Speaker 1: Rakesh

Speaker 2: Interviewee

# Audio file

[DeputyPM\_Bowelscreen\_IndepthInterview 3.mp4](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

# [Transcript](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yes, I think the recording is on, <Speaker 2>.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yes. So <Speaker 2>, I will, I will just go to the agenda 1st and then I will share the screen. I think I shared it to. You by e-mail.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, it's on. It's in the meeting.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[So going with the agenda like first three points is something like I will explain the overall design and what is the pri<Speaker 2> research and what. Is the sampling. I'm using just to set a context to the questions.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[So this this meeting is like as part of the thesis. Which I'm which I'm. Can can you see my? Screen. Yeah, so this is this is as part of.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[I can, yeah.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[MSC course in data analytics. So as part of the course I'm supposed to complete uh thesis. So I have identified A thesis which is appropriate with my work so that I don't have to. Uh, I don't have to. Uh, deviate too much between work and this one just to manage time. Well, so the the the thesis, uh. Topic I've uh chosen is with the title predicting the screening colonoscopy numbers across Ireland using machine learning algorithm. So what are the objectives is like there are three I have divided the objectives into 3. The first objective is the statistical objective, like just to identify if there is any variations between age and gender. This this was like the the the idea of doing this is like if if there is. Substantial variation with age or, say, gender and the the colonoscopy units can plan better. Like uh, we are planning to extend the age by one age at a time and then like if we see that there is a huge variation and basically the capacity capacity planning in the following scope, units can be. Done better. So that is the first. Objective the second objective is to see, uh, the the correlation between different features in the colonoscopy. So this is where the entire pri<Speaker 2> research of in-depth interview comes into place. Like as of like what we what I see in the data, the features which which could potentially impact. Scope are the gender and age. Uh. Other than that, like I, I would like to know like if there is anything more which which I need to consider for uh predict. The third one is, uh, the third one is to is to uh, actually build a machine learning model and machine learning model will be built based on the existing colonoscopy data and it will be the the data will be extrapolated using the census data for the. Younger age groups. Uh. Like because we we have the data only from the age groups of 60 to 69 as of now I will use the census data, identify the percentage of population who has undergone colonoscopy and extrapolate it to create the data. Right. And using that data set I will, uh, try to predict it for the future future years. So these are the three three main objectives. And yeah, I I I missed to mention something. I will I will also be doing an hypothesis testing. To see to actually see if, uh, the colonoscopy accounts in males are less. Compared to females, that is again depending on that, like if. Uh, the the null hypothesis will be like if uh uh in the depth interview I I come to know like like I I if everyone in the depth interview suggests that they are actually the same then the null hypothesis will say male and female are actually the same. So it it it it varies that way. So these are the objectives and then moving on to the sampling strategy like as as part of the research, I will have to do uh sampling strategy. So there is no the like, there is no much significance of the sample amount because the population we have is not substantially high. We can do all the study based on this population itself. But then, uh, what I have done was when when you say sampling strategy, I have identified UH-2 populations like I have divided this data set into two populations male and female and the data between 60 to 69, they are actually the sample and the date. The the extrapolated data from 55 to 55 to the 5025 to 69 that. The population that is the whole population, so the average will be calculated for the sample which is selected of 60 to 60. Nine and using this average I will be doing my statistical analysis for the bigger bigger data set. So that is again, uh, hypothesis testing and all that, right? It will be. It will be this is this is significant for the hypothesis testing. That is on the sampling. And then the pri<Speaker 2> pri<Speaker 2> research I have selected in-depth interview as the pri<Speaker 2> pri<Speaker 2> research because I could have gone for something like in experimentation kind of, uh pri<Speaker 2> research, but I could not go that because theoretically it did. Not satisfy the criteria for experimentation because I wanted something which. So where the colonoscopy? Varied with the time such kind of thing, so I did not find anything like that. I couldn't like there. There wasn't any significant changes with season or months or something. It's all like more or less the same. Yeah. So these, these, these are the, these are the three first three points I had to discuss.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK. It's very interesting.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah. So these are the, this is this part of the agenda I have discussed the. First three, this one. So are you OK to go to the questions now?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[I am, yeah.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[So, uh, like I had just framed this questions like, uh, uh one is based on something which is which will align to my objectives and also based on my in-depth interview with a couple of others. So based on based on. That I have, uh, framed this interview questions. Uh, maybe one thing is like, uh, you can give the answer as generic or detail as you wish. But please make sure that there is no sensitive information or something which has not gone public not mentioned in this meeting because this is a recorded meeting and it will go to the college.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK. I gotta cash. Thank you. Yeah.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK, so first my first question is like uh, when in uh bubble screen programme participation, do we actually see hesitancy at a younger age like I know that we have currently between 60 to 69. So we had two groups 60 to 65 and 65 to 69. So as far as I've seen in the programme reports I I saw that in the first programme report there was a variation 60 to 65 had significantly high numbers. But in the second programme report, it was more or less the same. But as far as your experience is concerned, like do you do you actually foresee any any uh, lesser or more uh people to participate in the programme?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[So I suppose as you say, Rakesh, looking at the round reports, we would monitor them, we would observe the participation rates amongst the different age groups. And as you say in most recent reports, there doesn't seem to be any significant difference. Uhm. The age range for the round reports that you're referring to as 60 to 69 years old and and as part of the National Cancer strategy. The programme is planning towards age extension and that will the programme will extend over a phased basis to age 55 to 74. So I suppose as we do start age extend we will look at both the upper and lower. And age groups to monitor the uptake and and to monitor participation in the programme to see if there's any, any differences. Other measures, I think that the problem is aware of to try and ensure that to maximise participation is to to have targeted communication and to to educate the public in terms of screening and and and what screening is. And so I think it's one that we will continue to monitor. But. In the current age range, as you say, there doesn't seem to be a a major significant difference.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK. OK. Uh and my the next question to you will be like uh, with regards to men and women undergoing screening, like, are they equally probable of participate in the screening? Like is there is like I think in the the in the earlier study somewhere by DCU? By Nick Clark, I could see that there was there was a participation rate in men, actually less compared to women. So yeah. So like, what do you think about the probability when you? Go for the younger age.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[And well, I suppose just first of all, we're back to the study that you mentioned, it was, it has been, UM, a feature where men are research has indicated that men are more likely to participate with female influence. UM, in some cases, I suppose in terms of the younger. Each group. It's really difficult to say it's it's something again that we will closely monitor. I think again going back to having a very good targeted targeted communication strategy will play a role within the. So it's it's it's one that we're going to watch closely, but I suppose until we we do that age extension piece, it's a very difficult question to answer. We've no reason to believe that it will be that there will be any major change. But like that it's something we'll monitor and work to try and. And ensure that we can try and keep the participant patient numbers amongst men and women as as high as. So but.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK, OK, like uh, was there any like apart from Ireland like uh, some other country would have done that. Like is there any uh reference or something which you can give me like uh which is country I I'll try to get the programme report from them to understand it better.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[And I think, yeah, there there, there is the programme does a lot of research. We do a lot of behavioural science research. We work, we we do a lot. Of research in terms of participation and what the motivators are in terms of international research, I'm sure it's it's it's very much the same. I would suggest that you could find a numerous studies out there on it and I I wouldn't have any to hand at the moment, but I'm sure there are. Studies that have looked at the what influences participation quite possibly they would look at at that in both males and females. But as I say, you know it I would maybe suggest you look at the research done in DCU and look at their references to see what the international experience was. Even that might be.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Yes, thank you. Thank you, <Speaker 2>. UM, OK, so moving on. To my next question. Are there any other measure or feature that I need to consider? Like for now I think I have considered only only the age and gender, but apart from that is there anything anything else which I will need to consider to make accurate predictions?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Is this accurate predictions in terms of the colonoscopy numbers that are required? OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yes, yes, accurate future colonoscopy numbers.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah. So I suppose when you're looking and you're making your predictions, you're making your predictions based on the census data and but the programmes data source is the Department of Social Protection. So there will be variation between the Department of Social Protection data and the Census data. So that is certainly I think something that you would need to. Consider UM. Also I suppose you know it is the accuracy of the data. So from the Department of Social Protection. So we are depending we we will invite people based on the addresses provided to us by them. But if that is inaccurate and or hasn't been updated recently and then those those letters will. And be returned to the programme. So I suppose part of the our what we're doing within the programme is trying to ensure that our register is kept as accurate and as up to date as possible. So within the team we have dedicated resources who would manage that piece for us and you know, but like that. There will there will be variation I think between both both data sources.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK, OK. OK. Moving on, the next question like are there any results done in the past with regards to the population extension? If yes, what are the features considered for this study? Like I think you just mentioned, there are numerous studies available, but is there anything like for example? Anything from NHS or anything from Scotland or something of that sort.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, I suppose for first of all, it's supposed to speak about ball screen. So for ball screen as part of the National Cancer strategy, we have to, we are required to extend the age range from 55 to. 74 now. The programme regularly reviews evidence for screening of of younger age groups. UM. And it may. Be while the current plan is to extend. To the to. The UM range of 55 the the downward range would be 55. That may be younger and it could go to 50. So uhm, for example in in Scotland, UM they begin screening at 50 and then it's it's 50 to. 5 to 60 in. Other parts of England, and I think it's 55 in Northern Ireland, so there there is variation amongst amongst the UM, the different areas and. I suppose what? For in order for the programme to extend our age range, we would need to seek that as through the national Screening Advisory Committee, so the National Screening Advisory Committee, on behalf of the programme, have been looking at this and they have requested a specialist team in Hickory to look for evidence for the expansion of the age range from 50 to 74.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK. OK, OK. Yes. So I think I will, what I will do is I will try to. Find any materials or any any literatures. Wherein like you mentioned about Northern Ireland and Scotland, so like they could have some programme reports which which which will show like how the participation is for different age groups so.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, that may be detailed in, in their their reports. As they say, it's it's an ongoing piece where we look at. It's based on I suppose best practise and and what the international evidence is showing us and the the programme will, as I say, extend from 55 to 74, but but anything from a greater age rent extension is something that would have to be reviewed and and is is ongoing.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Yes, OK, OK. Got it. Got it. Yeah. And I think my next question is what are the practical challenges you see while predicting the colonoscopy numbers based on the census data?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[So again, I I suppose the practical challenges are that the census isn't our data source and and as I mentioned already our data source is the Department of Social Protection. So it's uhm it's trying to ensure that the data that we have is up-to-date. It's also trying to ensure, I suppose, that you know those that. Are included in the census are on our register so. So we actively encourage people through, I suppose our communication strategy to check the register to try and to register for the programme and. So I suppose it's it's it. Is that it's it's not our data source and and I think that would be one of the challenges, UM, when we would look at at predicting colonoscopies, we would look at the, the our own data that's available to us. Uh. So we work as I said while ago, we have within the programme. We have dedicated resources that work on our register continuously to try and ensure that it's accurate and that there's no duplications. All of these pieces. Uh, it's a very complex process. Yes, but it is something that is is something that is very important within the programme because it does impact our participation rate. The If we, if our data isn't accurate. So it's something that we are very, very aware of and something that we work very hard and trying to. Keep as accurate as we possibly can.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK, baby, just as a follow up question for that, right like uh. Apart from the people in the register, like uh, for example, we have, uh, something like Men's Health Week for example, and we there are social media information going on for the men's health week and then anybody calls up and tries to register for the programme, right? They are not. In the register right. Such kind of uh, things like for example we have, we have all this, the immigrants are the refugees based on say uh from the Ukraine or something, right. Ukrainian refugees they call up and they register for the programme. So such people will not be. Uh, they're currently, but when they call up, only then they will come to the register, correct?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Well, if they've had interaction with the Department of Social Protection and they're within the eligible age range, then we will get that information. We will get their, their their contact details in terms of of of writing to them I suppose. But what you say is yes, like we for example in April, it's bowel Cancer Awareness Month and we would do. A lot of promoting of the programme. Firm and we would encourage people to check that they're on the register and and then to try and make it as accessible as possible. We have a lot of our leaflets and information available in in various languages which can be accessed to our website, so we want. People to be able. To participate, we want to make access to the. Programme as as easy for people as possible. In terms of of talking about individual groups, it can be difficult to say because I'm not sure and you might be able to answer this request. Has this been looked at your within your department? Have you looked at the census versus, UM, what's on the the registered and found evidence that? There are large groups of people. That haven't been that aren't on the register.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Uh, there are, there are no. Uh, I mean the level of data which is available from census is not like we we I don't think we have very detailed level of data. But overall in the percentage there is a difference there is there is I think at least for the lower age range there is around 15 to 20% difference. Between what is there in the sensors and what is there in? Uh, uh. Register that that is that I think uh, though, 20% is quite high. Some difference is expected because uh, uh, the whatever is there in the register is like we we will have, we will have uh many people at that point of time on that day particularly because it is a weekend. That it's in April, so somebody would have, people would have come to Ireland for a visit or something so.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, yeah, yeah. And I think that's, you know, you will have variations, but we received regular files. So as I say, if there has been interaction, we and there for people within the eligible age range. We would, we would, I suppose we would hope that we would receive that data, but then to try and I suppose make increase awareness of the programme and and to try and encourage people to register and participate, we would have communication. UM. Communication that would target specific groups and and and general communication and and an overall strategy within the programme. And then, as I say, we would also try and make materials available so that people will be able to understand what the programme is and what screening is, UM, and it would be able to answer any of their questions in terms of it so. That's work that has been ongoing in the programme, I suppose, so that we can increase the accessibility for people and and, you know, ensure that that, UM, people can participate if if it is something that they would wish to do.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Yeah, yeah, yeah. So I think uh, then in that uh, in that way like if you see it more or less the census data will be. Quite accurate only because. It might not be 100% though. We are considering uh this one because uh, because I'm I'm taking the percentage of people who has undergone colonoscopy in that census, that percentage should not ideally very much. OK. And and.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[It's it's difficult. As I say, because you have two different data sources I I I wouldn't be I wouldn't be able to say that they're the same it's it's it's two different data sources. So I I think that might be a challenge you may have, but I suppose from a programme level we work to try and ensure that. The population within the age. Range you know are are registering and are aware of the programme so that we can maximise our our participation, but also that our data is accurate and we constantly look at measures to see is there more we can do to try and and make the programme more accessible to the public and that's where we look at translation. And and you know, I suppose just different using our website. And using even social media and things like that, as as the programme and you know, matures and things where we're trying to look at different ways of communicating with people and and different ways to that will we'll see the eligible that will I suppose be visible to the eligible population.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, yeah, yes. I think uh yeah. Correct what I think, uh. I think you what is it? It makes sense actually, but only thing is like it when you do the predictions because I'm doing through. The census. I'm just wondering like if that will be correct, it should be I think right, because predictions like predictions are for the capacity planning and you always plan for some at higher level.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Well, I I think it's useful really it will be very useful because until you know, and I suppose we, it does give us a. An ability to see what the demand in the future will be. You know, for as we as we do implement phased age extension and and the census is something that we always use as a benchmark as well against for our own our own. Register data so it's trying to see if there are variations and look at why there are variations and you know if if if that would suggest that we need our our own information maybe needs. For the cleanup, or if it's, you know, we look at it to see where we've made improvements. And so from the work we're doing, we would often look to see compare that to the census to see UM, if it, if it is coming across as being more accurate.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK. Uh, just just as a follow up question on this, right, like is there any specific reason why why we had gone to the Department of Social Protection data and not the census data for for building the register?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[It's a the census is only every. Is it every? Four to six years. Well, we would get regular data imports, so I suppose as you said yourself, that the census is done on a night at a point in time, while we would choose we our data source. We we get that frequently, so it's that's probably part of the reason. I would imagine. When the probe was established, that was the data source that was that was identified.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK, OK, no problem. I think I'm OK with that questions. Yeah. One one last question based on the discussion with the there is yesterday, so she was mentioning about the FIT scores, the FIT score or is it cut off, field score, cutoff being? Changed somewhere in 2014 and she had mentioned prior to that the whole scope numbers were very, very high. If we use that uh, higher colonoscopy. Ours, we will not be able to actually do an accurate prediction. There will be some miss like misalignment in the overall colonoscopy numbers. So yeah. So is there any specific date or specific month or quarter right like from which I can start the cutoff? Like currently I'm using the data from 2014.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[So you're using the data from 2014 to so to determine what what what's?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[No, I'm, I'm. The colonoscopy numbers I'm taking from 20/20/14 to 2022 December. And then I'm. I'm my all my predictions are based on this data.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK, but are you looking at the overall positivity? Like the most recent because. That would be. Based on the the fish cut off range.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Yeah. No, what I'm saying is like if I go for say, uh, some date in 2013, the colonoscopy numbers will actually be higher, at least the percentage of people undergoing colonoscopy will be higher because. The field score was low. Threshold was low, so now we have increased the threshold. So because of that, because of that it is it is.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Yeah, yeah.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[It will be different than how it used to be. That's it.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[But for future predictions, yeah, if you look at the most recent published round reports, I would suggest using that positivity score because that's what they they are based on the current threshold.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK. I will. Yeah, I will figure that out. If I see substantial high, then I think I will remove that from the research altogether.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK. Yeah, yeah, yeah, yeah.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[That's all I had and one more thing like the the FIT score, the fit score threshold value, right? It is. It is same for both the genders, correct. Yeah. Yeah. OK it is. Yes, OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[So it's it's the same for both genders across the eligible age range.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK, OK. OK. And are we looking at, uh, reducing the this one, I mean increasing the threshold value when you go for younger age range?](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[And there's no immediate plans. I think that's again, that's a very, very big programme decision, and that would involve, I suppose, or a lot of, UM. From our input from our clinical advisory group from Public Health, putting forward recommendations, as I said earlier, to the National Screening Advisory Committee. So there there is. As it stands, which the plans to implement age extension, I believe that the the FIT score will remain the same initially anyway, but who knows. The line.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Yeah, yeah, yeah. No. The reason I came up with that question is because, uh, my my studies are purely based on, uh, the the colonoscopy numbers and census data is used to just, uh to extrapolate the data for the younger age group. So, uh, I have not considered update numbers. I have not considered fit.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[The positivity numbers, yeah, I've not considered because if the fit cut off numbers and all those things are the same across the age range, then it makes sense to simply use the colonoscopy numbers. Otherwise I should see like I should consider this percentage variations also. In my research. Yes, I think, uh, maybe I think this is all I had for for this in-depth interview. So I, yeah, I will, I will.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Now thanks a lot for your time. <Speaker 2> and I will. I will now proceed with the next steps. I will try to make a report and I'll keep you posted on my on the outcomes of this research and all that.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[No problem. Great. Well, the best of luck in your your research and in your thesis okash.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 1](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Thank you. Thank you, <Speaker 2>.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[Speaker 2](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

[OK. Take care. Thank you. Bye bye.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)

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[Thank you. Bye.](https://onedrive.live.com?cid=9f692d1aec83618c&id=01CJNXLXIJAGQVTW6KBJEJFJVKIYWDAAE2)