



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health technology assessment of extending BowelScreen to those aged 50 to 54 years

Plain language summary

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children’s social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children’s social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

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Plain language summary

What is the BowelScreen programme?

Cancer screening involves looking for cancer in people who do not have any symptoms. This can help find cancer at an early stage, when it is easier to treat or cure. In some cases, screening can also prevent cancer developing in the first place. Screening does this by finding early changes that can develop into cancer if left untreated. Bowel cancer, which is also known as colon cancer, rectal cancer, or colorectal cancer, develops in the colon or rectum. These parts of the body are also known as the large bowel or large intestine. The BowelScreen Programme in Ireland started in 2012 and people are invited for bowel cancer screening every two years. As of November 2025, BowelScreen is available to people aged 58 to 70. The programme is already aiming to expand screening to people aged 55 to 74 in the coming years.

What is this report about?

The National Screening Advisory Committee asked the Health Information and Quality Authority (HIQA) to look at whether people aged 50 to 54 should also be included in the BowelScreen programme in the future. HIQA conducted a health technology assessment (HTA) to examine this question. This kind of assessment looks at the health benefits and risks of using a health technology. In this case, the health technology is the BowelScreen programme and if it should be extended to include those aged 50 to 54. The assessment also looks at costs and any wider impacts that screening might have on the population being assessed or on society, and what needs to be in place to make it possible.

HIQA produced this report for the National Screening Advisory Committee. The committee will consider the findings of the report, which are summarised below, and make a recommendation to the Minister for Health on whether people aged 50 to 54 should be offered bowel cancer screening.

How common is bowel cancer in Ireland?

In Ireland, bowel cancer is the second most common cancer in men and the third most common in women. Around 2,750 people are diagnosed with bowel cancer in Ireland each year. Bowel cancer is the third leading cause of cancer death in Ireland. Around 1,000 people in Ireland die from bowel cancer each year. Bowel cancer is generally more common in people aged 50 years and older. While it is becoming more common in people under the age of 50, the number of cancers in this age group is small. While the number of new cases of bowel cancer diagnosed each year in older adults has decreased over time, it has stayed the same in those aged 50 to 54 for the last number of years.

Bowel cancer screening in Ireland

One sign of bowel cancer, or of small lumps in the bowel that can develop into cancer over time, is blood in a person's poo. This blood can be in such small amounts that it is not visible and can only be identified in a lab. In Ireland, screening for bowel cancer involves a person using a home test kit (called a 'FIT') and sending a small sample of poo (stool sample) to a lab for testing. The sample is examined in the lab and if the amount of blood is over a certain level, the person will be asked to go to a hospital to have a colonoscopy.

A colonoscopy is an examination of the bowel that checks for signs of bowel cancer and small lumps, called polyps. Polyps could turn into cancer if left to grow. If a polyp is found, the doctor will remove it and send it to a lab to test for cancer. If a person is found to have cancer, they will be referred for treatment.

Do other countries screen people aged 50 to 54 for bowel cancer?

We looked at the screening programmes of European countries, as well as the United States, Canada, Australia, and New Zealand. Screening in these countries generally included people between the ages of 50 to 75 years. However, some countries start screening at younger or older ages and stop screening earlier.

We also reviewed guidelines for bowel cancer screening. Most of the guidelines we looked at suggested that screening should start from age 50.

How well does bowel cancer screening work in people aged 50 to 54?

It is important to make sure that the tests being used by a screening programme can correctly identify people with the condition being screened for. This is referred to as 'test accuracy'.

To see how well the FIT test works in younger people compared to older people, we looked at scientific studies of bowel cancer screening using FIT. Based on the results of the studies we identified, there does not appear to be a difference in how well the test performs in younger people when compared to older people.

We also examined study findings on whether bowel cancer screening in those aged 50 to 54 helps to reduce deaths from bowel cancer. Most of the studies we found did not focus on the effects of screening in people aged 50 to 54 only, but also included younger or older participants. Nine of the ten studies we found showed that bowel cancer screening from the age of 50 upwards can reduce the number of people dying from bowel cancer. Five studies also showed that it might be possible for screening to reduce the number of people who get bowel cancer. This is because screening helps to find and remove polyps, which can turn into cancer over time if they are not removed.

Even though colonoscopy is very safe, a very small number of people can be hurt during the procedure. For example, very rarely, the bowel can be damaged or torn during colonoscopy. This can cause bleeding and serious complications. These harms are very uncommon, and may be even less common in those aged 50 to 54 compared to older people.

Is bowel cancer screening in people aged 50 to 54 cost effective?

Another important factor is to make sure that extending screening to those aged 50 to 54 would be a good use of resources. This is because investment would be needed, and this money could be used elsewhere in healthcare services.

To see if screening from age 50 is a good use of resources compared to starting screening from age 55, we looked at studies from around Europe that examined this question. We found six relevant studies. These are known as cost-effectiveness studies. The studies found that there was a good balance between the benefits and the costs associated with starting screening from age 50. This means that there is a good chance that screening from age 50 would be a good use of healthcare resources in Ireland.

How much will it cost to screen people aged 50 to 54 for bowel cancer?

Screening from age 50 would need extra resources and investment in the screening programme and health service. We looked at the budget impact of extending the programme to those aged 50 to 54. We calculated the resources that would be needed and how much they would cost in the first ten years of the programme. As part of this, we calculated how many extra colonoscopies, tests, and other services would be needed. If screening is extended to those aged 50 to 54, up to 219,000 more people could be invited to participate each year. In the first ten years of the programme, over 2,000 extra colonoscopies may be needed each year. Around 46% of people who are invited for screening choose to take part. If the uptake rate (that is, the percentage of people who choose to take part after being invited) increases to 60% of those invited, over 4,000 extra colonoscopies may be needed each year.

The programme could be rolled out at different paces. The following are examples of different ways the programme could be rolled out:

1. It could include everyone aged 50 to 54 immediately.
2. It could start by adding those aged 54 and then add those aged 53 the following year, and so on.
3. It could add a new group of people (by age) every second year.

Depending on how the programme is rolled out, screening those aged 50 to 54 could cost an extra €45 million to €66 million over ten years (versus just screening people aged 55 to 74). If the uptake rate increases, the costs will also increase further.

What needs to happen in the health service to include people aged 50 to 54 in bowel cancer screening?

We looked at what might need to be changed in how we organise health services so that people aged 50 to 54 can be included in bowel cancer screening. This included considering staffing needs and how to make sure that delays do not happen for people undergoing tests and procedures. There are already challenges facing the BowelScreen programme and the services involved in bowel cancer diagnosis and treatment. For example, there are long waiting lists for colonoscopies for people outside the BowelScreen programme. These waiting lists include people who have symptoms that might mean they have bowel cancer, so their doctor has referred them for a colonoscopy.

It is important to remember that there is already a plan to extend the BowelScreen programme to those aged 55 to 74. As of 2025, the programme includes people aged between 58 and 70 and it will take several years before the programme can include those aged 55 to 74. This is because of the extra colonoscopies and other tests that will be needed by the people in the new age groups.

Including people aged 50 to 54 in BowelScreen will further increase the number of people having colonoscopies, which could lead to longer waiting times for appointments. The workload for labs will also increase, which could increase waiting times for test results. There are currently staff shortages in some areas, and training new staff can take a long time. As a result, lowering the screening age might need to happen slowly and would need to be carefully planned.

Weighing up the pros and cons of screening

It is important for people to know that the FIT screening test only looks for a level of blood in the stool sample. Even if the amount of blood is below the level tested for by BowelScreen, a person could still have bowel cancer. This is because not all cancers or polyps bleed all the time. Some people who are screened and who have bowel cancer may not be picked up by screening. Also, because younger people are less likely to have cancer in general, fewer young people will be found with cancer than older people. This means that younger people overall may get less benefit from being screened than older people. Generally, it is important that people know the risks, benefits and limitations of bowel cancer screening before they decide to take part.

In summary, bowel cancer is a very serious condition. Screening for bowel cancer appears to be as accurate in those aged 50 to 54 as it is in older people. Screening in those aged 50 to 54 is likely to reduce deaths from bowel cancer and is expected to be a good use of resources. However, lowering the screening age to 50 will increase costs. The workload of the healthcare services and staff involved in screening will also increase. It would be important to carefully plan for an extension of

BowelScreen to include people aged 50 to 54, to avoid increases in waiting times for appointments and test results. These points should be considered before a decision is made on whether the screening age for BowelScreen is lowered.

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