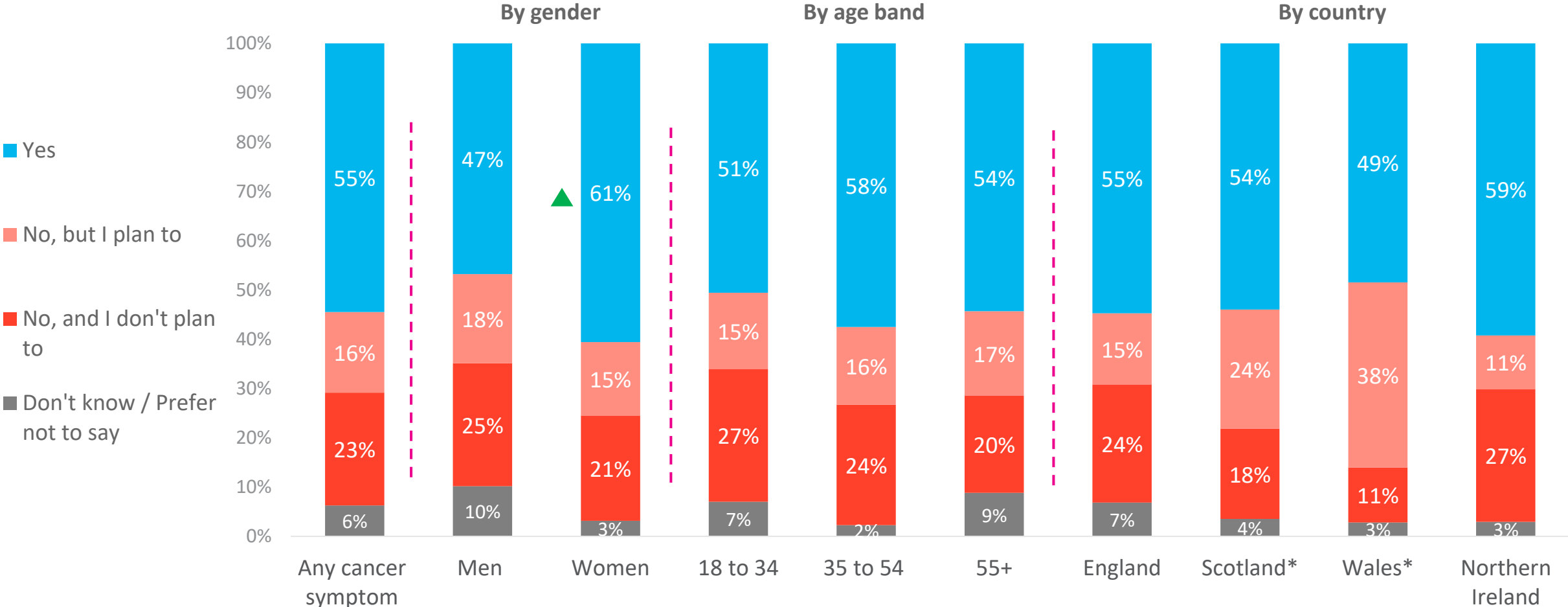


Q15c. You said you were still experiencing [symptom] after discussing it with your doctor (GP). Did you contact your doctor again after noticing that you were still experiencing the symptom? Any still experiencing a cancer symptom (N=555), Any still experiencing a non-specific cancer symptom (N=389), Any still experiencing a red-flag cancer symptom (N=188), Any still experiencing a lung-specific cancer symptom (N=166) Any oral cancer symptom (N=160)

Women were more likely than men to have gone back to their GP. While there were directional differences among other groups these were not significant.

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

▲ Show statistically significant differences with any other groups
▼

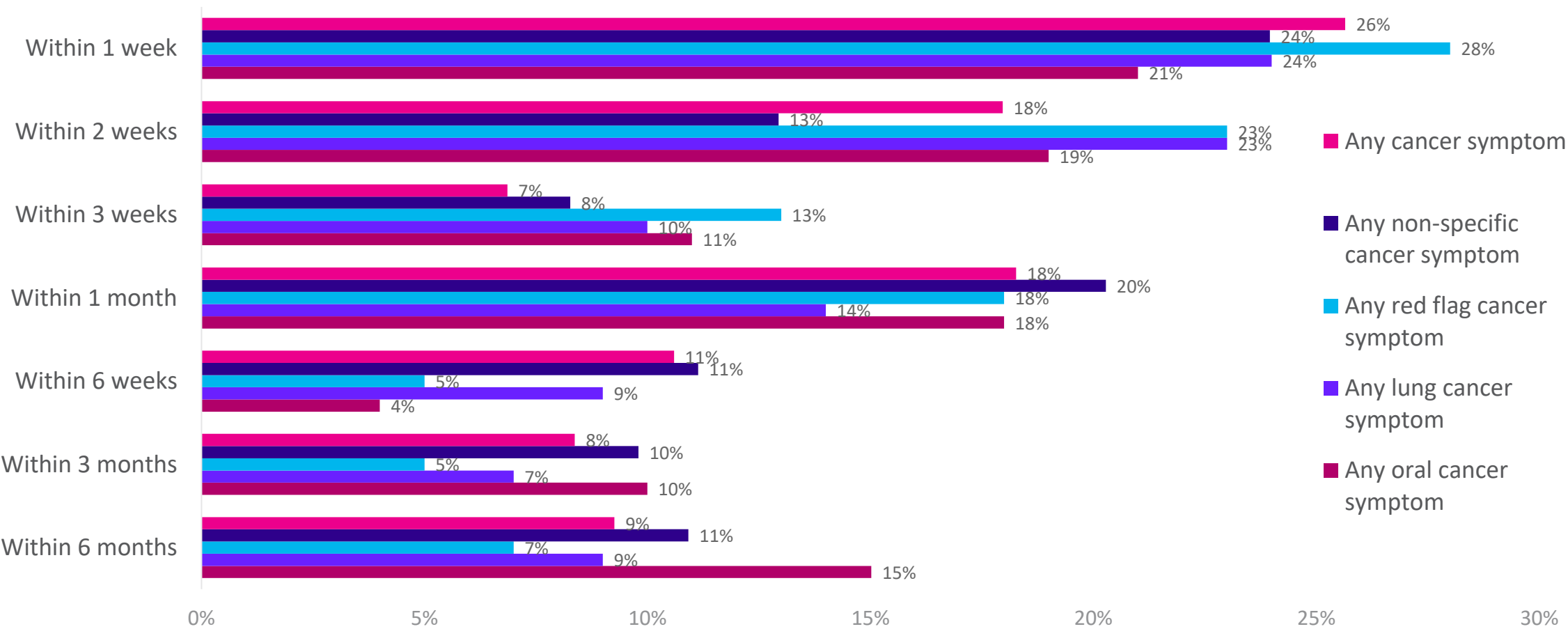


Q15c. You said you were still experiencing [symptom] after discussing it with your doctor (GP). Did you contact your doctor again after noticing that you were still experiencing the symptom? Any still experiencing a cancer symptom (N=555), (Men N=240, Women N=315, 18 to 34 N=125, 35 to 54 N=207, 55+ N=223, England N=367, Scotland N=37, Wales N=25, Northern Ireland N=126)

*Caution: low base size

Most recontacted their doctor within two weeks of noticing they were still experiencing the symptom, with no differences between the demographic subgroups.

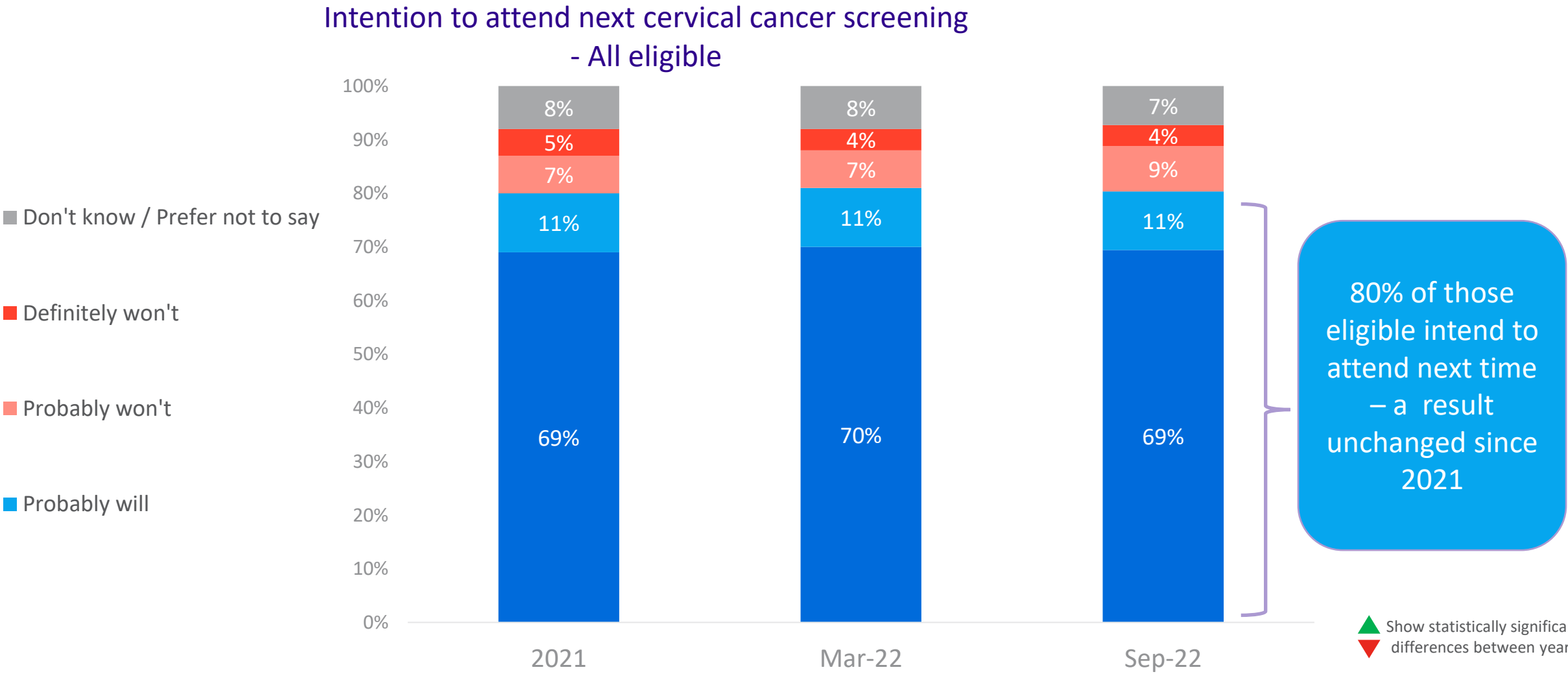
How long after noticing they were still experiencing the symptom did they recontact the doctor



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=306), a non-specific cancer symptom (N=215), a red-flag cancer symptom (N=83), a lung-specific cancer symptom (N=78) an oral cancer symptom (N=94)

Cervical cancer screening

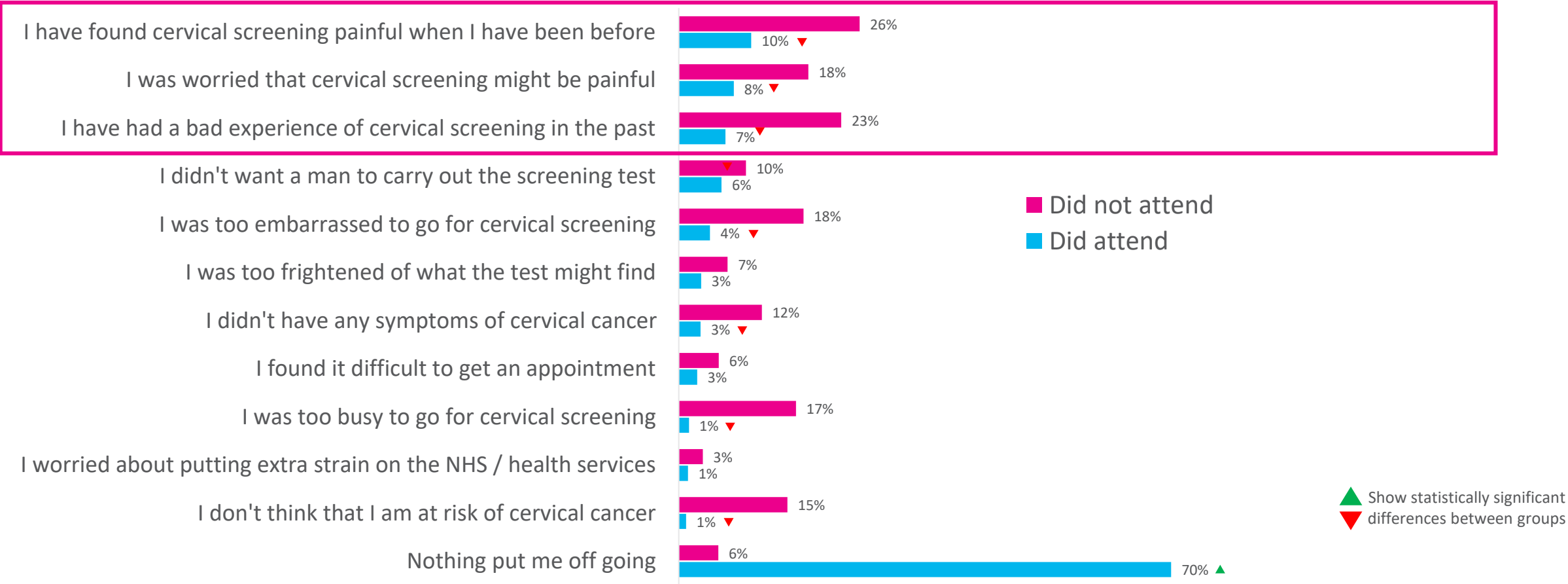
Over four-fifths of those eligible to attend cervical cancer screenings intend to go next time they are invited



Q37. Will you go for cervical screening next time you are invited? Base: all eligible (2021: N=932; Mar-2022: N=949; Sept-22 N=1134)

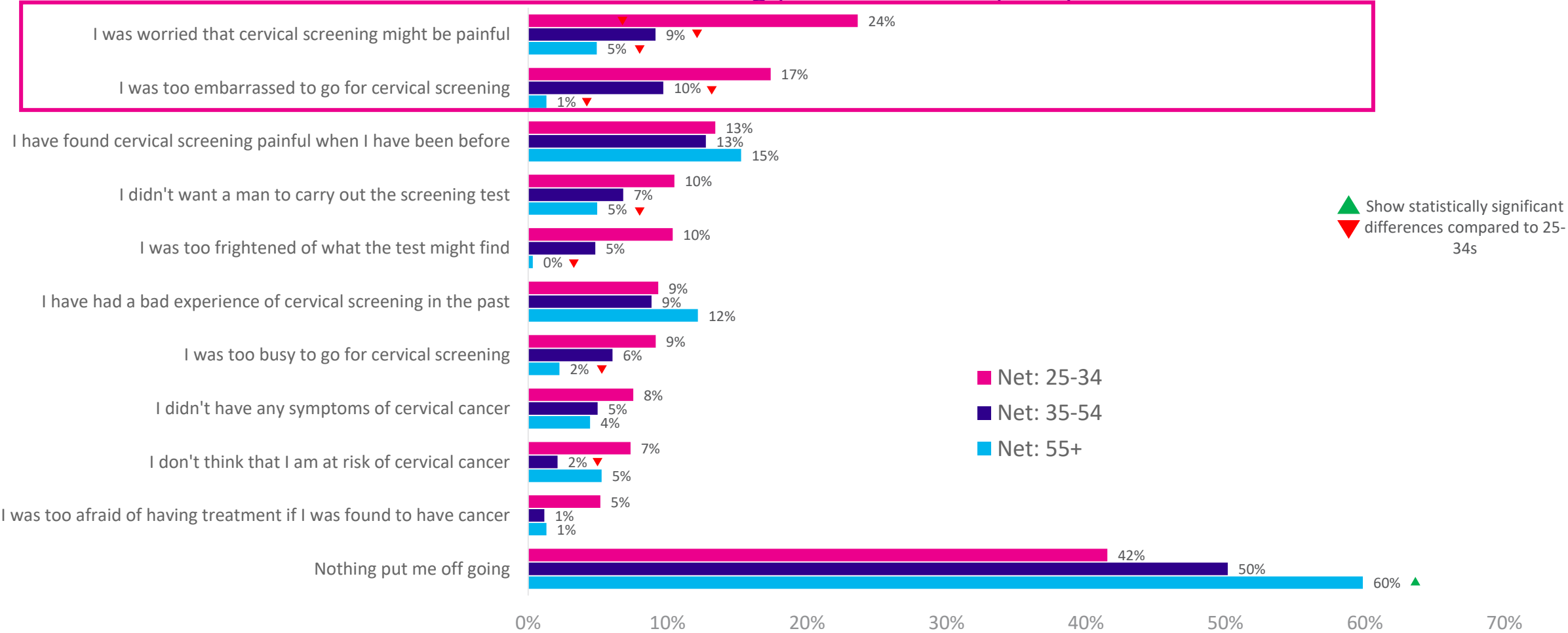
Top cited barriers to attending cervical screenings were previous bad experiences and pain, especially among those who did not attend the last time they were invited

Barriers to attending (last time invited) – top 10



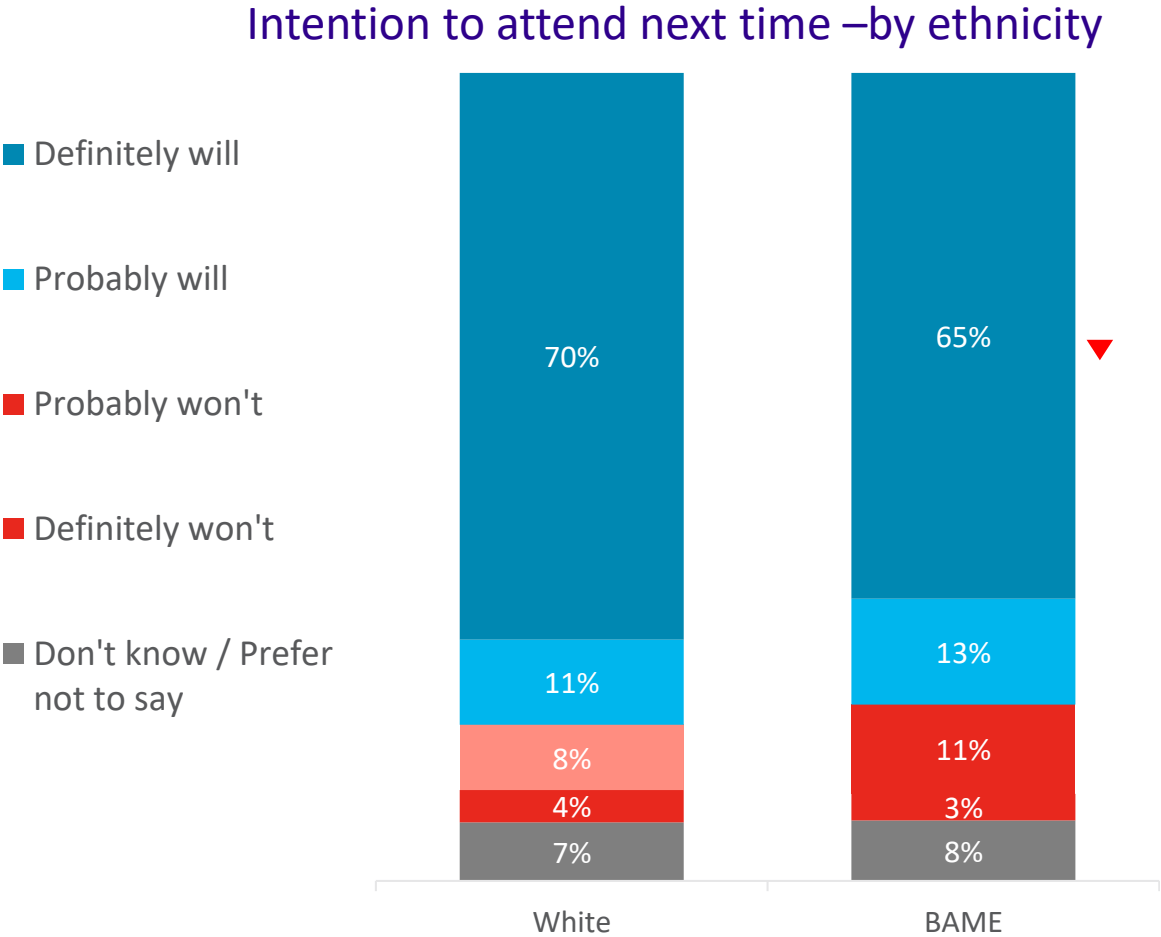
Younger respondents are more likely to have avoided attending screening because they were embarrassed and concerned that it would be painful.

Barriers to attending (last time invited) – top 10

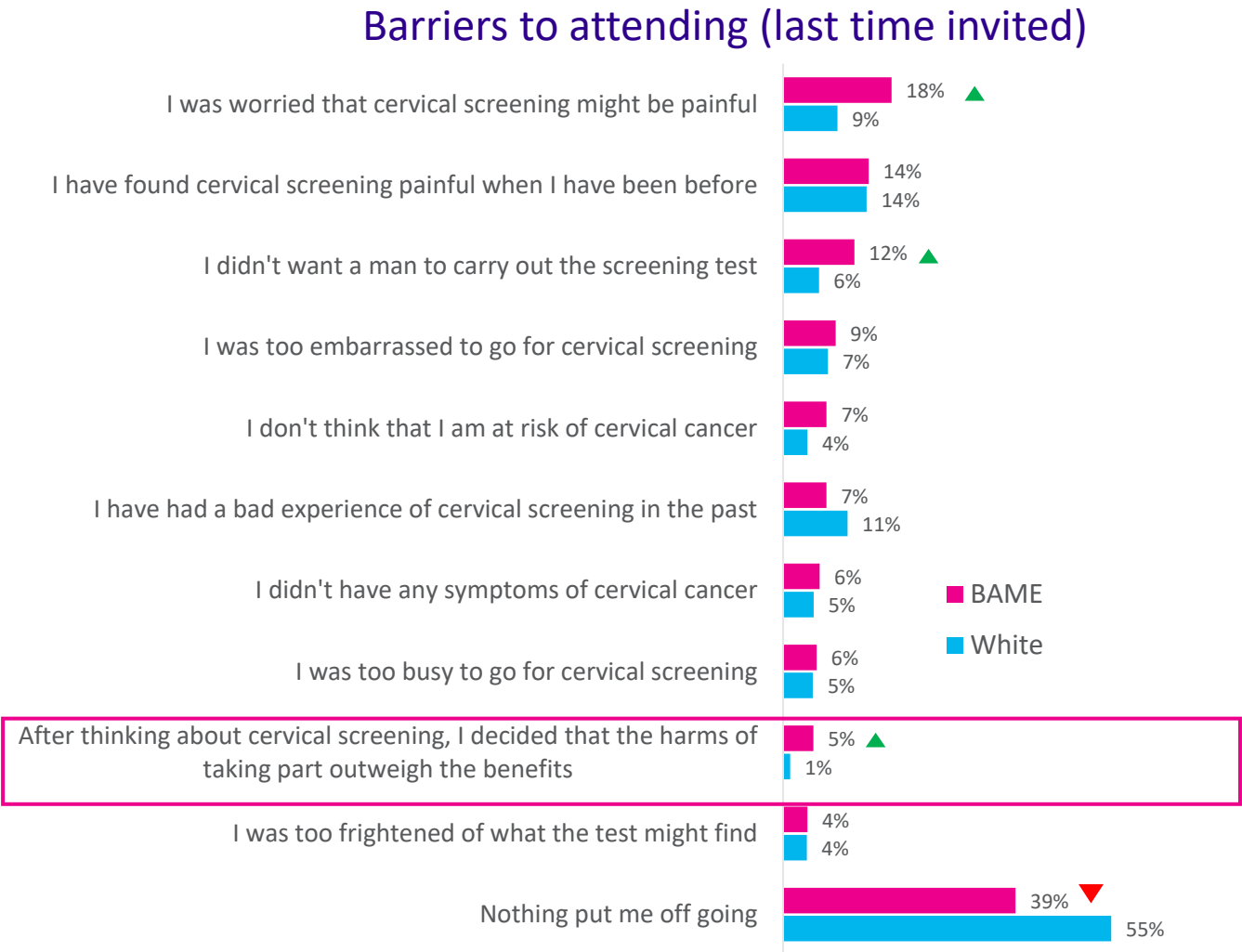


Q38. Thinking about the last time you were invited for cervical screening, did any of the following put you off going? Please select all that apply (25-34 N=211; 35-54 N=440; 55+ N=399)

BAME respondents were less likely to say they will definitely attend their next screening and



BAME respondents were more likely to experience several of the barriers listed, including thinking that the harms outweighed the benefits



▲ Show statistically significant differences between groups
▼

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*

44% would want the HPV self-sampling kit to do at home

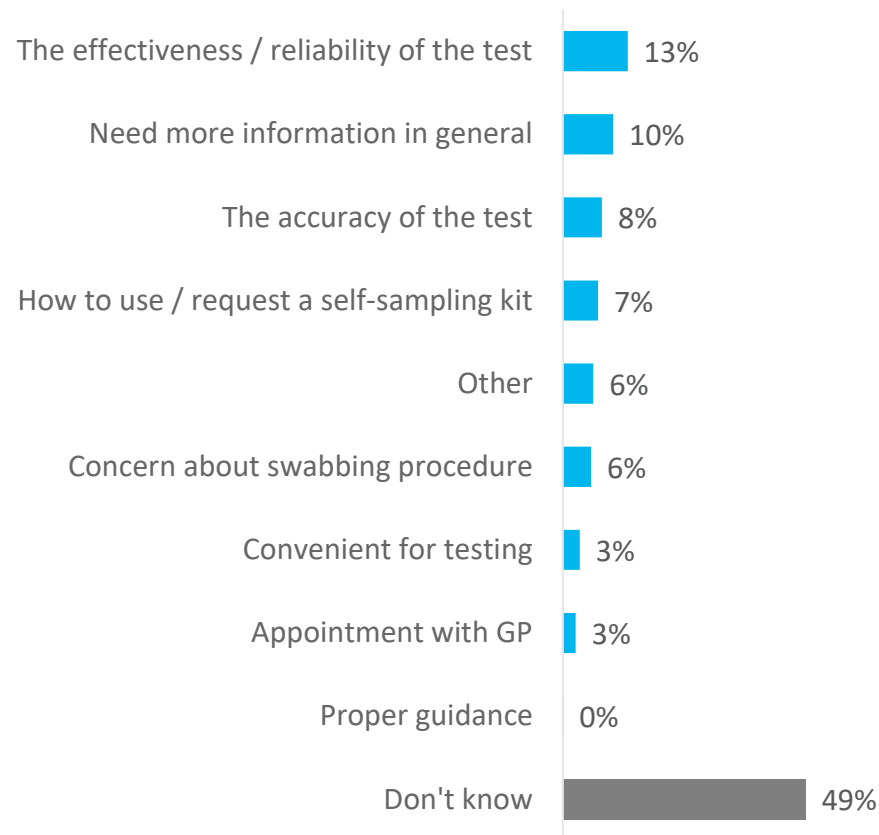
34% would want their cervical screening to be performed by a nurse or doctor

Two fifths (40%) of 18 to 34s who are eligible for cervical screening reported they would want it done by a nurse or a doctor, compared to a quarter (24%) of those aged 55 and over. Concurrently, nearly three fifths (58%) of this older age groups reported they would prefer to self sample.

Three quarters (75%) of those who didn't attend their last cervical screening report that they would prefer to use a self sampling kit, while 7% of this audience would prefer a nurse or doctor.

In total, 12% said they don't know which test they would prefer
– when asked to explain why, the most common answers focused on the effectiveness and reliability of the test and needing more information in general

Information to help those who don't know decide



The process and complexity of self testing kit

Worried about how accurate a home test would be

Clear instructions on how to do the test as I would be worried about doing it wrong

Unsure whether I would be able to administer the test properly, would want clear instructions.

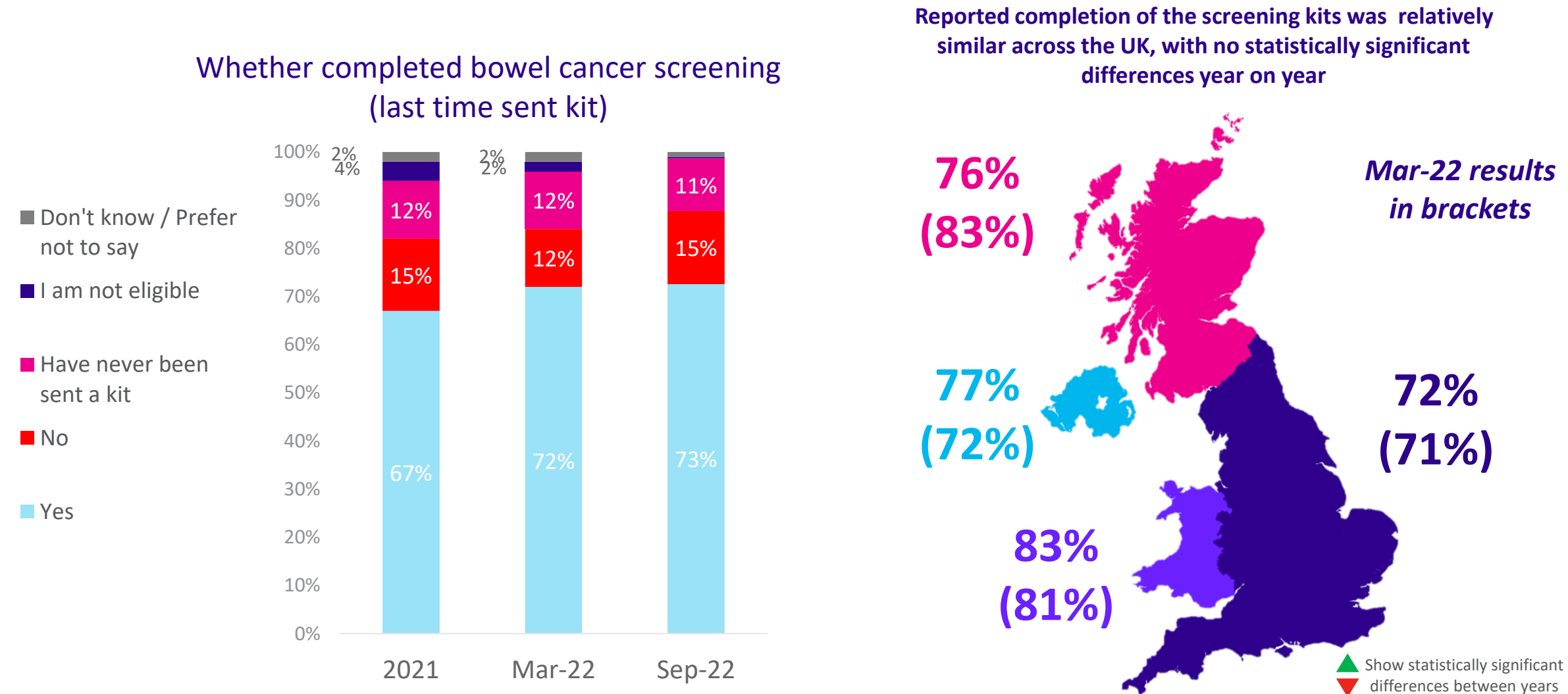
Detailed information on how each type of test is carried out and if there is any difference in the accuracy of results.

How many steps it takes to do the self swab.

If I could have a phone consultation with a nurse beforehand to ask any questions. for first timers it can be a little daunting anyway, let alone having to do it yourself. I'm not opposed, I just wouldn't want to get it wrong - especially over something as serious as cancer.

Bowel cancer screening

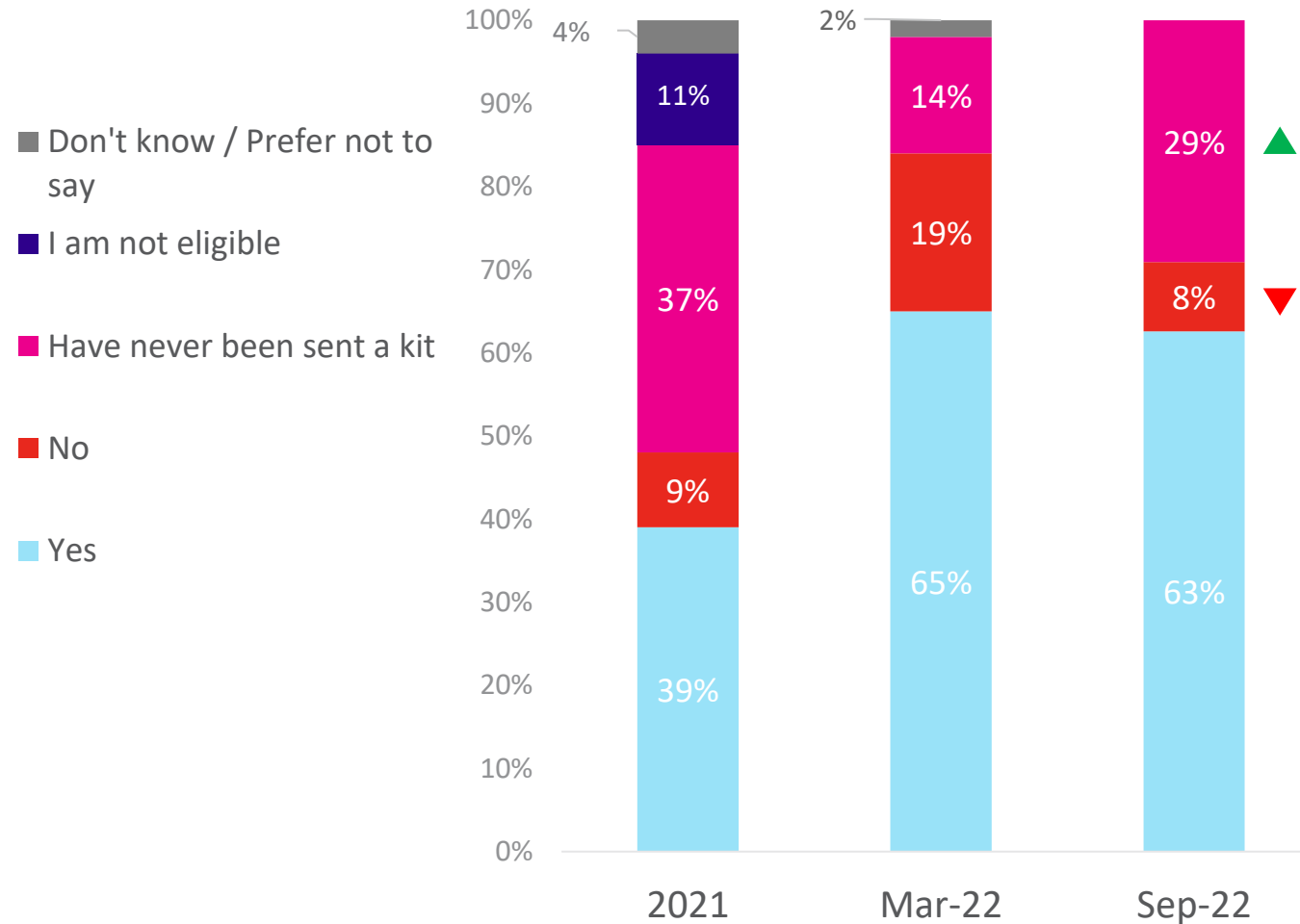
After increasing in March compared to September 2021, the proportion of those who reported completing their bowel cancer screening kit has levelled



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: Mar-22 N=895 Sep-22 N=820), all Sep-22 in England (N=560), Wales (N=42 *caution low base size), Northern Ireland (N=140), Scotland (N=78)

Although the proportion of BAME respondents who reported they have completed a bowel cancer screening was consistent, there was a decline in the proportion reporting they haven't

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

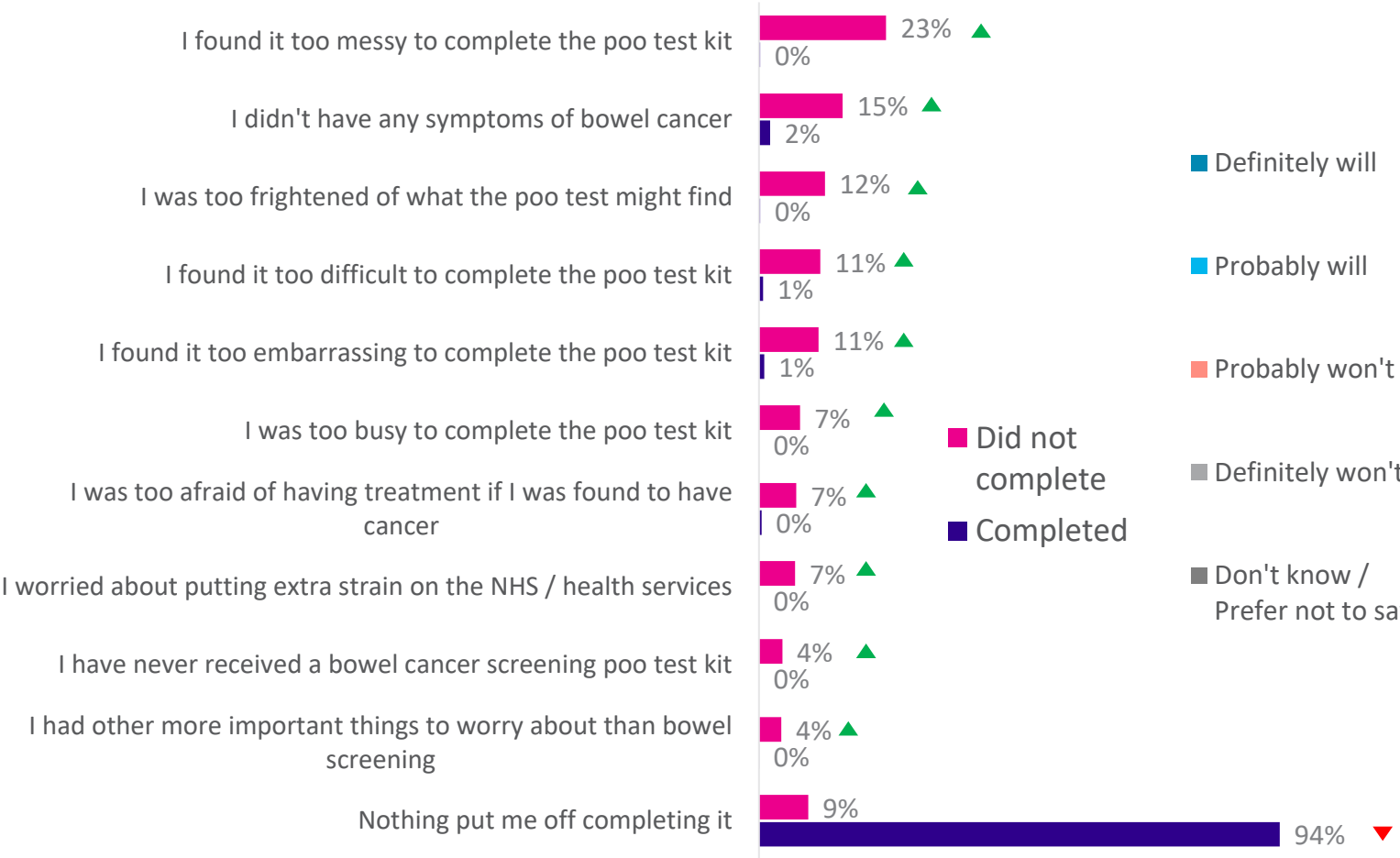


Despite an overall steady picture, the proportion of BAME respondents reporting they have never been sent a kit has increased.

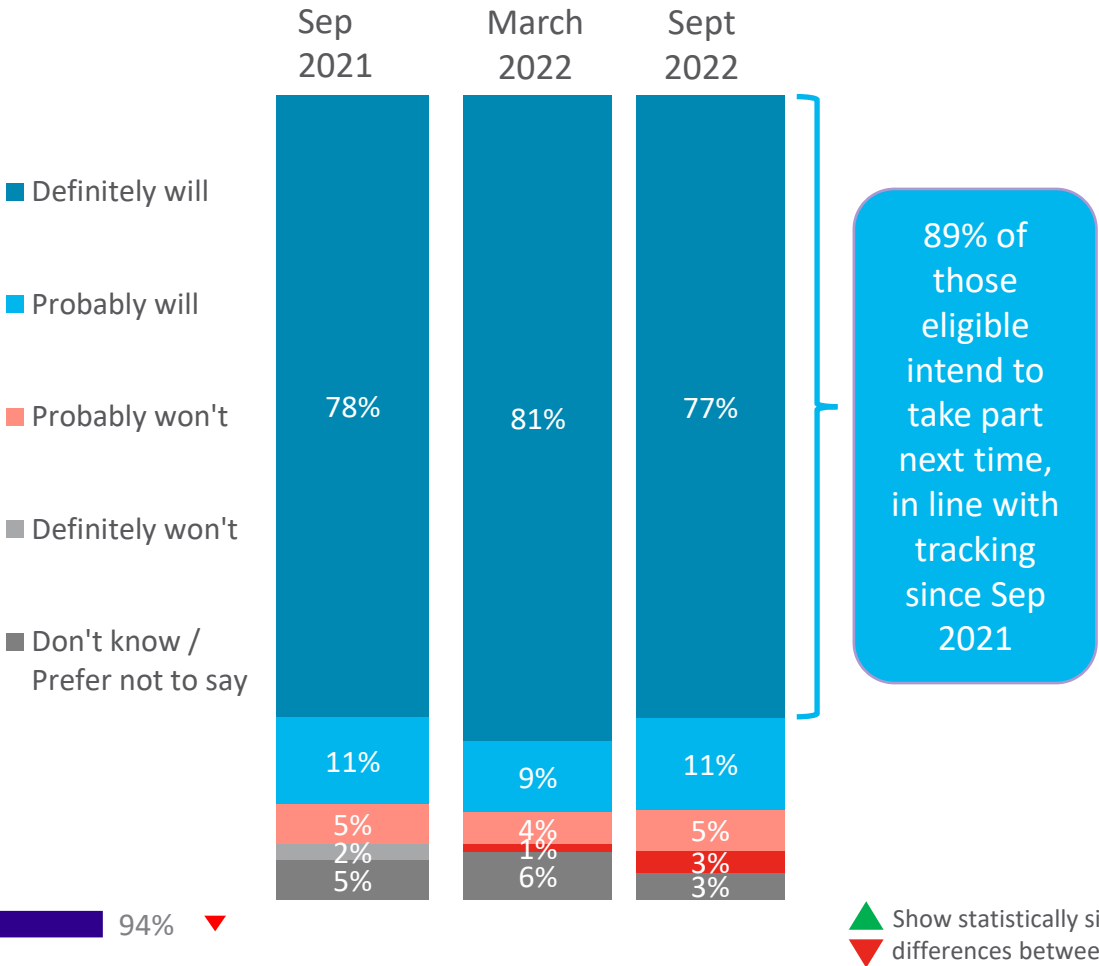
▲ Show statistically significant differences between years
▼

While intention to complete remained consistent, 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) – top 10



Intention to complete next time

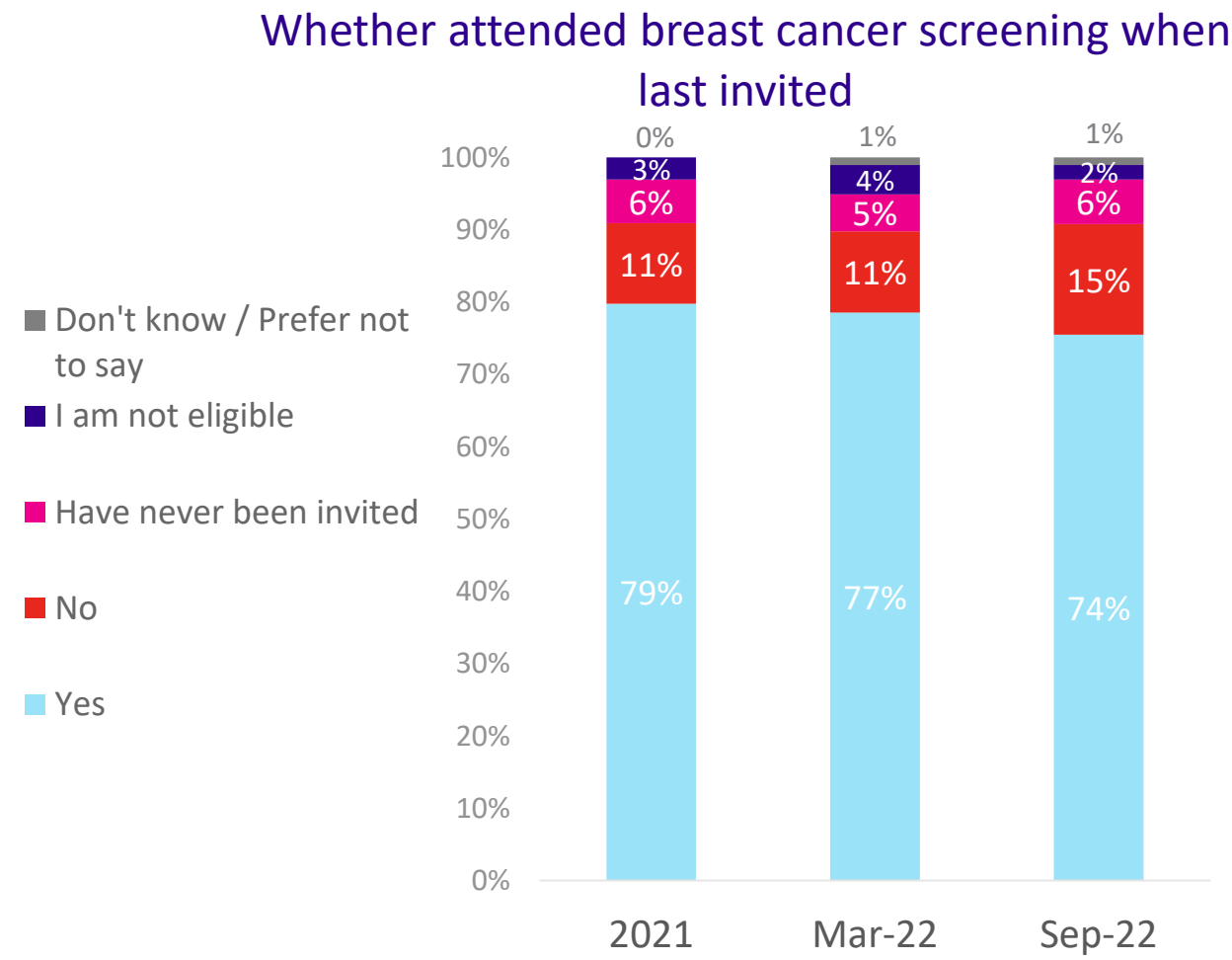


▲ Show statistically significant differences between groups

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=604) and didn't complete (n=127)
Q41. Will you complete the kit next time you are sent one? Base: all eligible (N=784)

Breast cancer screening

There were no statistically significant differences compared to previous years when looking at the proportion attending their breast cancer screening with seven in ten attending when last invited



Unlike in previous waves, there is no significant difference when looking at ethnicity

White 75% vs 69% BAME

However, attendance continued to be lower among the younger age groups

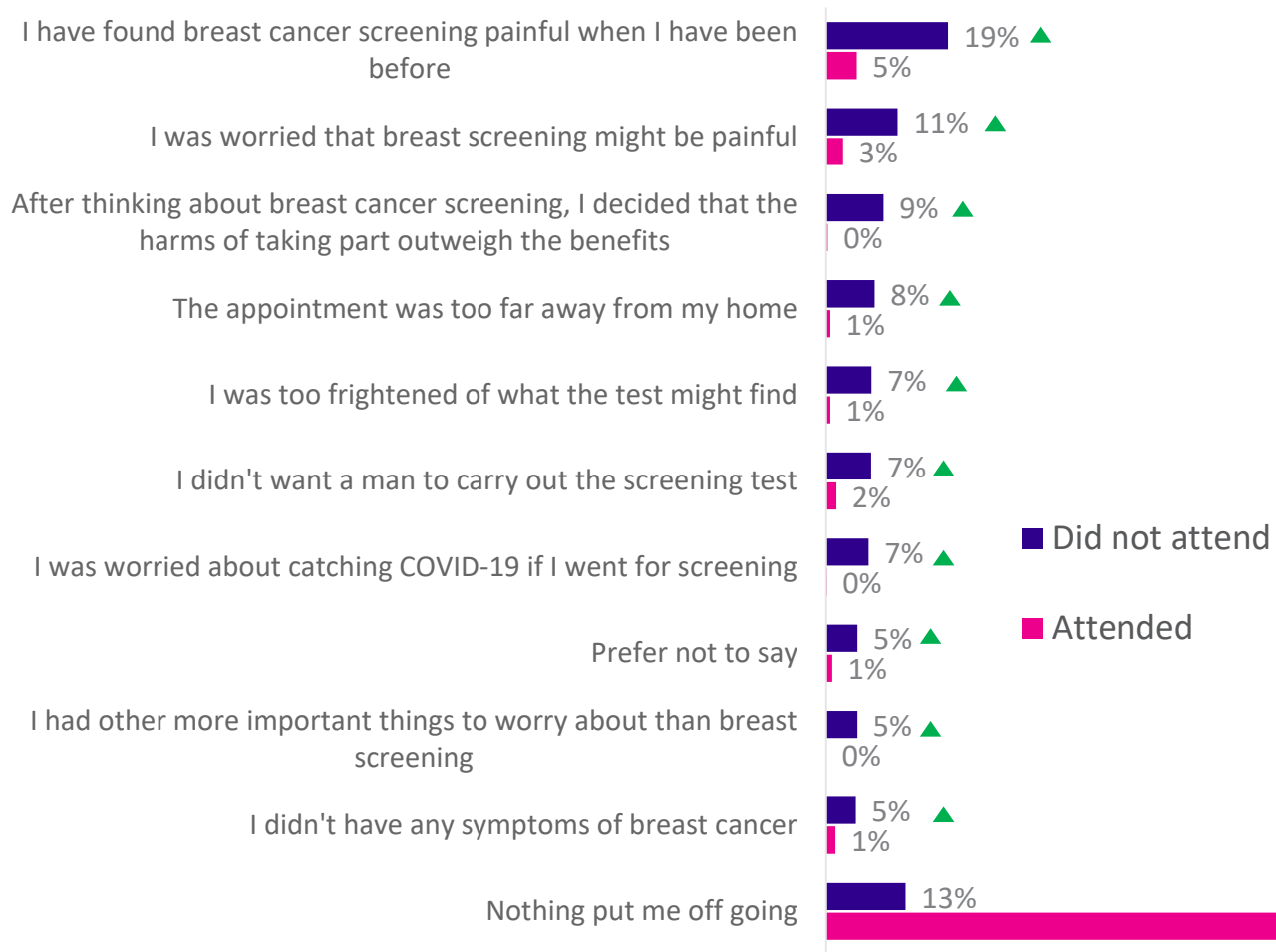
Age Group	Attendance
50 to 54	61% ▼
55 to 64	78%
65+	78%

▲ Show statistically significant differences between years/groups
▼

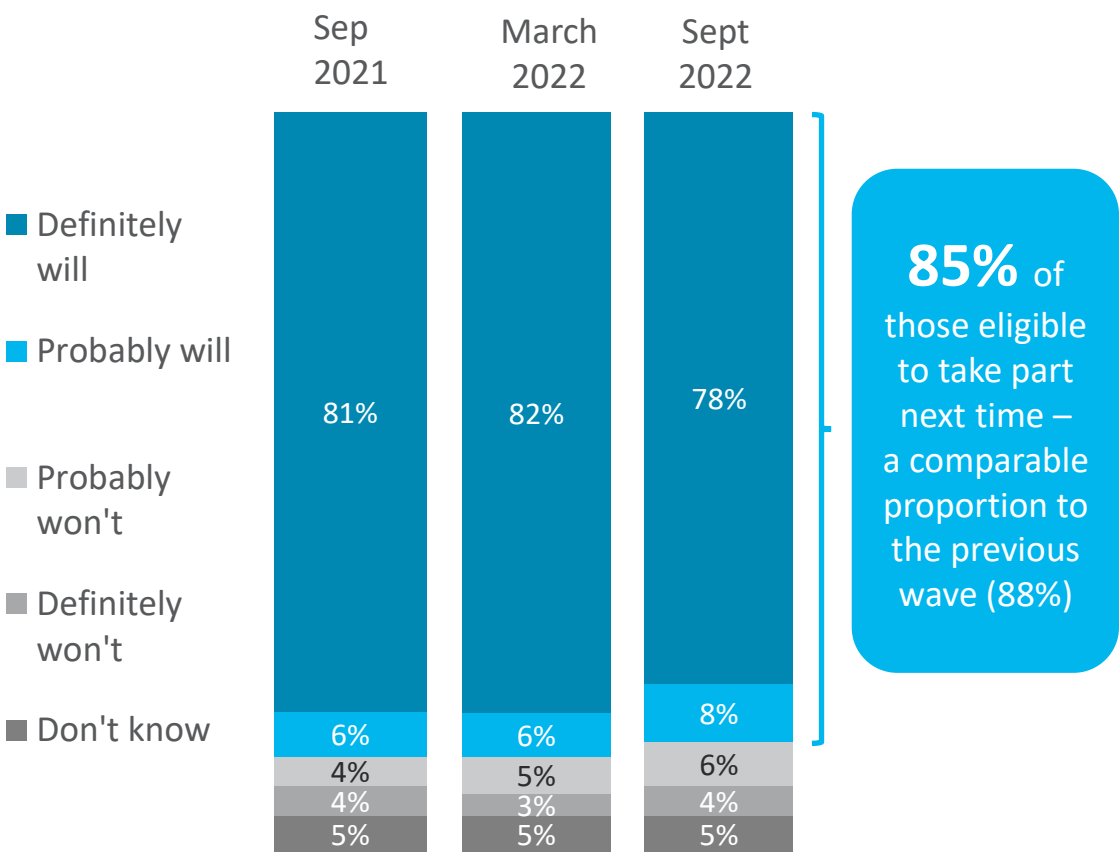
Q43. Did you go for breast screening the last time you were invited? Please select one answer.
Base: All eligible for screening (Sep 2021: N= 590; March 2022: N=639; September 2022 N=588), all 2022 White (N=573), BAME (N=55), all 50 to 54 (N=135), all 55 to 64 (N=186), all 65+ (N=267)

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

Barriers to attending breast screening – top 10



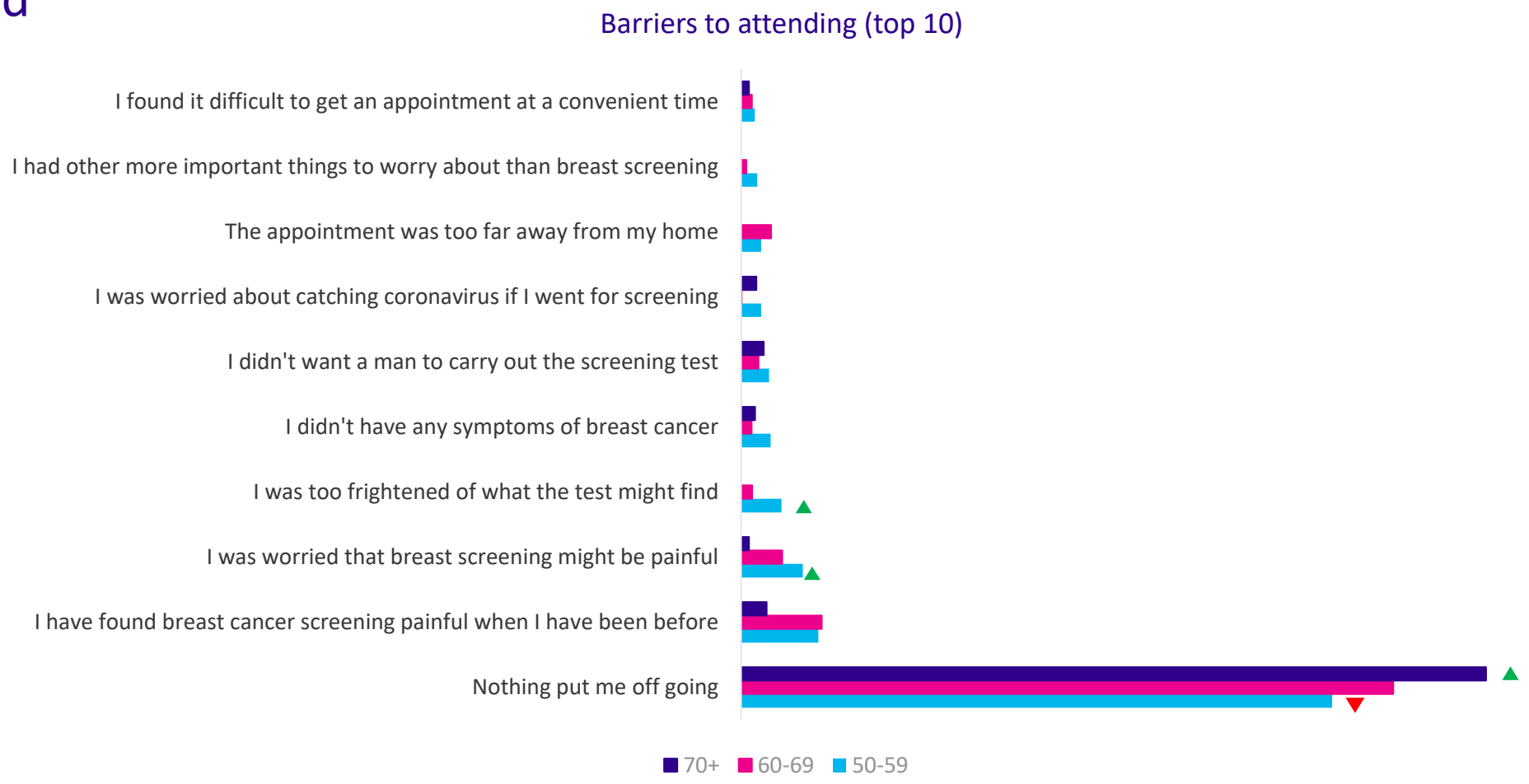
Intention to complete next time



▲ Show statistically significant differences between years
▼

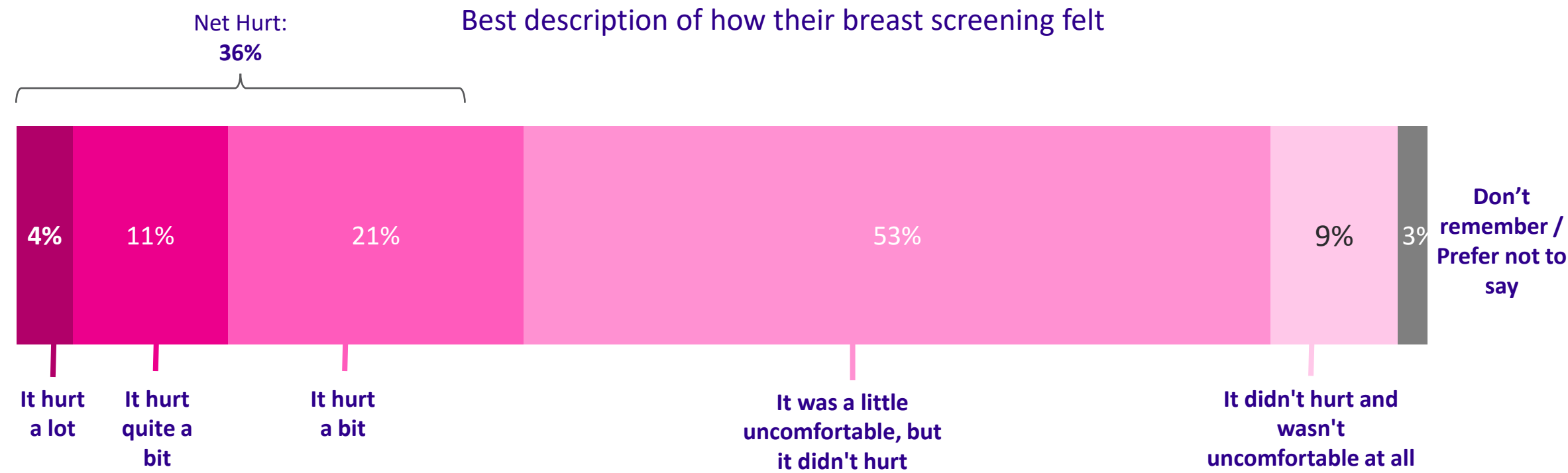
Q45. Thinking about the last time you were invited for breast screening, did any of the following put you off going? Please select all that apply.
Base: all who have been invited for screening and did not complete it (N=78), who did complete it (N=450)
Q44. Will you go for breast screening next time you are invited? Please select one answer.
Base: All eligible for screening (Sep 2021: N= 641; March 2022: N=676; Sept 2022 N=529)

The barriers were largely driven by younger women (50-59). Older women (70+) were more likely to say that nothing would put them off going while younger women were more likely to cite concerns of pain and fear of what the test might find



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 50-59 (N=191), 60-69 (N=216), 70+ (N=537)

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



Q46a. Which of the following best describes how breast cancer screening felt the last time you went?
Base: All who did go to their last screening appointment or who do not know or prefer not to say N=465

Summary & Recommendations

Awareness of risk factors

- Smoking was the most recalled risk factor (67%) followed by alcohol consumption (38%)
- Recall of risk factors was higher among women than men for smoking (72% vs 63%), alcohol (44% vs 32%), being overweight (10% vs 7%), being obese (14% vs 8%), poor/ unhealthy diet (26% vs 19%), and getting sunburnt (26% vs 18%)
- Those aged 55 and older were more likely to recall certain risk factors than younger adults (18-34), specifically smoking (70% vs 63%), being overweight (11% vs 5%) and being obese (12% vs 8%), although those aged 18-34 were more likely to cite ionising radiation (11% vs 4%), sunbeds (4% vs x%), and red meat (5% vs 1%)
- 97% recognised at least one of the preventable risk factors, while 4% recognised all 15 risk factors
- Recognition of at least one risk factor was higher among those from less deprived (ABC1) groups than those from more deprived (C2DE) groups (98% vs 95%)
- Recognition of at least one risk factor was higher among White respondents than ethnic minority respondents (97% vs 93%)

Summary & Recommendations

Awareness of signs/symptoms

- Although lumps/swellings remained the most recalled sign/symptom of cancer (55%), more people cited weight loss compared to September 2021 (35% vs 28%)
- Recall of many symptoms was higher among women than men, e.g., lumps (65% vs. 44%), weight loss (43% vs 26%), change in appearance of a mole (37% vs. 22%), pain (32% vs. 19%)
- Recall of symptoms was generally higher among those aged 55+ vs younger adults and those from less deprived (ABC1) groups than those from more deprived (C2DE) groups
- 96% managed to recognise at least one potential cancer sign/symptom while 41% managed to recognise all the 15 signs/symptoms
- Recognition of at least one symptom of any cancer, non-specific cancer, red-flag cancer, and lung specific cancer was higher among women than men
- Recognition of at least one potential cancer sign/symptom was lower among those from ethnic minority groups than those from White groups (92% vs 96%), and lower those from more deprived (C2DE) groups than less deprived (ABC1) groups (94% vs 97%)

Recommendation

Awareness campaigns to date have shown mixed results in terms of encouraging help-seeking, however positive results have been observed, particularly for primary care attendance for campaign relevant symptoms and referral patterns by GPs with some impact on diagnosis (incidence and stage). Findings here suggest more awareness has to be done to reduce the gap between groups, particularly among those from more deprived backgrounds, ethnic minority groups and men

Summary & Recommendations

Symptom attribution

- Those with red flag symptoms were more likely to believe it was caused by cancer than those reporting any potential cancer symptoms (11% vs 7%).
- For those reporting any potential cancer symptoms, there were a number of demographic variations noted
 - Those from less deprived (ABC1) groups were more likely to attribute symptoms to physical symptoms of COVID-19 than those from more deprived (C2DE) groups (12% vs 7%)
 - Those from more deprived (C2DE) groups were more likely to attribute symptoms to an existing physical health problem than those from less deprived (ABC1) groups (32% vs 26%)
 - Those from ethnic minority groups were more likely to be extremely concerned that any potential cancer symptom they experienced was serious (14%) than those from White groups (9%)
- Increase in those attributing a potential lung cancer symptom to psychological health problem (9% vs 5% in March 2022) and physical symptoms of COVID-19 (17% vs 10% in March 2022)

Recommendation

Misattribution of symptoms contributes to delay in presentation for some patients. It's important to raise awareness of where there is a risk of misattribution and motivate people to seek help as soon as possible , particularly in the presence of (and despite) existing physical and psychological health concerns. Given the risk of potential lung cancer symptoms being misattributed to COVID-19, we also must continue to raise awareness of the need to seek help for overlapping symptoms including a persistent cough (lasting 3-4 weeks) and breathlessness

Summary & Recommendations

Help-seeking

- There has been no change in help seeking behaviour with less than half (47%) of those with a potential cancer symptom reporting they did not contact their GP within 6 months
- Among those who did not contact their GP for any health problem, there was a large increase in those who reported seeking help from routes that do not involve consulting with a health professional/member of a social network (37% vs 28% for March 2022).
- No significant change over time in proportion who managed to get an appointment after contacting their GP (77% vs 78% in March 2022)
 - Those from more deprived (C2DE) groups were more likely to have been unable to get an appointment than those from less deprived (ABC1) groups (22% vs 14%)
- The proportion of those who had nothing delaying / putting them off seeking medical attention has decreased since March 2022 (29% vs 33%), indicating an increase in those who experienced delays or difficulties
 - The top cited barrier to speaking to a medical professional was difficulty getting an appointment (21%). The next most cited barriers were attitudinal including not wanting to be seen as someone who makes a fuss (13%), being worried about wasting the healthcare professional's time (13%) and being worried about putting an extra strain on the NHS/health services (12%)
- Those who reported seeking medical help did so because symptoms were persistent (18%) or bothersome (18%). Around 1 in 20 (6%) sought help because they had a symptom they thought might have been cancer

Recommendation

There is need for further research to explore the other places that those who do not seek help from their GP/health service go to and understand what influences these decisions. We need to better understand why those from more deprived (C2DE) groups struggle to get appointments with a GP and develop appropriate interventions to support them to navigate the primary care system. We also need to continue to support calls to widen, and make easier, accessibility to primary care, particularly for more deprived (C2DE) groups. Campaigns to promote help-seeking should be designed to legitimise seeking help for unusual or persistent symptoms to overcome attitudinal barriers which mainly relate to concerns about over-burdening the health system. The language of “bothersome” or an equivalent term could also be helpful in communications as this can prompt the decision to seek help.

Summary & Recommendations

Re-presentation

- More than half (55%) of those that experienced a potential cancer symptom re-contacted their doctor after still experiencing the symptom. Fewer recontacted their doctor after continuing to experience a red flag symptom (43%)
 - Women were more likely to have gone back to their GP than men (61% vs 47%)

Recommendation

More research is needed to explore the barriers that various groups face in re-presenting in primary care, particularly the barriers experienced by men. In the meantime, we need to do more to raise awareness of the need for people to safety net themselves (e.g. make another appointment if symptoms remain/have worsened in the past two weeks), especially for red flag symptoms. We also need to continue to support safety-netting interventions in primary care.

Remote consultations

- People appear to be transitioning back to face-to-face appointments as evidenced by a 7% increase in face-to-face appointments from March 2022 (39% vs 46%)
- Mixed perceptions about value of remote consultations with 71% feeling comfortable to discuss symptoms but 35% finding them not helpful and 61% concerned they might result in the wrong decision being made
 - Those aged 18-34 were more positive about remote consultations than those aged 55+ saying they felt safer from COVID-19 than when attending face-to-face (63% vs 40%), felt comfortable discussing health concerns via remote GP consultation (80% vs 60%), and that remote consultations allowed their concerns to be adequately addressed (69% vs 50%)

Recommendation

Mixed perceptions of remote consultations remain and so we must ensure that face to face appointments are available, particularly for older people who are less positive towards these than their younger counterparts. We need to more actively monitor the data, insight and evidence on remote consultations, ensuring that barriers and enablers are translated into how remote consultations are used with and for particular groups

Summary & Recommendations

Cervical Cancer Screening

- 80% intended to attend the next time they are invited, comparable with 2021 (81%)
 - Those from ethnic minority backgrounds were less likely to report they would definitely attend their next screening than those from White groups (65% vs 70%)
- Pain experienced at last screening (26%), bad experiences (23%), and anticipated pain (18%) were the most cited barriers to past attendance
 - Younger respondents (25-34) were more likely to have been put off attending screening because of being embarrassed (17% vs 10% for 35-54) and concerns that it would be painful (24% vs 9% for 35-54)
 - Those from ethnic minority groups were more likely to experience several of the listed barriers than those from White groups, specifically thinking that the harms outweighed the benefits (5% vs 1%), being worried that cervical screening might be painful (18% vs 9%), and not wanting a man to carry out the screening test (12% vs 6%)

Recommendation

The emotional and physical experience of cervical screening remains challenging. There is need for more information to re-assure anyone who is to take the test about what is involved and how pain/discomfort is mitigated. Fears of younger people in particular need addressing given that their first appointment will inform whether they attend future screening appointments. More targeted awareness is required among ethnic minority groups on the benefits of cervical cancer screening and demystifying any perceived harms.

Summary & Recommendations

Bowel Cancer Screening

- The proportion of those eligible for bowel cancer screening who reported completing their bowel cancer screening kit was similar to March 2022 (73% vs 72%)
- Those who did not complete the test the last time it was sent cited finding it too messy as the largest barrier (23%)
- Despite there being no change over time in those reporting completing their bowel screening kit among ethnic minority groups (63% vs 65% in March 2022), there was an increase in those saying that they have never been sent the kit (29% vs 14% in March 2022)

Recommendation

More information either in video or print material on how to complete the bowel cancer screening test may help ensure test completion is less messy. We should explore why there has been an increase in those from ethnic minority groups reporting they have never been sent a test kit in the post; is this related to confusion with test kits (not being identified as such) or logistical challenges?

Breast Cancer Screening

- The proportion of those who reported attending their breast cancer screening appointment when last invited remained high (74% vs 77% in March 2022)
 - Reported attendance was lower among younger age groups with less than half of those aged 50 to 54 years reporting to have attended their last breast cancer screening appointment (61% vs 78% for 55+)
- For those who attended breast screening, around a third felt it hurt (36%), but most just found it a little uncomfortable (53%)
- Among those who did not attend their last breast screening appointment, 19% reported having found the process painful the last time they attended and 11% reported worrying that breast screening might be painful

Thank you

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