Cancer Cascade Workshop

Crowne Plaza, Newcastle
18th October 2018

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
Cancer Cascade Workshop

What’s new?
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What’s new?

• Background setting - Globocan 2018
• Prevention: Smoking, obesity and inequalities
• Early diagnosis
• NCDA 2017/18:
• E-updates
• Blood cancers
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What’s new?
  • Globocan 2018
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What’s new?

• Globocan 2018:

“(Global) Cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018”

“...cancer is expected to rank as the leading cause of death and the single most important barrier to increasing life expectancy in every country of the world in the 21st century.”

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What’s new?

• Globocan 2018 – <70 deaths: cancer ranking
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What’s new?

• Globocan 2018
• Most prevalent cancer

Males:

Females:

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Estimated age-standardized incidence rates (World) in 2018, all cancers, both sexes, all ages

Map showing estimated age-standardized incidence rates per 100,000 for different countries worldwide. The map uses a color gradient to represent varying rates, with darker shades indicating higher rates. The color key includes:

- ≥ 253.9
- 183.8-253.9
- 138.3-183.8
- 106.5-138.3
- < 106.5

Not applicable
No data

Data source: GLOBCAN 2018
Graph production: IARC
World Health Organization

Royal College of General Practitioners
Cancer Research UK

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Estimated age-standardized mortality rates (World) in 2018, all cancers, both sexes, all ages

Data source: GLOBOCAN 2018
Graph production: IARC
(http://gco.iarc.fr/today)
World Health Organization
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Estimated number of prevalent cases (5-year) as a proportion in 2018, all cancers, both sexes, all ages

Proportions per 100,000

- ≥ 719.6
- 404.5-719.6
- 271.7-404.5
- 194.8-271.7
- < 194.8
- Not applicable
- No data

Data source: GLOBOCAN 2018
Graph production: IARC (http://gco.iarc.fr/today)
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Human Development Index vs Incidence - ASR (World), all cancers excl. non-melanoma skin cancer, in 2018, both sexes, all ages
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What’s new?

• Globocan 2018

[Accessed 13.10.18]
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What’s new?

• Globocan 2018

“Although there are several interventions that have proven to be an effective means of cancer prevention, international efforts to promote and implement primary prevention still lack momentum, and policymakers remain unaware of the degree of progress and the benefits that prevention brings.”

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What’s new?
• Globocan 2018

“Although there are several interventions that have proven to be an effective means of cancer prevention, international efforts to promote and implement primary prevention still lack momentum, and policymakers remain unaware of the degree of progress and the benefits that prevention brings.”

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What’s new?
Smoking, Obesity and inequalities
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What’s new?
Smoking prevalence

Smoking in adults

- UK: 15.1%
- England: 14.9%
- Scotland: 16.3%
- Wales: 16.1%
- Northern Ireland: 16.5%

http://ash.org.uk/category/information-and-resources/fact-sheets/
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What’s new?

Proportion who were current smokers, all persons aged 18 years and over

- England
- Wales
- Scotland
- Northern Ireland
- United Kingdom

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What’s new?

Smoking prevalence

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What’s new?
Smoking data (2017)
• 25-34 yos highest smoking rates 19.7%
• 18-24 yos largest fall in prevalence:
  • 2011: 25.7%
  • 2017: 17.8%
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What’s new?
Smoking data (2017)
• Routine and manual occupations: 25.9%
• Intermediate occupations: 16.2%
• Managerial and professional: 10.2%

What’s new? Smoking data

The proportion who were current smokers by socio-economic status group, those aged 18 to 64 years 2014-2017

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What’s new?
Smoking data

Smoking prevalence, by qualifications

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What’s new?
Smoking data (2017)
• Mothers smoking at time of birth: 10.8%

35 out of 207 CCGs met the national ambition of 6% or less

Accessed 13.10.18
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What’s new?
Smoking data (2017)
• 1/3 of all tobacco is smoked by people with mental health condition

Smoking and mental health: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists, Royal College of Physicians/Royal College of Psychiatrists. Accessed 13.10.18
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What’s new?
Smoking Mortality


Accessed on 13.10.18
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What’s new?
Smoking Inequalities
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What’s new?
Smoking Inequalities

“Smoking is the leading cause of health inequalities with the difference in smoking rates between socio-economic groups responsible for half the difference in life expectancy”

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What’s new?
Smoking cessation data:
What’s new?
Smoking cessation data:

What’s new?
Smoking cessation data:

Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

England rate: 16 per 1,000 population

What’s new?

Obesity data: 

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What’s new?

Obesity data:

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What’s new?

Childhood obesity data:

Year 6: Prevalence of severe obesity

http://laca.co.uk/100000-primary-school-children-england-are-%E2%80%98severely-obese%E2%80%99 Accessed 13.10.18
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What’s new?
Childhood obesity data:

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What’s new?

Obesity data:

• CRUK analysis finds that obesity could cause 670,000 cases of cancer in the UK over the next twenty years unless action is taken to reduce trends.
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What’s new?
Obesity data: Raising awareness

OB___S___Y
is a cause of cancer
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What’s new?
Obesity data:

Guess what is the biggest preventable cause of cancer after smoking.
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What’s new?
Obesity data:
24.9.18 Press Release:

BY 2035 OBESITY COULD OVERTAKE SMOKING AS BIGGEST PREVENTABLE CAUSE OF CANCER IN WOMEN
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What’s new?
Obesity strategy:

LET'S EASE THE PRESSURE ON YOUNG PEOPLE

NO JUNK

TIME FOR JUNK FOOD AD RESTRICTIONS BEFORE 9PM
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What’s new?
Obesity strategy:
• Regulation of on-demand and online viewing adverts
• Introduce legislation to restrict multi-buy price promotions on HFSS foods - e.g. ‘buy one, get one free’, ‘three for the price of two’, and ‘X for £Y’ offers.
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What’s new?
Early diagnosis:
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What’s new?

Early diagnosis: PM 3.10.18:

• Cancer will form a central part of the new long-term plan for the NHS
• The key to boosting your chance of surviving cancer is early diagnosis
• We will increase the early detection rate from 50% today, to 75% by 2028
• We will do it by lowering the age at which we screen for bowel cancer from 60 to 50. By investing the very latest scanners. And by building more Rapid Diagnostic Centres – one stop-shops that help people get treatment quicker
• This will be a step-change in how we diagnose cancer.
• It will mean that by 2028, 55,000 more people will be alive 5 years after their diagnosis compared to today
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What’s new?
Early diagnosis: PM 3.10.18:
Impact:
• Primary Care
• Diagnostics
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How have we done?

<table>
<thead>
<tr>
<th></th>
<th>Emergency Diagnosis %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-12</td>
<td>21.0%</td>
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<tr>
<td>Mar-13</td>
<td>21.0%</td>
</tr>
<tr>
<td>Jun-13</td>
<td>20.8%</td>
</tr>
<tr>
<td>Sep-13</td>
<td>20.5%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>20.4%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>20.3%</td>
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<tr>
<td>Jun-14</td>
<td>20.2%</td>
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<td>20.2%</td>
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<tr>
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<td>20.2%</td>
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<tr>
<td>Mar-15</td>
<td>20.1%</td>
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<tr>
<td>Jun-15</td>
<td>20.1%</td>
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<tr>
<td>Sep-15</td>
<td>20.0%</td>
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<tr>
<td>Dec-15</td>
<td>19.9%</td>
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<tr>
<td>Mar-16</td>
<td>19.9%</td>
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<tr>
<td>Jun-16</td>
<td>19.7%</td>
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<tr>
<td>Sep-16</td>
<td>19.8%</td>
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http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 29.8.18)
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How have we done?

Emergency Diagnosis %

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How have we done?

<table>
<thead>
<tr>
<th>Month</th>
<th>Early Stage Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>46%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>47%</td>
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<tr>
<td>Mar-14</td>
<td>48%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>49%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>50%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>50%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>51%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>51%</td>
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<tr>
<td>Sep-15</td>
<td>52%</td>
</tr>
<tr>
<td>Dec-15</td>
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<td>Jun-17</td>
<td>52%</td>
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</table>
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Ambition by 2028

Early Stage Diagnosis

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 29.8.18)
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NCDA 2017/18: findings (2014 data)
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NCDA 2017/18: findings (2014 data)

• Data was completed on 17,064 tumour records
• 439 practices submitted data
• Number of records per practice ranged from 1 to 156
• Median number of records was 34
• 139 CCGs had at least one practice that submitted data
• 6 CCGs have 10+ practices participating
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NCDA 2017/18: findings (2014 data)

NCDA 2014 - Incidence
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NCDA 2017/18: findings (2014 data)

NCDA 2014 - Cancer %incidence

- Breast: 16%
- Lung: 13%
- Prostate: 12%
- Colorectal: 12%
- Melanoma: 5%
- NHL: 4%
- Kidney: 4%
- H+N: 3%
- Bladder: 3%
- Leukaemia: 3%
- Pancreas: 3%
- Oesophagus: 3%
- Other: 9%
## Cancer Cascade Workshop

### NCDA 2017/18:

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>NCDA 2017/18</th>
<th>CRUK 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>15.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>12.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>12.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>NHL</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>H+N</td>
<td>3.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>2.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>2.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Uterus</td>
<td>2.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ovary</td>
<td>2.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>CNS</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Liver</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cervix</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>9.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
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NCDA 2017/18:

WHERE CANCER PATIENTS FIRST REPORTED THEIR SYMPTOMS

- 6.9% A&E
- 6.4% Screening
- 5% Outpatients
- 4.7% GP home visit
- 9.5% Other places & unknown (includes hospital inpatient, telephone consultations and out of hours)

67.5% GP SURGERY

Source: National Cancer Diagnosis Audit 2017, BJGP
LET’S BEAT CANCER SOONER
cruk.org
Cancer Cascade Workshop

NCDA 2017/18:

WHAT CAUSES AVOIDABLE DELAYS IN CANCER DIAGNOSIS?

GPs were asked about more than 17,000 cancer diagnoses in England in 2014. They said...

1 in 5 patients experienced an avoidable delay in their diagnosis.

TOP THREE CAUSES OF AVOIDABLE DELAYS

- **Health Professional** (e.g., GP, Hospital doctor) - 28%
- **Hospital** - 27.1%
- **Patient** - 25.7%

OTHER CAUSES

- Cancer signs & symptoms (e.g., vague symptoms) - 11.9%
- Primary care system (e.g., GP surgery) - 6.8%
- Specialist hospitals (Tertiary care) - 0.6%
- Other - 4.9%

Source: National Cancer Diagnosis Audit 2017, BJGP

LET'S BEAT CANCER SOONER
cruk.org
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NCDA 2017/18:

**All cancers**
17045 patients

<table>
<thead>
<tr>
<th>Cancer stage</th>
<th>Proportion of patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (stages 0,1&amp;2)</td>
<td>40</td>
</tr>
<tr>
<td>Late (stages 3&amp;4)</td>
<td>30</td>
</tr>
<tr>
<td>Not known</td>
<td>20</td>
</tr>
</tbody>
</table>
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NCDA 2017/18:

All cancers
17045 patients

Proportion of patients (%)

Early (stages 0,1&2) Late (stages 3&4) Not known

England Stage at diagnosis 2010-2014

Stages 1 and 2 Stages 3 and 4 Unknown
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NCDA 2017/18: – all are “pre-NG12”

![Graph showing stages of cancer diagnosis in England from 2010-2014. The x-axis represents different stages (Early, Late, Not known) and the y-axis represents the proportion of patients (%). The graph shows a comparison between Stages 1 and 2, Stages 3 and 4, and Unknown stage. The data indicates a higher proportion of patients with early stages compared to late stages or unknown stages.]
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NCDA 2017/18:
Consultations prior to referral
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NCDA 2017/18:
Consultations prior to referral (where recorded)
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NCDA 2017/18:
Consultations prior to referral (where recorded)

Number of consultations prior to referral

- 78% <3
- 22% ≥3
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NCDA 2017/18: Presentation to referral time:
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NCDA 2017/18:
Presentation to referral time:

<table>
<thead>
<tr>
<th>Days from presentation to referral</th>
<th>5th centile</th>
<th>25th centile</th>
<th>Median</th>
<th>75th centile</th>
<th>95th centile</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>159</td>
</tr>
<tr>
<td>Breast</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Colorectal</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>182</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>46</td>
<td>180</td>
</tr>
<tr>
<td>Prostate</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>32</td>
<td>234</td>
</tr>
</tbody>
</table>
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NCDA 2017/18: Presentation to referral time:

*All cancers*

Each dot represents one record

Days from presentation to referral
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NCDA 2017/18: Place of presentation
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NCDA 2017/18: Place of first presentation

- Place of First Presentation
- GP Surgery: 68%
- A&E: 7%
- Screening: 6%
- Outpatients: 5%
- GP Home Visit: 5%
- Other places: 11%

Royal College of General Practitioners
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NCDA 2017/18:
Types of referrals (of those recoded)
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NCDA 2017/18:
Types of referrals (of those recoded)

Types of referrals

- 2 WW: 54%
- Emergency: 17%
- Routine: 8%
- Screening: 8%
- Urgent: 5%
- Private: 2%
- Other: 6%
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NCDA 2017/18:
Types of referrals (of those recoded): “Emergency”

<table>
<thead>
<tr>
<th>Types of referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WW</td>
<td>2%</td>
</tr>
<tr>
<td>Emergency</td>
<td>54%</td>
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</tbody>
</table>

- **Patient self-referred - no prior consultation**: 4.2%
- **Referred as emergency by GP - no prior consultation**: 3.2%
- **Patient self-referred while waiting for tests**: 1.8%
- **Referred as emergency by GP while waiting for tests**: 1.4%
- **Patient self-referred - previously seen in same episode**: 1.7%
- **Referred as emergency by GP - previously seen in same episode**: 3.0%
- **Other**: 0.7%
NCDA 2017/18: Types of referrals (of those recoded): “Emergency”

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- Other: 0.7%
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NCDA 2019 – coming soon
Benefits to CCGs, Practices, GPs and patients
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What’s new?
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What’s new? E-updates

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Reality of Harm

![Diagram showing the reality of harm from 2013 to 2018.](http://ash.org.uk/category/information-and-resources/fact-sheets/) Accessed 13.10.18
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ASH (Action on smoking and health) 8.5.17

Reality of Harm

http://ash.org.uk/category/information-and-resources/fact-sheets/ Accessed 13.10.18
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Reality of Harm

**REASONS WHY VAPING IS NOT AS BAD FOR YOU AS SMOKING TOBACCO**

1. The evidence so far shows that e-cigarettes are far safer than smoking
2. E-cigarettes contain nicotine but not cancer causing tobacco
3. Nicotine is addictive, but does not cause cancer
4. There is no evidence that e-cigarettes harm bystanders
5. Tobacco is the biggest cause of preventable death in the UK

Over 100,000 deaths per year

Let's beat cancer sooner

cruk.org

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Figure 5. How vapers view vaping, Great Britain (2018)

- Health is my number one reason for taking up e-cigarettes: 62% Agree, 23% Neither agree nor disagree/don't know, 15% Disagree
- I get a great deal of pleasure out of vaping: 50% Agree, 37% Neither agree nor disagree/don't know, 14% Disagree
- E-cigarettes have improved my quality of life: 49% Agree, 38% Neither agree nor disagree/don't know, 13% Disagree
- Vaping is not a magic solution for stopping smoking: 48% Agree, 27% Neither agree nor disagree/don't know, 26% Disagree
- Vaping is a medicine that I use in order to address my smoking addiction: 46% Agree, 29% Neither agree nor disagree/don't know, 25% Disagree
- Lowering the levels of nicotine I consume through vaping is a priority for me: 44% Agree, 37% Neither agree nor disagree/don't know, 19% Disagree
- I am worried that I'm getting more nicotine now that I use an e-cigarette: 11% Agree, 27% Neither agree nor disagree/don't know, 62% Disagree
- I like to spend time discussing vaping online: 5% Agree, 18% Neither agree nor disagree/don't know, 77% Disagree

http://ash.org.uk/category/information-and-resources/fact-sheets/ Accessed 13.10.18
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What’s new?

• Smoking Prevalence
  • 2018: 15.1% - still 7.4 million smokers
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  • Average 230 per F/T GP
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What’s new?

• Smoking Prevalence
  • 2018: 15.1% - still 7.4 million smokers
  • Average 230 per F/T GP
  • Still 95,800 deaths pa attributed to smoking

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What’s new?

- Cessation medication + support = best results
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What’s new?

• Cessation medication + support = best results
• Since 2013 e-cigarettes have been most popular quitting aid
• In 2015 ECs contributed to 18,000 long term ex-smokers
• 7.4 million still smoke
• Of these only 43% of those who have never tried vaping correctly identify vaping as less harmful than smoking...
What’s new?

• E-cigarettes – re-position statement
  • Using their clinical judgement on an individual patient basis, PCCs may wish to promote EC use as a means to stopping. Patients choosing to use an e-cigarette in a quit attempt should be advised that seeking behavioural support alongside e-cigarette use increases the chances of quit success further. Most SSS are EC friendly and patients can be advised to bring one to their appointment if they would like to quit using their device
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What’s new?

• E-cigarettes – re-position statement
  • PCCs recognise ECs offer a wide reaching, low-cost opportunity to reduce smoking (especially in deprived groups in society and those with poor mental health, both having elevated rates of smoking). In the UK, though start-up costs can be higher, it likely to be less expensive to use an EC over time than it is to smoke
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What’s new?
• Bowel Cancer
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What’s new?

• Bowel Cancer – FIT screening is coming:
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• Importance of bowel screening
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• Importance of bowel screening

Relative survival estimates by presentation route and survival time,
Colorectal, 2006-2013

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• Importance of bowel screening

Relative survival estimates by presentation route and survival time, Colorectal, 2006-2013

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• Importance of bowel screening

• Screening presentations – hugely better outcomes
• Should be area of priority
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- Lung screening
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• Lung screening
• 26.9.18:

Screening scans 'could cut lung cancer deaths'

NELSON study
Study arm – CT scans at 1, 3, and 5.5 years
Control arm – none

Study arm: 69% of detected cancers were at Stage 1
26% reduction in lung cancer deaths at 10 years

More research needed…

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• Lung screening
• Manchester Health Check Study
• Achieved significant stage shift:

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- Lung screening
- Manchester Health Check Study
- Achieved significant stage shift:
  - Prior to study: Stage 1 18%: Stage 4 48%
  - Study results: Stage 1 65%: Stage 4 13%

- More research needed…
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What’s new?
• HPV cervical screening is coming:
• HPV for boys as well...
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Cancer deaths in 2014:

- Lung 35,620
- Bowel 16,384
- Prostate 11,631
- Breast 11,563
- Pancreas 9,263
- Oesophagus 8,804
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Where do the combined blood cancer deaths come?
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Where do the combined blood cancer deaths come?

Discuss with neighbour...
Cancer deaths in 2014:

- Lung: 35,620
- Bowel: 16,384
- Blood cancers: 13,015
- Prostate: 11,631
- Breast: 11,563
- Pancreas: 9,263
- Oesophagus: 8,804
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Blood cancer deaths in 2016

- Non-Hodgkins Lymphoma: 38%
- Leukaemia: 2%
- Myeloma: 24%
- Hodgkins Lymphoma: 36%
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Blood cancers – NG12:

- Pallor
- Persistent fatigue
- Unexplained fever
- Unexplained persistent or recurrent infection
- Generalised lymphadenopathy
- Unexplained bruising/bleeding/petechiae
- Unexplained bone pain
- Hepatosplenomegaly
  - Urgent FBC
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Blood cancers – NG12:

- Persistent bone pain/back pain/unexplained #/raised Ca++/low wbc/raised ESR in >60s
  - Urgent protein electrophoresis
  - BJP
Blood cancers – NG12:

- Unexplained lymphadenopathy/splenomegaly
- Esp if: night sweats, fever, SOB, pruritis, weight loss, alcohol induced LN pain
  - Urgent 2ww referral
What’s new?

• Early detection of multiple myeloma in primary care using blood tests: a case–control study in primary care

• Constantinos Koshiaris, Ann Van den Bruel, Jason L Oke, Brian D Nicholson, Elizabeth Shephard, Mick Braddick and William Hamilton

• Br J Gen Pract 2018; 68 (674): e586-e593. DOI: https://doi.org/10.3399/bjgp18X698357
What’s new?

• Early detection of multiple myeloma in primary care using blood tests: a case–control study in primary care

• Blood tests showing normal FBC, ESR/PV and Calcium can be used to “rule-out” myeloma

Constantinos Koshiaris, Ann Van den Bruel, Jason L Oke, Brian D Nicholson, Elizabeth Shephard, Mick Braddick and William Hamilton

Br J Gen Pract 2018; 68 (674): e586-e593. DOI: https://doi.org/10.3399/bjgp18X698357
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What’s new?
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What’s new?

• Background setting - Globocan 2018
• Prevention: Smoking, obesity and inequalities
• Early diagnosis
• NCDA 2017/18:
  • E-updates
  • Blood cancers
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What’s new?
• LOTS...!!!
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What’s new?
• LOTS...!!!