

A vision for a Scotland where nobody dies of bowel cancer

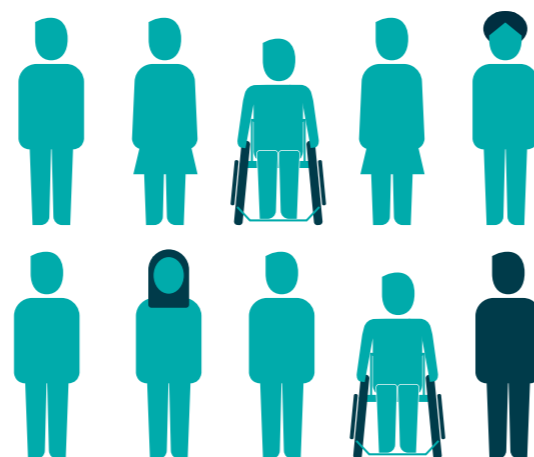


Bowel CancerUK
Beating bowel cancer together in Scotland

We are the UK's leading bowel cancer charity. We are determined to save lives and improve the quality of life of everyone affected by bowel cancer.

Our vision is a future in Scotland where nobody dies of the disease. We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about the disease and campaign for early diagnosis and access to best treatment and care.

Bowel cancer is the fourth most common cancer in Scotland, but the second biggest cancer killer.



9 in 10 people survive bowel cancer if diagnosed at the earliest stage.

Every year around 4,000 people are diagnosed with bowel cancer in Scotland, that is one in 17 men, and one in 21 women diagnosed during their lifetime. Sadly, more than 1,700 people die from the disease each year.

But it doesn't have to be this way. Bowel cancer is treatable and curable especially if diagnosed early. Diagnosing patients earlier is key to saving lives. However, despite the importance of early diagnosis, only four in 10 (40%) cases in Scotland are diagnosed at stages 1 and 2, with over four in 10 people (41.6%) being diagnosed at the later stages of 3 and 4, when the disease is more difficult to treat, and outcomes are poorer. This must change if we are to achieve our vision of a future where nobody dies of bowel cancer.

The work of Bowel Cancer UK in Scotland

We carry out a range of activities in Scotland to raise awareness of our support and information services for people affected by bowel cancer. This includes reaching communities of need, such as areas of high socio-economic deprivation and those that are ethnically diverse. We have a dedicated team of awareness volunteers in Scotland, who have all been affected by bowel cancer. They deliver online and in-person bowel cancer awareness talks to community groups and workplaces, and host awareness stands at events, helping people to understand the signs, symptoms, and risk factors, as well as the importance of screening.

In 2025, through awareness and community events with different audiences, we engaged with over **3,300** people in Scotland.

Since 2017, we have funded seven grants totalling **£738,000** in Scotland. These researchers have gone on to receive almost **£5.5** million in further funding to continue their work and have published nine research papers sharing their results.

Our work with the Scottish Parliament

We meet, engage and provide briefings to Members of the Scottish Parliament, and are also a member of the Scottish Cancer Coalition (SCC). This is a group of around 30 charities who work together to address key challenges facing cancer patients in Scotland and engage with the Scottish Government and other external bodies.

In 2023, the Scottish Government published a long-term cancer strategy, setting a clear direction for improving cancer outcomes in Scotland. This included bowel cancer as one of three cancer priorities in an initial three-year action plan. We fed directly into the development of both the strategy and action plan by identifying what needs to be delivered to make the biggest difference to bowel cancer survival. We are now focused on working with the government and partners to make sure these commitments translate into real change for people affected by bowel cancer.



Bowel Cancer UK at the Scottish Cancer Conference

Our key recommendations for the next Scottish Government

1 The next Scottish Government must prioritise optimising the bowel cancer screening programme and increasing informed uptake, particularly in the most deprived communities.

Bowel cancer screening saves lives. In Scotland, everyone aged 50–74 is invited to take part in screening every two years using a simple home test that looks for hidden blood in a stool sample. The UK National Screening Committee recommends that screening is delivered at the most sensitive test threshold that diagnostic services can safely support. The more sensitive the test, the more cancers will be prevented and found earlier, saving more lives. We want to see the Scottish Government commit to further optimisation of bowel cancer screening, supporting research and the rapid adoption of innovative, evidence-based approaches to maximise diagnostic pathways.

FIT sensitivity table:

Nation	Age of eligibility (50-74)	FIT threshold (20µg/g)*
England	50-74	120µg/g ->80µg/g**
Scotland	50-74	80µg/g
Wales	50-74	80µg/g
Northern Ireland	60-74	120µg/g

* UK National Screening Committee has identified 20µg as the optimal threshold for FIT in bowel cancer screening
 **National coverage of the lower threshold in England is set to be completed by 2028

At the same time, only around two-thirds (66%) of people in Scotland who are invited to take part, complete the home 'poo test'. This means thousands of people are missing the chance to detect bowel cancer early when it is easier to treat. We are working to encourage people to take part in the bowel cancer screening programme, especially in underserved communities, where participation is lower.

The next Scottish Government must commit to a clear plan to optimise bowel cancer screening, including lowering the test threshold safely over time, expanding diagnostic capacity, increasing informed uptake particularly in deprived communities, and supporting innovation. By taking coordinated action across these areas, we can improve early diagnosis and prevent more people in Scotland from finding out they have bowel cancer too late.

2 The next Scottish Government must offer Lynch syndrome testing to all bowel cancer patients and have a suitable management pathway in place.

Identifying and managing hereditary bowel cancer is key to the early diagnosis, surveillance, and prevention of the disease. Lynch syndrome is a common genetic condition that significantly increases a person's risk of developing bowel, gynaecological, and other cancers. It is estimated to cause around 150 cases of bowel cancer in Scotland each year, with many occurring in people under the age of 50.

There are as many as 15,000 people who may have Lynch syndrome in Scotland, but fewer than 5% have been identified. This means around 95% of people with the genetic condition do not know they have a high risk of bowel cancer, the UK's second biggest cancer killer. It is crucial that everyone affected by Lynch syndrome is identified and supported. When people know they have the condition they can access regular monitoring, steps to reduce their risk and treatments that are tailored to their individual genetic risk.

Our report, *Finding the Missing 95%*, highlighted the need for action in Scotland, with only half of eligible patients receiving two-yearly surveillance colonoscopies, the lowest figure in the UK. This negatively impacts on patients' outcomes, results in avoidable cancer diagnoses and has cost implications for the NHS. We have

worked with clinicians on solutions to bring about the necessary changes in Lynch care in Scotland. We are calling for a Lynch syndrome registry, for clinical guidance to be updated and published, and for the Scottish Government to adopt a "Once for Scotland" approach to create a national patient registry.

3 The next Scottish Government must improve earlier diagnosis by tackling long-standing staff shortages in endoscopy and pathology services.

The cancer waiting times data on treatment from July to September 2025 from Public Health Scotland highlights the scale of the challenge. Only 71% of patients started treatment within 62 days, well below the 95% target, and none of the 14 NHS Boards in Scotland met this standard.¹

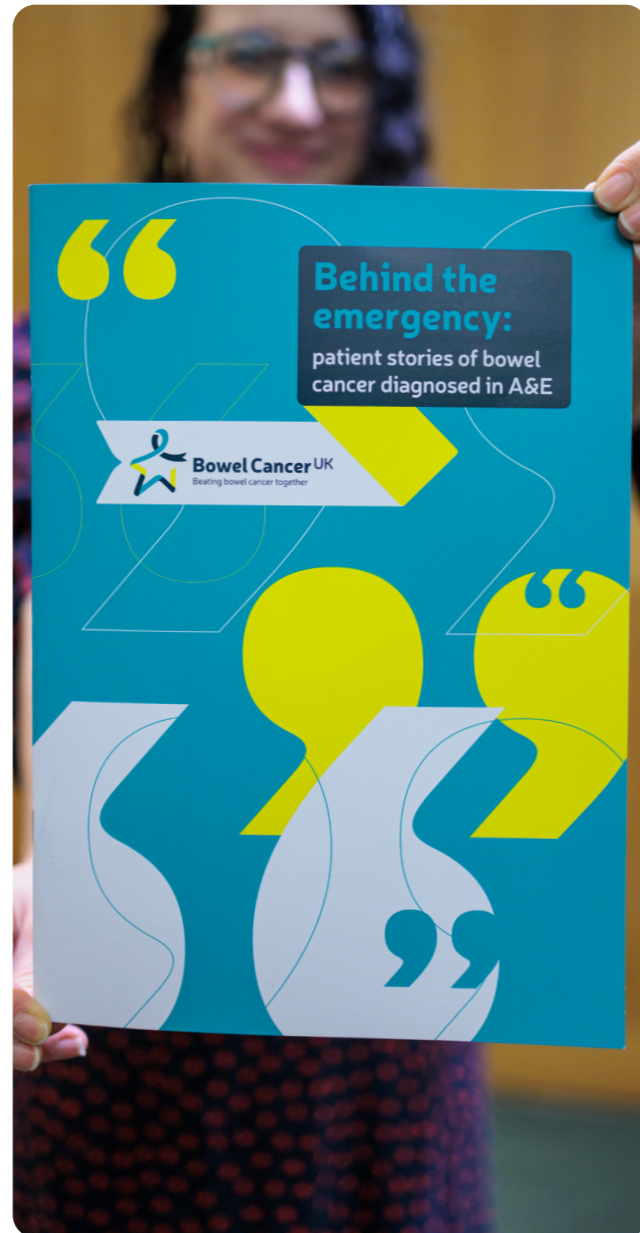
To reduce patient delays and increase early diagnosis, the next Scottish Government must act to relieve pressure on diagnostic services and address persistent workforce shortages in endoscopy and pathology. This must be urgently tackled as part of long-term cancer workforce and capacity planning.

¹Cancer waiting times - 1 July to 30 September 2025 - Cancer waiting times - Publications - Public Health Scotland

4 The next Scottish Government must tackle bowel cancer deaths by addressing emergency diagnosis.

In Scotland around 1 in 4 bowel cancer patients will be diagnosed in an emergency, for example when sudden complications mean they end up in A&E. For these patients, the disease is typically more advanced and harder to treat. Outcomes, sadly, tend to be worse. A&E is not the place to be told you have bowel cancer, and we want to see a future where this does not happen. A future where symptoms are recognised earlier and referrals happen quickly.

Addressing emergency diagnosis is key to reducing unnecessary deaths from bowel cancer. However, there is still limited understanding of why and how diagnosis happens so often in an emergency. Our recent report *Behind the Emergency*, highlights the experiences of people diagnosed with bowel cancer in an emergency setting. We are asking the next Scottish Government to work with us to build a better understanding of the factors that can lead to an emergency diagnosis, and what can be done to prevent people reaching crisis point.



Things you can do to help

With the help of our campaigners, we have built a network of bowel cancer champions in parliaments at Westminster, the Senedd, Stormont, and Holyrood. A bowel cancer champion is a politician who pledges to support our campaigning work nationally or locally.

This network of politicians helps us to influence health policy developed in government. If you are interested in becoming a champion, or learning more about our work in Scotland, please contact us at campaigns@bowelcanceruk.org.uk



Douglas McAllister MP for West Dunbartonshire



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 **@bowelcanceruk**

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