

CONSENT TO CANCER SCREENING

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CONTENTS

	Page No
PREFACE	v
1. INTRODUCTION	1
1.1 Participation in cancer screening programmes	1
1.2 Informed consent	1
1.3 Information materials	1
2. WOMEN ATTENDING FOR BREAST SCREENING	2
2.1 Information for women who are invited or who self-refer	2
2.2 Information for women who attend for breast screening	2
2.3 Consent to breast screening	2
3. WOMEN ATTENDING FOR CERVICAL SCREENING	4
3.1 Information for women who are invited	4
3.2 Consent to cervical screening	4
4. BREAST AND CERVICAL SCREENING FOR WOMEN WITH PHYSICAL OR LEARNING DISABILITIES	5
4.1 Equal access for women with disabilities	5
4.2 Women with learning disabilities	5
4.3 Women who lack mental capacity	6
4.4 Women with physical disabilities	6
5. WOMEN WISHING TO WITHDRAW FROM THE BREAST OR CERVICAL SCREENING PROGRAMME	7
5.1 Informed dissent	7
5.2 Clinical reasons	7
5.3 Ceasing guidance	7
6. MEN AND WOMEN PARTICIPATING IN BOWEL CANCER SCREENING	8
6.1 Participation in bowel cancer screening	8
6.2 Information for participants	8
6.3 Consent to colonoscopy	8

Consent to Cancer Screening

7.	BOWEL CANCER SCREENING FOR PEOPLE WITH PHYSICAL OR LEARNING DISABILITIES	10
7.1	Support for participants	10
7.2	Consent to colonoscopy	10
7.3	Future invitations	10
8.	PEOPLE WISHING TO WITHDRAW FROM THE BOWEL CANCER SCREENING PROGRAMME	11
8.1	Informed dissent	11
8.2	Clinical reasons	11
8.3	Ceasing guidelines	11
	REFERENCES	12
	APPENDIX: TEMPLATE LETTERS FOR PEOPLE WISHING TO WITHDRAW FROM A SCREENING PROGRAMME	13
	Form A: Breast screening	14
	Form B: Cervical screening	15
	Form C: Bowel cancer screening	16

PREFACE

This guidance replaces *Consent to Breast Screening* (NHSBSP Good Practice Guide No 1, November 1998) and *Consent to Cervical Screening* (NHSCSP Occasional Report 00/1, January 2000).

The national office of the NHS Cancer Screening Programmes is grateful to the Office of the Solicitor, Department of Health, for help and advice in drafting this guidance.

Consent to Cancer Screening

1. INTRODUCTION

1.1 Participation in cancer screening programmes

People participating in cancer screening should do so with the knowledge of the inherent benefits and disadvantages of the process. This is to enable individuals to make an informed choice about whether or not to take up their screening invitation. It is essential that members of the public and health professionals understand that any screening incurs both false positive and false negative results. Nevertheless, cancers and their precursor lesions may be found and treated when they would never have otherwise been identified during the individual's lifetime. High quality screening, suitably audited and monitored and carried out by trained staff, should ensure that any risks are minimised and the benefits are maximised.

It is vital that screening programmes have good educational and advisory materials available, with an honest, accurate and informed approach. This will help to ensure that all parties, including the participants, general practitioners, service providers and service commissioners, together with the wider community, have a clear understanding of the screening programme, and reduce the risk of any misunderstandings about the accuracy of the process.

1.2 Informed consent

Patients' consent is paramount in the provision of a successful screening service. For patients to make an informed decision and therefore give valid consent they should be provided with sufficient information and support about the screening process. The General Medical Council (GMC) guidance *Seeking Patients' Consent: the Ethical Considerations* outlines the information that should be clearly explained (in an appropriate manner and format) to all people considering screening:

- the purpose of the screening
- the likelihood of positive/negative findings and the possibility of false positive/negative results
- the uncertainties and risks attached to the screening process
- any significant medical, social or financial implications of screening for the particular condition or predisposition
- follow up plans, including availability of counselling and support services.¹

When carrying out screening, practitioners should be aware of the legal requirements regarding consent. Detailed guidance on the relevant legal issues of consent can be found in the Department of Health (DH) publication *Reference Guide to Consent for Examination or Treatment*.² This can be downloaded from the DH website at www.dh.gov.uk/consent.

1.3 Information materials

Information materials on the NHS Cancer Screening Programmes are regularly reviewed. Guidance on the content and format of written information (letters and leaflets) sent to screening participants is available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk or can be ordered from the DH publications orderline (dh@prolog.uk.com).^{3,4}

2. WOMEN ATTENDING FOR BREAST SCREENING

2.1 Information for women who are invited or who self-refer

The NHS Breast Screening Programme (NHSBSP) routinely invites women between the ages of 50 and 70 to attend for breast screening by mammography every three years. Women aged over 70 are not invited routinely, but are encouraged to make their own appointments for screening.

Women who are invited for breast screening or who self-refer (request screening) should be informed about the benefits and disadvantages of the test as explained in the NHS information leaflet *Breast Screening – THE FACTS*.⁵ This leaflet must be included with all invitations to breast screening, and sent with a confirmation of appointment to all women who have self-referred. Copies of the leaflet (in 19 languages) are available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk and English language leaflets can be ordered from the DH publications orderline (dh@prolog.uk.com).

2.2 Information for women who attend for breast screening

Once a woman has presented for breast screening, the mammography practitioner is responsible for ensuring that she is informed about the process of mammography. The practitioner must be able to accurately and honestly answer any queries the woman may have. The mammography practitioner must give a full explanation of the procedure including the reasons for the breast being compressed, which some women find uncomfortable or even painful. The woman should be informed and understand that she is entitled to stop the procedure at any point. The mammography practitioner must respect and recognise when compliance (and therefore consent) is withdrawn.

If a woman is suitable for mammography, and complies with the procedure, valid consent is implied as long as screening staff are also satisfied that the woman understands what is happening to her, and why.

2.3 Consent to breast screening

All mammography practitioners working in the NHSBSP are expected to follow the Society of Radiographers' *Statements for Professional Conduct*.⁶ This means that a practitioner must not take a mammogram if, in her professional judgement, a woman is physically unsuitable for the procedure, or withdraws consent (either verbally or behaviourally) during the procedure. In addition, practitioners must follow relevant legislation relating to medical exposure to ionising radiation (*IR(ME)R 2000*).⁷ This means that an exposure should not be made unless it will be of benefit to the woman.

If a woman has chosen to withdraw consent prior to the successful completion of mammography but then wishes to try again at a later date, she can arrange another appointment for screening up to the time of the next screening round (at which point another invitation to screening will be issued anyway). All women in whom mammography has not been

Consent to Cancer Screening

completed should be encouraged to remain breast aware and reminded that they will be invited for screening again in three years' time (if no older than 70).

3. WOMEN ATTENDING FOR CERVICAL SCREENING

3.1 Information for women who are invited

The NHS Cervical Screening Programme (NHSCSP) routinely invites women between the ages of 25 and 64. Women aged 25–49 are invited every three years, and women aged 50–64 are invited every five years. Invitations may be issued from a GP practice or from a primary care trust (PCT), depending on local screening service arrangements. Women aged 65 and over may request cervical screening if they have never had a test before. Women aged over 65 who have been previously screened will continue to be invited if they have had a recent abnormal screening result. For guidance on follow up after colposcopy, refer to the NHSCSP publication *Colposcopy and Programme Management*.⁸ This guidance is available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk or can be ordered from the DH publications orderline (dh@prolog.uk.com).

Women who attend for cervical screening following invitation or as a result of self-referral should be informed about the benefits and disadvantages of the test as explained in the NHS information leaflet *Cervical Screening – THE FACTS*.⁹ This leaflet must be included with all invitations to cervical screening or given to women who have self-referred to read before the screening test is taken. Copies of the leaflet (in 19 languages) are available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk and English language leaflets can be ordered from the DH publications orderline (dh@prolog.uk.com).

3.2 Consent to cervical screening

The woman should be informed about the procedure by the screening sample taker, who must also be able to accurately and honestly answer any questions she may have. The woman should be informed and understand that she is able to stop the procedure at any point. The sample taker must respect and recognise when compliance (and therefore consent) is withdrawn. If a woman withdraws consent during the screening procedure, but wishes to try again at a later date, she is free to request another appointment in the time before her next screening invitation is due (in either three or five years' time).

If a woman is physically suitable for cervical screening, and complies with the procedure, valid consent is implied as long as the sample taker is also satisfied that the woman understands what is happening to her, and why.

4. BREAST AND CERVICAL SCREENING FOR WOMEN WITH PHYSICAL OR LEARNING DISABILITIES

4.1 Equal access for women with disabilities

Evidence suggests that the number of women with disabilities who are accessing the breast and cervical screening programmes is significantly smaller than the non-disabled eligible population. It is important to establish what additional or different support and preparation may be needed to enable disabled women to access the screening programmes. The NHS Cancer Screening Programmes has a publication entitled *Equal Access to Breast and Cervical Screening for Disabled Women*, which is available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk and can be ordered from the DH publications orderline (dh@prolog.uk.com).¹⁰ This document includes guidance on improving access to screening for women with both physical and learning disabilities.

4.2 Women with learning disabilities

In the case of women with learning disabilities who live in the community, it is preferable that the general practitioner and, if appropriate, the carer(s) give advice on what suitable provision and care can be arranged. For women who live in a care facility, it is essential that carers are informed about the screening procedure so that they can advise on suitable provision and care and also help to communicate effectively and sensitively with the woman.

Experience in the screening programme suggests that some women with learning disabilities are unable to understand and comply with the screening procedure, and they may also find it distressing. In such cases, screening staff must act in accordance with reasonable practice.

If a woman is unable to articulate consent to screening, behavioural consent to the procedure may be accepted. Behavioural consent is implied if a woman cooperates with the screening procedure without displaying signs of any undue anxiety or distress. It is important that carers or family members who understand how the woman communicates her feelings are able give guidance to the screening practitioner. If a woman withdraws consent either verbally or behaviourally during the screening examination, this should be accepted as withdrawing consent on that occasion and the screening procedure should be stopped.

It is important for screening staff to recognise that refusal on one occasion to undertake or complete a screening examination does not necessarily indicate that a woman should be permanently removed from the recall programme. Unless the woman (if possible), a screening practitioner or a carer decides that any future screening would be impossible or not in the woman's best interests, she should be kept in the recall programme and another invitation for screening issued at the appropriate interval.

4.3 Women who lack mental capacity

The decision on whether to attempt screening should be taken by screening staff in consultation with the woman (if this is possible). Family, a carer or close friend may also provide input into the decision where practicable and appropriate. Screening of a woman incapable of giving (or withdrawing) consent either verbally or behaviourally should only be undertaken in her best interests. 'Best interests' go beyond medical interests, and include factors such as previous wishes or beliefs (eg before a loss of capacity to express these), current wishes, general well-being, and spiritual or religious welfare. A best interests decision can be made by screening staff, a GP or other health professional, carer, or family member. Someone nominated under a Lasting Power of Attorney or any deputy appointed by the Court of Protection can make care and treatment decisions, which must be accepted as if made by the individual lacking capacity. However, the decision must still be made according to the same processes of any other person acting in the individual's best interests.

It should be remembered that the individual responsible for the decision to proceed with (or withhold) screening in someone's best interests must be able to justify the decision should it be challenged. To this end, any decision to screen or withhold screening due to a best interests decision should be clearly documented, including detailed information on why the decision was considered to be in the individual's best interests.

Screening practitioners should adhere to the requirements of the Mental Capacity Act 2005 (MCA), and correspondingly have regard to the MCA's Codes of Practice. The British Medical Association has provided appropriate guidance, *The Mental Capacity Act – Guidance for Health Professionals*, which is available to download at www.bms.org.uk.¹¹

4.4 Women with physical disabilities

In the case of women who suffer from a physical disability, all reasonable adjustments should be made to facilitate the screening process.

A woman may have a physical disability that prohibits the taking of a diagnostic mammogram for breast screening – for example if she is unable to hold herself in position long enough for a readable mammogram to be obtained. Mammography must be undertaken only if it is possible to obtain a clear, readable diagnostic image of the breast. If this is not possible, the next best course of action is to advise the woman on breast awareness. No other diagnostic imaging is currently approved for use in the NHS Breast Screening Programme.

In some cases, a woman's disability may make the cervical screening test either difficult or impossible to carry out. A woman with limited mobility may be unable to position herself. In such a circumstance, screening may be enabled by

- offering a venue with equipment such as a hoist
- offering a longer screening appointment (there are some medical conditions whereby a woman will be able to comply with screening requirements, given sufficient time).

5. WOMEN WISHING TO WITHDRAW FROM THE BREAST OR CERVICAL SCREENING PROGRAMME

5.1 Informed dissent

Some women, after due consideration of the information about the screening programme, may choose not to be invited for future screening examinations. If this is the case, the woman may ask to have her name removed from the list of eligible women. In this instance, the template letters in the Appendix (form A (breast screening) and B (cervical screening)) have the appropriate wording for this purpose. A copy of the confirmation letter stating that the woman has been withdrawn from the screening programme should be sent to her GP.

Should a woman wish to be reinstated on the eligible list for screening invitations, and there are no barriers to screening (eg a physical disability or condition which makes screening impossible to perform), then she is perfectly at liberty to do so. Any woman wishing to be reinstated on the screening list should contact her local screening provider for cervical screening (eg GP surgery), or her local breast screening clinic, as appropriate.

5.2 Clinical reasons

If it has been recognised that a woman is not suitable for screening (for example due to an existing medical or physical condition), then she may be ceased from the programme. If a screening invitee declares herself physically unsuitable for screening, she should be suspended from screening pending obtaining further information about her condition from her GP or specialist. This is to ensure that the individual has the correct information about her condition, and is not being ceased from screening needlessly. For example, a woman who has had a subtotal hysterectomy may believe that she no longer needs to undergo cervical screening; however, if her cervix remains in situ then she is still eligible. Once the reason for ceasing is validated, the reasons for ceasing from the programme must be documented, and the relevant ceasing procedure should be followed.

5.3 Ceasing guidance

Guidance can be found in *Ceasing Women from the NHS Cervical Screening Programme* and *Ceasing Women from the NHS Breast Screening Programme*, which are available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk.^{12,13}

6. MEN AND WOMEN PARTICIPATING IN BOWEL CANCER SCREENING

6.1 Participation in bowel cancer screening

The NHS Bowel Cancer Screening Programme (NHSBCSP) started in July 2006, and is being rolled out across England. Rollout should be completed by December 2009. The programme invites men and women aged between 60 and 69 to participate. People aged 70 or over can be sent a test kit on request once screening is available in their area. The screening process differs from other cancer screening programmes in that the first stage is completed by the participant, in the privacy of his or her own home. A faecal occult blood test (FOBt) kit is sent in the post to those people on the eligible screening list. If the recipient chooses to complete and return the test kit, valid consent to this first stage of screening is inferred.

6.2 Information for participants

All individuals participating in the Bowel Cancer Screening Programme should be informed about the benefits and difficulties of the screening process as explained in the NHS information leaflet *Bowel Cancer Screening – THE FACTS*.¹⁴ This leaflet must be included with all invitations to bowel cancer screening, or sent with the FOBt kit to anyone aged 70 or over who opts in to the programme. Copies of the leaflet (in 19 languages) are available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk and English language leaflets can be ordered from the DH publications orderline (dh@prolog.uk.com).

6.3 Consent to colonoscopy

Should an abnormal result be obtained from the FOBt, the individual will be offered further investigations – usually a colonoscopy examination. All individuals offered colonoscopy must be informed about the benefits and difficulties of the examination as explained in the NHS information leaflet *The Colonoscopy Investigation*.¹⁵ This leaflet must be included with all abnormal FOBt result letters. Copies of the leaflet (in 19 languages) are available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk and English language leaflets can be ordered from the DH publications orderline (dh@prolog.uk.com).

If colonoscopy has been advised, an appointment will be made to see a specialist screening practitioner (usually a nurse). The nurse will be able to describe the procedure and answer any questions that may arise. An individual is free to choose whether or not to proceed with colonoscopy on the basis of both the written information and the information from the consultation appointment. In addition, the individual must be assessed to be medically suitable for the procedure, either by the screening nurse or by a relevant medical specialist (should further opinion be required). All colonoscopies undertaken as part of the NHS Bowel Cancer Screening Programme must be carried out by an accredited colonoscopist.

If an individual chooses to proceed with colonoscopy, and is suitable for the procedure, then he or she will be asked to complete a standard hospital consent form according to local protocols. Should that person

Consent to Cancer Screening

be considered unsuitable for colonoscopy, an alternative examination such as a barium enema may be offered.

Everyone undergoing colonoscopy should be informed and understand that they can request that the procedure be paused or terminated. They should, however, be made fully aware prior to colonoscopy what the implications of abandoning the procedure may be. If the individual still demands that the procedure is abandoned, then the colonoscopist must respect and recognise that compliance (and therefore consent) is withdrawn.

7. BOWEL CANCER SCREENING FOR PEOPLE WITH PHYSICAL OR LEARNING DISABILITIES

7.1 Support for participants

It is important to establish what additional or different support and preparation may be needed to enable disabled people to access the bowel cancer screening programme. In addition to accessing information materials in alternative formats, an individual may need assistance in using the FOBt kit. In this instance, it is essential that any carers be informed about the screening procedure in order to provide help and advice. A carer or family member may collect screening samples and complete the FOBt kit on behalf of another only if they are satisfied that they are acting in that person's best interests. That decision should be taken only when the carer or family member has received and understood information relating to the entire screening process, including colonoscopy.

Completing an FOBt kit may only be the first step in bowel cancer screening for some people. An abnormal FOBt result will lead to a referral for further investigations (usually colonoscopy). If colonoscopy is advised following an abnormal FOBt result, the same considerations and practices as outlined in sections 4.2 and 4.3 should be observed in relation to compliance and consent, or acting in a person's best interests.

7.2 Consent to colonoscopy

If a person withdraws consent (either verbally or behaviourally) before or during colonoscopy, then this must be respected and the procedure must be stopped. If it seems likely that an individual will be unable to tolerate or comply with the colonoscopy procedure, an alternative method of investigation such as a barium enema may be considered. This also applies to individuals with a physical disability or condition which precludes them from undertaking colonoscopy.

7.3 Future invitations

It is important for screening and colonoscopy staff to recognise that one refusal to undertake or complete either the FOBt kit or a further investigation does not indicate that the individual should be removed from the screening programme. Unless the screening invitee (if possible), a screening practitioner or carer decides that any future screening would be impossible or not in the invitee's best interests, they should be kept in the screening programme and another FOBt kit issued in two years' time (if the person is still within screening invitation age).

8. PEOPLE WISHING TO WITHDRAW FROM THE BOWEL CANCER SCREENING PROGRAMME

- 8.1 Informed dissent** Some people, after due consideration of the information about the screening programme, may choose not to receive any future invitations to participate in bowel cancer screening. If this is the case, they may ask to have their name removed from the list of eligible people. In this instance, the sample letter in Form C has the appropriate terminology for this purpose. A copy of this letter should be completed by the individual and returned to his or her local screening programme hub.
- 8.2 Clinical reasons** If it has been recognised that a person is not suitable for screening (for example due to an existing medical or physical condition), then that person may be ceased from the programme. Screening invitees who declare themselves physically unsuitable for screening should be suspended from screening pending obtaining further information about their condition from their GP or specialist. This is to ensure that such individuals have the correct information about their condition and are not being ceased from screening needlessly. Once the reason for ceasing is validated, no further screening invitations or FOBt kits will be issued.
- 8.3 Ceasing guidelines** The reasons for ceasing from the programme must be documented on the BCCS, and the relevant procedure in *Bowel Cancer Screening Programme Ceasing Guidelines* should be followed.¹⁶ This guidance is available to download from the NHS Cancer Screening Programmes' website at www.cancerscreening.nhs.uk or can be ordered from the DH publications orderline (dh@prolog.uk.com).
- Anyone who wishes to be reinstated on the list for routine screening invitations having previously withdrawn from screening is free to do so at any time (as long as they still meet the requirements for eligibility). The local screening programme hub should be contacted to arrange reinstatement.

References

1. *Seeking Patients' Consent: the Ethical Considerations*. General Medical Council, 1998.
2. *Guide to Consent for Examination or Treatment*. Department of Health, 2001.
3. *Improving the Quality of the Written Information Sent to Women about Cervical Screening: Guidelines on the Content of Letters and Leaflets*. NHS Cancer Screening Programmes, 2006 (NHSCSP Publication No 27).
4. *Improving the Quality of the Written Information Sent to Women about Breast Screening: Guidelines on the Content of Letters and Leaflets*. NHS Cancer Screening Programmes, 2007 (NHSBSP Publication No 65).
5. *Breast Screening: The Facts*. NHS Cancer Screening Programmes, 2006.
6. *Statements for Professional Conduct*. London: Society of Radiographers, 2004.
7. *The Ionizing Radiation (Medical Exposure) Regulations 2000* (SI 2000 No 1059). The Stationery Office, 2000.
8. *Colposcopy and Programme Management – Guidelines for the NHS Cervical Screening Programme*. NHS Cancer Screening Programmes, 2004 (NHSCSP Publication No 20).
9. *Cervical Screening: The Facts*. NHS Cancer Screening Programmes, 2006.
10. *Equal Access to Breast and Cervical Screening for Disabled Women*. NHS Cancer Screening Programmes, 2006 (NHS Cancer Screening Series No 2).
11. *The Mental Capacity Act – Guidance for Health Professionals* (www.bma.org.uk).
12. *Ceasing Women from the NHS Cervical Screening Programme*. NHS Cancer Screening Programmes, 2004 (NHSCSP Good Practice Guide No 1).
13. *Ceasing Women from the NHS Breast Screening Programme*. NHS Cancer Screening Programmes, 2004 (NHSBSP Good Practice Guide No 7).
14. *Bowel Cancer Screening: The Facts*. NHS Cancer Screening Programmes, 2006.
15. *The Colonoscopy Investigation*. NHS Cancer Screening Programmes, 2006.
16. *Bowel Cancer Screening Programme Ceasing Guidelines*. NHS Cancer Screening Programmes, 2007 (NHSBCSP Publication No 2).

**APPENDIX: TEMPLATE LETTERS FOR PEOPLE WISHING TO
WITHDRAW FROM A SCREENING PROGRAMME**

Form A: Breast screening



Cancer Screening Programmes

[Name]
[Address 1]
[Address 2]
[Town], [Postcode]
[Screening number]

NHS Breast Screening Programme
[Breast Screening Unit]
[Address 1]
[Address 2]
[Town], [Postcode]

Dear

Women aged 50 to 70 are invited for breast screening every three years. The risk of dying from breast cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Breast Screening Programme to invite you for future screening tests. I enclose the leaflet *Breast Screening: The Facts* which explains the benefits and disadvantages of breast screening, and the importance of screening in reducing deaths from breast cancer. If you need further information please do not hesitate to contact your General Practitioner (GP), or your local breast screening unit.

We need your written instruction to remove your name from the list of women invited for breast screening. I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for breast cancer or any further information about the NHS Breast Screening Programme.

We will send you written confirmation when your name has been removed from the screening list.

If you wish to restore your name to the screening list at any time, please contact your GP or local screening unit.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Clinical Director
Breast Screening Unit

✂ _____

To: [Clinical Director], [Breast Screening Unit]

Please do not send me any further invitations to participate in the NHS Breast Screening Programme. I assume full responsibility for this decision and confirm that I have understood the leaflet *Breast Screening: The Facts* which explains the benefits and disadvantages of breast screening and the importance of screening in reducing deaths from breast cancer.

I understand that my name can be restored to the screening list at any time at my request to my GP or local screening unit.

Name:

Address:

NHS No.:

Signed:

Date of birth:

Dated:

Form B: Cervical screening



Cancer Screening Programmes

[Name]
[Address 1]
[Address 2]
[Town], [Postcode]
[Screening number]

NHS Cervical Screening Programme
[Call & Recall Office]
[Address 1]
[Address 2]
[Town], [Postcode]

Dear

Women aged 25 to 49 are invited for cervical screening every three years, and women aged 50 to 64 are invited every five years. The risk of contracting cervical cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Cervical Screening programme to invite you for future screening tests. I enclose the leaflet *Cervical Screening: The Facts* which explains the benefits and disadvantages of cervical screening, and the importance of screening in reducing deaths from cervical cancer. If you need further information please do not hesitate to contact your General Practitioner (GP).

We need your written instruction to remove your name from the list of women invited for cervical screening. I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for cervical cancer or any further information about the NHS Cervical Screening Programme.

We will send you written confirmation when your name has been removed from the screening list.

If you wish to restore your name to the screening list at any time, please contact your GP.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Screening Programme Manager

Call & Recall Office

✂ _____

To: [Screening Programme Manager], [Call & Recall Office]

Please do not send me any further invitations to participate in the NHS Cervical Screening Programme. I assume full responsibility for this decision and confirm that I have understood the leaflet *Cervical Screening: The Facts* which explains the benefits and disadvantages of cervical screening and the importance of screening in preventing cervical cancer and reducing deaths from it.

I understand that my name can be restored to the screening list at any time at my request to my GP.

Name:

Address:

NHS No.:

Signed:

Date of birth:

Dated:

Form C: Bowel cancer screening



Cancer Screening Programmes

[Name]
[Address 1]
[Address 2]
[Town], [Postcode]
[Screening number]

NHS Bowel Cancer Screening Programme
[Regional Hub]
[Address 1]
[Address 2]
[Town], [Postcode]

Dear

Men and women aged 60 to 69 are invited to carry out a bowel cancer screening test every two years. The risk of dying from bowel cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Bowel Cancer Screening programme to invite you for future bowel cancer screening tests. I enclose the leaflet *Bowel Cancer Screening: The Facts* which explains the benefits and disadvantages of bowel cancer screening, and the importance of screening in reducing deaths from bowel cancer. If you need further information please do not hesitate to contact your General Practitioner (GP), or the screening programme using the Freephone number above.

We need your written instruction to remove your name from the list of people invited for bowel cancer screening. I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for bowel cancer or any further information about the NHS Bowel Cancer Screening Programme.

We will send you written confirmation when your name has been removed from the screening list.

If you wish to restore your name to the screening list at any time, please contact the screening programme using the Freephone number.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Clinical Director
Regional Programme Hub

✂ _____

To: [Clinical Director], [Regional Programme Hub]

Please do not send me any further invitations to participate in the NHS Bowel Cancer Screening Programme. I assume full responsibility for this decision and confirm that I have understood the leaflet *Bowel Cancer Screening: The Facts* which explains the benefits and disadvantages of bowel cancer screening and the importance of screening in reducing deaths from bowel cancer.

I understand that my name can be restored to the screening list at any time at my request to the screening programme.

Name:

Address:

NHS No.:

Signed:

Date of birth:

Dated:

