# Bowel Cancer UK's submission to the Welsh Government's call for evidence to inform the new National Cancer Strategy for Wales

## 1. How should the national cancer strategy improve outcomes?

Bowel cancer is currently the third most common cancer in Wales[i] and the second biggest cancer killer[ii]. In 2025, 1,061 people died from bowel cancer in Wales, second only to lung cancer[iii]. Around half of all bowel cancers are linked to preventable risk factors[iv], so action on the most significant risk factors is needed to reduce the number of people who develop it.

Where bowel cancer cannot be prevented, early diagnosis is key. The majority of people survive bowel cancer if it is diagnosed at the earliest stage, but this drops to around 1 in 10 when it is diagnosed at the latest stage. Even modest improvements in earlier diagnosis could save many lives and make an important contribution to the strategy's overall ambitions.

This submission sets out what the strategy needs to deliver for people affected by bowel cancer across four priorities:

1. **Earlier diagnosis, through screening and symptomatic pathways, including reducing avoidable emergency diagnoses**. In 2024, 41.3% of people with bowel cancer in Wales whose stage was recorded were diagnosed at stage 1 or 2[v]. Across England and Wales, almost one in five were diagnosed following an emergency presentation[vi]. The strategy should prioritise earlier diagnosis, so that more people are diagnosed when bowel cancer is easier to treat and survive.
2. **Identification and management of people with Lynch syndrome.** Lynch syndrome is an inherited condition that increases a person's risk of developing bowel cancer and several other cancers. Around 10,000 people in Wales are estimated to have Lynch syndrome, but many remain undiagnosed[vii]. The strategy must strengthen identification, cascade testing, genetic counselling and reliable recall for surveillance for this group at higher risk of developing bowel cancer.
3. **Timely access to effective treatment and evidence-based innovation, including better and more accessible data across Wales.** The strategy must make sure people with bowel cancer can access effective treatment quickly, wherever they live in Wales, supported by better and more accessible data.
4. **Support to live well with bowel cancer and its long-term and late effects.** People can experience lasting physical and psychological effects of treatment but cannot always access the support they need. The strategy must ensure

consistent access to coordinated, multidisciplinary care across Wales, supported by trained specialist nurses and better evidence on patients' needs.

To deliver these priorities it is vital the right workforce is in place, so the strategy must effectively plan for the staff and skills needed across the whole bowel cancer pathway, from screening and diagnosis through to treatment and long-term support. Across all four priorities, the strategy must also tackle inequalities, so that everyone in Wales has the same chance of an early diagnosis, good care and the best possible outcomes, wherever they live and whatever their background.

In addition, as a ten-year strategy, it must also anticipate and plan, where possible, for how bowel cancer care will change over that time, including new treatments and innovations that could improve outcomes for patients in Wales, with regular review points to check progress and update as care changes.

The strategy must be bold and accountable, with clear commitments, timescales and named organisations responsible for delivery, backed by funding and workforce capacity. Progress against delivery and agreed metrics should be reported publicly each year, with any revisions explained transparently against the original commitments.

Bowel Cancer UK looks forward to the publication of the strategy and to continuing our engagement with Welsh Government, NHS Wales and other third sector organisations to deliver on the commitments made in the strategy. We are the UK's leading bowel cancer charity. Our vision is a world where nobody dies of bowel cancer. We support and fund targeted research, provide expert information and support to patients and their families, and educate the public and professionals about the disease. Alongside this, we campaign for early diagnosis and access to the best treatment and care across the UK.

## 2. How can more cancers be detected at earlier stages?

**Bowel Cancer Screening**

We welcome progress in Wales to extend screening to ages 50–74[viii] and lower the FIT referral threshold to 80 µg Hb/g faeces[ix]. Further improvements should work towards UK National Screening Committee advice to lower the threshold, down to 20µg Hb/g where safely deliverable, and evaluate risk stratified screening.

Screening uptake was 65.5% in 2023/24, exceeding Wales's 60% minimum standard, but was lower in the most deprived areas (55.8%) than the least deprived (72.7%)[x]. Ambitious targets need to be set to benefit people across Wales.m

**Bowel Cancer UK recommends the strategy:**

1. Requires Public Health Wales and health boards to publish a funded bowel cancer screening optimisation plan, with ambitious milestones, an increased overall uptake target and targets to narrow uptake differences between groups, including first-time invitees, supported by sufficient diagnostic capacity.
2. Sets out a phased plan to lower FIT thresholds and evaluate risk stratified screening, including how age, sex and previous FIT results could inform thresholds or frequency, considering the diagnostic capacity and IT changes needed.

**Symptomatic FIT**

FIT supports assessment of people with symptoms in primary care and the efficient use of colonoscopy capacity, but clinicians report variation in its use in Wales. GP access to quantitative screening results could help, but only with proper support, preparation and clear pathways, and must not replace assessment of new symptoms. Wales should also explore England's Jess's Rule, where GPs rethink a diagnosis after three visits with the same or worsening symptoms.

**Bowel Cancer UK recommends the strategy:**

3. Requires consistent symptomatic FIT use through training, timely access to quantitative results of the test and audit of referral and diagnostic outcomes.
4. Evaluates additional routes to support timely patient access to FIT where appropriate, including via community pharmacy, with clear responsibility for eligibility, results, referral and follow-up.
5. Requires the use of electronic safety netting for all people who have been asked to do a FIT, to identify in a timely way those that do not return a test, have a result below the referral threshold, or have persistent or worsening symptoms.

COLOFIT or similar tools should only be introduced through an agreed clinical pathway, with local evaluation, GP education, patient information and monitoring of safety and inequalities.

**Lynch syndrome**

Around 10,000 people in Wales are estimated to have Lynch syndrome, but many remain undiagnosed. This means missed chances to prevent cancer or find it early. Lynch champions in colorectal MDTs are a welcome step, but families need more support to access cascade testing, and referral barriers must be addressed.

**Bowel Cancer UK recommends the strategy:**

6. Establishes a National Lynch Syndrome Registry, with clear ownership, governance and digital infrastructure, developed with Bowel Cancer UK, Moondance Cancer Initiative and other key stakeholders, to support regular surveillance and cascade testing, designed so it can later be extended to other inherited conditions that increase cancer risk.
7. Requires health boards, pathology services and the All-Wales Medical Genomics Service to audit the complete testing pathway, from universal tumour MMR or MSI testing through further testing and referral, and provide complete data to the National Bowel Cancer Audit, distinguishing missing records from tests not undertaken.

**Symptom awareness and behaviour change**

Awareness and behaviour change activity should build on learning from Bowel Cancer UK's Tell Your GP Instead campaign and Early Diagnosis Programme in Neath Port Talbot[xi].

**Bowel Cancer UK recommends Welsh Government:**

8. Funds sustained, evaluated activity on bowel cancer symptom awareness and informed screening participation, led by Public Health Wales with health boards, communities and relevant charities. This should target communities facing the greatest barriers.

**Emergency diagnosis**

Almost one in five people with bowel cancer in England and Wales were diagnosed following an emergency presentation in 2024[xii]. Wales needs to understand its own patterns and opportunities for earlier diagnosis. Emergency diagnosis can have profound consequences, including poorer outcomes and more intensive treatment. Our Behind the Emergency programme is working with patients, clinicians and researchers to understand why this happens and we welcome working with Welsh Government.

**Bowel Cancer UK recommends the strategy:**

9. Commits to a root cause analysis of emergency bowel cancer diagnoses and targeted interventions to reduce avoidable emergency diagnoses.

## 3. How should the NHS prepare to deliver future cancer treatments?

NHS Wales needs to be ready to offer effective new bowel cancer tests and treatments promptly following the relevant assessment and commissioning decisions. The strategy must also improve timely access to established treatment now, through delivery of the Quality Statement for Cancer and national pathways, with action on unwarranted variation and delays. Over the next ten years, further developments in

genomic testing, biomarkers and other innovations may change care. For example, research is underway into a vaccine to prevent cancers linked to Lynch syndrome[xiii], and a UK trial of immunotherapy before surgery for some bowel cancers has shown very promising results[xiv].

Many new treatments require testing to identify who may benefit. The ALASCCA trial found that aspirin reduced recurrence in selected patients with bowel cancer and specified PI3K-pathway tumour alterations[xv]. This provides a strong case for timely consideration of the evidence in Wales, alongside the testing, prescribing and safety arrangements needed for appropriate use. Existing service pressures must not prevent planning for evidence-based innovations.

**Bowel Cancer UK recommends the strategy:**

10. Requires NHS Wales to plan staffing, diagnostic and molecular testing capacity, infrastructure and pathways for timely and equitable adoption of interventions.
11. Secures a timely Welsh decision on the use of adjuvant aspirin for eligible patients with resected bowel cancer, informed by the latest evidence. Where recommended for NHS use, implementation must include the specified tumour testing.

## 4. What support should individuals, carers and families receive?

Being diagnosed with bowel cancer can be life changing, not only for the individual diagnosed but also for their loved ones and carers. These experiences can be more acute for those diagnosed at a later stage where the outcomes are poorer. Support must therefore be provided for patients, carers and their loved ones across the pathway.

Charities, including Bowel Cancer UK, offer specialist information and support for people affected by bowel cancer. The strategy should make sure everyone diagnosed is connected to this support early, building on local approaches such as Improving the Cancer Journey in Powys and learning from national approaches such as Macmillan's Improving the Cancer Journey service in Scotland and early thinking about Diagnosis Connect in England.

The Royal College of Physicians and Macmillan Cancer Support's UK-wide clinical consensus statement on acute and supportive oncology offers a framework for coordinated care[xvi]. The strategy should set out how health boards will translate its relevant recommendations into Welsh pathways, linking local services with specialist expertise and existing supportive and palliative care provision.

**Psychological support**

- A bowel cancer diagnosis and its treatment can have a lasting impact on a person's mental health, and psychological support is an essential part of good cancer care. But access to this support can be patchy, meaning not everyone who needs it receives it.
- Some people diagnosed in an emergency describe repeated consultations, delays or missed opportunities before diagnosis. These experiences can be frightening and traumatic. Patient accounts should help inform improvements.
- People diagnosed in an emergency need a reliable transition into the specialist cancer pathway, with prompt communication to their GP, assessment of support needs and access to a named key worker. Their route to diagnosis must not determine the support they receive.

**Bowel Cancer UK recommends the strategy:**

12. Requires health boards to assess psychological and practical needs at key points in the pathway and provide clear routes to appropriate support for patients and their loved ones. People diagnosed in an emergency should receive the same coordinated follow-up, with prompt GP communication and a named point of contact.

**Long-term and late effects of treatment**

- Macmillan's model estimates that around 8,400 people in Wales were living five years after a bowel cancer diagnosis in 2025, projected to increase to 11,000 by 2045[xvii]. Improved survival from bowel cancer is good news, but this growing population includes people who need support with the long-term and late effects of treatment[xviii].
- Long-term and late effects of bowel cancer treatment can occur just after treatment has finished, or start months or years later, and can include bowel dysfunction, bladder dysfunction, chronic pain, fatigue, psychological problems, and sexual dysfunction. All of these can greatly affect the daily life and wellbeing of people who have had treatment for bowel cancer and their inclusion within, and contribution to, their community.
- For people of working age, these effects can also affect employment, family life and relationships over many years.
- There is also limited clinical data on late effects, and staff do not always have the training they need to support people living with them.
- With the right support, many conditions can be managed, but experts have informed us that across the UK, there is inconsistent care and access to specialist services, leaving many people to cope without support.

**Bowel Cancer UK recommends the strategy:**

13. Requires a national pathway for the identification, assessment and management of long-term and late effects, with agreed referral criteria, clear

clinical responsibility and access to multidisciplinary expertise. Health boards should map provision and unmet need, agree a funded improvement plan and collect and report patient-reported outcomes and access to support.

**Genetic counselling**

- People considering inherited genetic testing for Lynch syndrome need clear information and informed consent, with timely access to specialist genetic counselling where appropriate.

**Bowel Cancer UK recommends the strategy:**

14. Ensures timely and equitable access to appropriate pre-test information, informed consent and genetic counselling for people considering inherited genetic testing and relatives eligible for cascade testing.

## 5. What opportunities exist to strengthen cancer research, clinical trials and innovation in Wales?

Wales needs a stronger environment for bowel cancer research so that robust evidence benefits patients more quickly. Funding and supporting cancer research in Wales is crucial to develop new treatments and approaches to bowel cancer. A 2026 survey revealed that 72% of people in Wales think it is important for Welsh Government to invest in research and innovation[xix].

However, continuous workload pressure on healthcare professionals, inaccessible or poor-quality data, including limited data linkage between health boards, alongside a lack of funding, present consistent barriers to research and innovation being conducted and translated into practice in Wales. The strategy should build on the principles of the Tackling Cancer through Research initiative, already in place in Wales, by making bowel cancer research, including non-commercial trials, a clear priority.

There is a wide range of innovative bowel cancer research underway that Wales could take part in, adopt or build on. The strategy should make sure Wales is ready to adopt innovations like these, so people in Wales benefit as quickly as anywhere else in the UK.

Examples include:

- **COLOFIT:** A tool which calculates a patient's risk of colorectal cancer, which can be used by primary care professionals to guide referrals. It does this by combining the patient's FIT score with their age, sex and specific blood test results. COLOFIT is currently under review by NICE[xx].

- **Bowel Star UK**: The study aims to create a new risk-based strategy for screening by considering age, family history and lifestyle to identify those most at risk of bowel cancer[xxi].
- **CanSense:** A Swansea-based biotech company is developing a blood test which uses AI to detect bowel cancer early. The test could reduce the need for colonoscopies and help ease pressure on healthcare services[xxii].
- **PROSPECT-UK:** This study is currently recruiting 250,000 participants across the UK to understand the patterns and trends behind early-onset bowel cancer[xxiii].

**Bowel Cancer UK recommends the strategy:**

15. Requires Welsh Government and NHS Wales to work with Health and Care Research Wales and research partners on a funded plan for protected research time, research delivery staff and secure data access. It should improve trial participation, including for rural communities, and establish a clear route from evaluation to adoption, with patient involvement throughout.

## 6. What future workforce, equipment and facilities will be needed?

Bowel Cancer UK welcomes the Welsh Government's planned long-term workforce strategy, which must align with the National Cancer Strategy.

**Diagnostic and cancer workforce shortfalls**

Wales needs enough trained staff across the bowel cancer pathway to meet current and future demand.

- The Royal College of Radiologists' 2025 census estimated that Wales had 28% fewer consultant clinical radiologists and 17% fewer consultant clinical oncologists than needed for safe and effective care[xxiv]. Pathology faces similar workforce issues.
- Pressures on the cancer workforce will likely intensify with an estimated 11% increase in cancers by 2035, compared to 2025[xxv].

**Bowel Cancer UK recommends the strategy:**

16. Requires Welsh Government, Health Education and Improvement Wales and NHS employers to develop funded workforce modelling across the bowel cancer pathway, aligned with demand, infrastructure and the long-term workforce strategy. Plans should address retention, retirement, training and skill mix across endoscopy, radiology, pathology, oncology, surgery, nursing, allied health professions, psycho-oncology and genomics, with progress reviewed annually.

17. Provides dedicated time for staff across primary and secondary care to continue professional development, covering both core skills and innovative practice.

## Screening

- Experts repeatedly highlight that diagnostic services in Wales lack capacity to meet the current demand of the Bowel Screening Wales programme. This is partly due to an insufficient number of screening colonoscopists in Wales[xxvi].
- Audit Wales reported that, between July 2023 and July 2024, only 21% of bowel screening participants referred to their health board for colonoscopy were offered the procedure within four weeks, against a 90% standard.[xxvii]
- Screening colonoscopists need bowel cancer screening accreditation, but clinicians report delays in training and assessment. NHS Wales should find where delays arise and explore making accreditation more efficient without lowering standards.
- Training and retaining appropriately accredited nurse endoscopists, alongside medical colonoscopists and the wider endoscopy team, could help expand capacity.
- Lowering the FIT threshold and any move to risk-stratified screening must be planned alongside the workforce and infrastructure needed.

**Bowel Cancer UK recommends the strategy:**

18. Requires a funded endoscopy capacity plan, aligned with existing screening colonoscopy improvement work, with milestones for meeting the four-week offer standard. The plan should consider how alternatives to colonoscopy, such as colon capsule endoscopy or CT colonography, could be effectively used where clinically appropriate.
19. Requires Public Health Wales, health boards and training partners to address accreditation bottlenecks and expand the appropriately trained workforce.

## Long-term and late effects

- Access to support for long-term and late effects varies across Wales and there is little up-to-date data on how many people are affected or what support they need[xxviii].
- Specialist nurses can play an important coordinating role in care for long-term and late effects, supported by multidisciplinary expertise. Where appropriate to the role, non-medical prescribing should be explored.

**Bowel Cancer UK recommends the strategy:**

20. Ensures specialist nurses and the wider multidisciplinary team have protected time, training and referral pathways to support people living with long-term

and late effects, and that services use the latest research and innovation to identify individual needs and tailor support to them.

**Genomics Workforce**

- The 2024/25 – 2027/28 Genomics Strategic Workforce Plan found that those working in specialist genomics services identified the unmanageable and overwhelming workload as limiting time for training and development[xxix].
- It also reported that 20% of funded genomics posts were vacant. An updated baseline is needed to assess current vacancies and progress.
- A skilled genomics workforce must be planned alongside counselling, referral and colonoscopy surveillance capacity.

**Bowel Cancer UK recommends the strategy:**

21. Requires delivery and reporting against the existing Genomics Strategic Workforce Plan, including recruitment and retention, training and protected development time. Planning should link laboratory capacity and turnaround times with counselling, pathology, clinical referral and endoscopy capacity.

## 7. What improvements in digital systems and cancer data will support improved care and outcomes?

Better bowel cancer data and digital systems are needed to improve care, track progress and support research. Bowel Cancer UK looks forward to the publication of the 10-year Digital Strategy for Wales. The National Cancer Strategy must complement this work and address the issues within digital systems and data which impacts cancer care in Wales.

**Artificial Intelligence**

- As AI develops, there must be transparent and consistent communication about how NHS Wales uses AI to diagnose, treat and monitor patients.
- The UK Government has committed to implement all 44 recommendations made by the National Commission into the Regulation of AI in Healthcare, with a full roadmap due to be published in spring 2027.

**Bowel Cancer UK recommends the strategy:**

22. Sets out the actions within the responsibilities of the Welsh Government and NHS Wales to support safe and effective AI adoption, aligned with the UK regulatory framework and the National Commission's recommendations. This includes ensuring healthcare professionals are well equipped to use technologies and patients are informed about the use of AI-enabled products in their care.

**Screening**

- The 'digital first' approach outlined in the 2026-2031 Screening Equity Strategy is a positive commitment towards digitalising bowel cancer screening. As part of this, reminders to complete screening through the NHS Wales app or text messages should be utilised where appropriate to encourage uptake.
- Digital exclusion remains a barrier for some people in Wales. Digital reminders and information must be accompanied by accessible non-digital options and support, so that changes do not widen inequalities.

**Bowel Cancer UK recommends the strategy:**

23. Commits to utilising effective technological innovation and digital approaches in screening programmes to improve uptake of bowel screening. However, this must not disadvantage those who are digitally excluded or prefer non-digital methods of communication, as this could widen inequalities.

**Emergency diagnosis data**

- Although the National Bowel Cancer Audit provides some information on referral routes, Wales needs regular, detailed routes-to-diagnosis reporting to identify missed opportunities and monitor improvements.
- Northern Ireland now publishes annual data on routes to diagnosis, including on colorectal cancer, which found emergency diagnosis to be the second most common route to diagnosis[xxx]. Wales must do the same, with regular routes to diagnosis data reporting that links primary and secondary care, to show where patients could be diagnosed earlier.
- Because UK nations measure emergency presentation/diagnosis in different ways, it is difficult to compare data across the UK or track progress in reducing numbers.

**Bowel Cancer UK recommends the strategy:**

24. Requires Public Health Wales, Digital Health and Care Wales, health boards and relevant primary care partners to publish regular Wales-specific routes-to-diagnosis analyses for bowel cancer. Definitions should support meaningful comparison with other UK nations where feasible. This must involve linking secondary care data with primary care to provide a full picture of the issue and allow researchers and practitioners to build an evidence base on emergency diagnosis.

**Long-term and late effects**

- While data show the number of people living with and beyond bowel cancer in Wales[xxxi], there is very little data on how many people are living with long-term and late effects of treatment and what support they might need.

**Bowel Cancer UK recommends the strategy:**

25. Develops a national approach to collecting and publishing patient-reported outcomes, unmet needs and access to support after bowel cancer treatment, using existing systems where possible. This should include publishing aggregated findings and providing access for approved research, while minimising burden and protecting confidentiality.

**Cancer data across Wales**

- Inconsistent data completeness and coding, and lack of coordination across health boards in Wales can undermine the reliability of cancer data, and means the underlying data service is not always fit for purpose.
- Data systems in Wales need to be equipped to handle genomic data, including for Lynch syndrome and PIK3CA/PTEN testing.

**Bowel Cancer UK recommends the strategy:**

26. Establishes a task and finish group to explore current data provision and identify the data needs of high-quality cancer services. It should agree a minimum dataset, data-quality standards, reporting responsibilities and milestones for linkage and access, with patient involvement and appropriate information governance.

## 8. What actions will help address differences in outcomes between people with protected characteristics, people living in different health board areas, or people affected by different types of cancer?

Addressing health inequalities, including for rural communities, and the needs of groups at rising risk, such as people with Lynch syndrome and younger adults, is essential to improving bowel cancer outcomes across Wales.

**Bowel cancer in younger adults**

Bowel cancer can affect people of any age, and the system must support younger people with symptoms to be diagnosed without delay.

- Although bowel cancer is still less common in younger adults, incidence rates among people aged 25–49 in the UK have risen by more than 50% since the early 1990s[xxxii].
- Younger people often face delays in diagnosis, with many being told they are too young to have bowel cancer, which can lead to the disease only being diagnosed at later stages.

- Bowel Cancer UK launched its "Never Too Young" campaign in 2013 to raise awareness of bowel cancer in younger people among the public and clinicians[xxxiii].

**Bowel Cancer UK recommends the strategy:**

27. Requires timely assessment and appropriate investigation of younger adults with symptoms, supported by professional education, safety netting that ensures people who keep coming back with unexplained symptoms are reassessed, and monitoring of diagnostic routes, stage and delays by age in Wales. Service design should also address age-related needs, including fertility, work and family responsibilities. Any risk-based referral tools should be monitored for their impact on younger patients.

**Screening**

- Some groups of people are less likely to participate in screening than others, such as those from areas of higher deprivation, men, first-time invitees, some ethnic minority communities and people with disabilities[xxxiv].
- Data for 2023/24 show a 16.9 percentage-point gap in bowel screening uptake between the most and least deprived areas of Wales[xxxv].
- Better recording and linkage of ethnicity data are needed across screening and cancer services in Wales. This would help identify differences in screening uptake among those invited, as well as differences in diagnosis, treatment and outcomes among people with cancer.
- Once booked, 95% of people with a positive screening result in Wales attended their colonoscopy or flexible sigmoidoscopy in 2023/24[xxxvi]. However, Public Health Wales's inequity reporting only covers uptake of the screening test, so it is unclear whether inequalities continue at the colonoscopy stage. Public Health Wales has said it will look at including data from later stages of the pathway.
- Reasons why people may choose not to participate in screening include misconceptions that the test is for people with symptoms, concerns around the practicalities and cleanliness of the test, low individual risk perception and difficulty accessing information on the test.
- The Screening Equity Strategy 2026-2031 is a welcome step in tackling screening inequalities. The delivery of these commitments must be accompanied by dedicated resourcing, strong political leadership and monitoring.
- FIT aid, available in NHS England since 2024, helps people who are blind or partially sighted complete their FIT kit.[xxxvii]

**Bowel Cancer UK recommends the strategy:**

28. Provides funding and clear accountability for delivery of the Screening Equity Strategy and its action plan, with published milestones for reducing uptake

gaps. Public Health Wales should work with people with access needs to adapt FIT and make reasonable adjustments, including exploring the potential use of FIT aid.

**Lynch syndrome**

- Delivery of Lynch syndrome surveillance is reported to vary across Wales, which makes it hard to monitor.
- In England, Lynch syndrome surveillance has been integrated into the bowel cancer screening programme to ensure high-quality surveillance colonoscopies are consistently delivered.

**Bowel Cancer UK recommends the strategy:**

29. As part of developing a National Lynch Syndrome Registry for Wales, Welsh Government must agree a single national approach to Lynch syndrome bowel surveillance, so everyone receives the same high-quality care wherever they live. Integrating surveillance into the Bowel Screening Wales programme is one option, but any decision must be based on modelling of the potential impact on the current programme and on learning from England.

## 9. How can success in improving cancer services and outcomes be measured?

Success should mean fewer deaths from bowel cancer, improved survival, equitable and timely access to effective care, good experience and better quality of life. Stage of cancer at diagnosis and fewer emergency diagnoses are important measures of progress, but must be assessed alongside treatment outcomes, inequalities and patient experience.

To measure the success of the strategy, Bowel Cancer UK recommends the Welsh Government:

- Establishes clear outcomes and delivery milestones related to the priority areas highlighted, so progress can be monitored and effectively scrutinised.
- Sets an ambitious, funded trajectory for increasing the proportion of bowel cancers diagnosed at stage 1 or 2 and monitors late-stage incidence, survival and mortality.
- Monitors screen-detected bowel cancers within eligible age groups, alongside uptake, interval cancers and timely follow-up, so that progress reflects effective screening.
- Continues to report bowel screening uptake by deprivation, age, gender and health board, and extends this to ethnicity. Colonoscopy attendance after a positive result should also be reported by these groups, so progress in closing gaps between communities can be tracked.
- Consistently meets the standard that at least 90% of bowel screening participants referred to their health board for colonoscopy are offered the

procedure within the programme's four-week standard, with transparent reporting of actual waits and long waits as well.

- Publishes annual data reports on the route to diagnosis for bowel cancer, including emergency diagnosis, with primary and secondary care data successfully joined up. This would allow stakeholders to measure improvements in diagnosis through emergency, screening or symptomatic pathways.
- Publishes an agreed delivery timetable and accountable NHS lead for the National Lynch Syndrome Registry and pathway, with milestones for registration, testing, cascade testing and timely surveillance.
- Reports timely access to recommended bowel cancer treatments and associated testing, including performance against the Welsh suspected cancer pathway standard and unwarranted variation between providers.
- Reports improved treatment outcomes against National Bowel Cancer Audit indicators, including postoperative survival, complications and timely reversal of temporary ileostomies where clinically appropriate.
- Measures access to care for long-term and late effects, patient-reported outcomes and unmet need, with a baseline and improvement milestones agreed with patients and clinical teams.

## 10. Are there any other comments or suggestions you would like to make?

**Public health approaches**

- UK estimates suggest that around 54% of bowel cancers are attributable to preventable risk factors,[xxxviii] including around 13% linked to processed meat.[xxxix]
- Bowel Cancer UK welcomes the Welsh Government's commitment to embed prevention across policy development. The cancer strategy should connect with wider public health action on established cancer risk factors and the social determinants of health, with clear responsibilities across government.

**Implementation and Monitoring**

To ensure the delivery and monitoring of the strategy there should be:

- Strong leadership with clear accountability and dedicated governance and oversight structures.
- A named national body or accountable senior role responsible for coordinating delivery through existing cancer governance, with clear responsibilities for Welsh Government, NHS organisations and partners and public annual reporting against progress (delivery milestones and outcomes metrics).

- A costed implementation plan with identified funding, workforce and infrastructure requirements, phased milestones and transparent reporting of resources and delivery risks.
- Regular engagement with key stakeholders, including the third sector, NHS Wales partners and patient and public voices and a commitment to working in partnership.
- A mechanism to review and adapt the strategy over the next ten years as healthcare, treatment and the wider environment evolve.

---

[i] Bowel Cancer UK. Our Work in Wales.
[ii] Public Health Wales, 2026. Cancer Mortality in Wales.
[iii] Public Health Wales, 2026. Cancer Mortality in Wales.
[iv] Bowel Cancer UK. Reducing your Risk.
[v] National Cancer Audit Collaborating Centre, 2026. NBOCA State of the Nation Report 2026.
[vi] National Cancer Audit Collaborating Centre, 2026. NBOCA State of the Nation Report 2026.
[vii] Moondance Cancer Initiative. Improving Lynch Syndrome Diagnosis and Care in Wales.
[viii] Public Health Wales, 2026. Bowel Screening Wales Annual Statistical Report 2023-2024.
[ix] UK Government, 2026. More Sensitive Bowel Cancer Screening Test Implemented in Line with UK NSC Recommendation.
[x] Public Health Wales, 2026. Bowel Screening Wales Annual Statistical Report 2023-2024.
[xi] Bowel Cancer UK. Early Diagnosis Programme.
[xii] National Cancer Audit Collaborating Centre, 2026. NBOCA State of the Nation Report 2026.
[xiii] Lynch Syndrome UK, 2026. LynchVax Reaches a Major Milestone: First UK Preventive Vaccine Trial Approved.
[xiv] University College London, 2026. Groundbreaking Bowel Cancer Trial Follow-Up Shows Zero Relapses.
[xv] Martling, A., et al., 2025. Low-Dose Aspirin for PI3K-Altered Localised Colorectal Cancer.
xvi Royal College of Physicians and Macmillan Cancer Support, 2026. RCP and Macmillan Cancer Support clinical consensus statement on acute and supportive oncology.
[xvii] Macmillan Cancer Support, 2026. Cancer prevalence projections in the UK from 2025 to 2045: data tables.
[xviii] Bowel Cancer UK, 2026. Unseen and Unheard: Life Beyond Bowel Cancer.
[xix] Campaign for Science and Engineering, 2026. Public Attitudes to R&D in Wales 2026.
[xx] NICE. COLOFIT Model to Guide Colorectal Cancer Pathway Referral in Primary Care: Early Use Assessment.
[xxi] The University of Edinburgh. Bowel-Star-UK.
[xxii] CanSense. CanSense – Innovation in Cancer Diagnostics
[xxiii] King's College London, 2026. Bowel Cancer in Young People is Rising – UK Public Can Help Find Answers in Major New Trial.
[xxiv] The Royal College of Radiologists, 2026. Clinical Radiology and Clinical Oncology Workforce Censuses.
[xxv] The Royal College of Radiologists, 2026. Clinical Radiology and Clinical Oncology Workforce Censuses.
[xxvi] Public Health Wales, 2025. Bowel Screening Wales – Colonoscopy Waiting Times.
[xxvii] Audit Wales, 2025.Cancer Services in Wales: A Review of the Strategic Approach to Improving the Timeliness of Diagnosis and Treatment
[xxviii] Bowel Cancer UK, 2026. Unseen and Unheard: Life Beyond Bowel Cancer.
[xxix] Health Education and Improvement Wales, 2024. Genomics Strategic Workforce Plan 2024/25 – 2027/28.

[xxx] Northern Ireland Cancer Registry, 2026. Routes to Diagnosis of Cancer. Cancer Diagnosed in 2018-2022.
[xxxi] Macmillan Cancer Support, 2025. Cancer Prevalence Estimates for the UK.
[xxxii] Bowel Cancer UK, 2025. Why are more young people getting bowel cancer?
[xxxiii] Bowel Cancer UK. Never Too Young.
[xxxiv] Cancer Research UK, 2025. Addressing Inequalities in Bowel Cancer Screening.
[xxxv] Public Health Wales, 2026. Screening Inequality Report 2024 and 2025.
[xxxvi] Public Health Wales, 2026. Bowel Screening Wales Annual Statistical Report 2023-24.
[xxxvii] NHS England, 2024. NHS Launches Tool to Improve Bowel Cancer Screening for People with Sight Loss.
[xxxviii] Bowel Cancer UK. Reducing your Risk.
[xxxix] Cancer Research UK. Risks and Causes of Bowel Cancer.