Primary Care and Cancer Matters

DoubleTree by Hilton Aberdeen Treetops
161 Springfield Rd
Aberdeen AB15 7AQ

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
@DrRichardRoope
Primary Care and Cancer Matters

Housekeeping

• Fire Exits
• Toilets
• Mobile phones
• Questions
• Certificates
• Thanks to the team who have set up the day:
  • RCGP and Cancer Research UK Team
  • DoubleTree by Hilton Staff
Primary Care and Cancer Matters

The Day:

• Welcome
• Primary Care and Cancer Matters – where are we now and where are we heading?
  • Tea and Coffee
• Scottish Referral Guidelines for Suspected Cancer - why is early referral to treat important?
  • Lunch and networking
• Learning Events and National Cancer Diagnostic Audit (NCDA)
• Lung Cancer
  • Tea and Coffee
• Bowel cancer and FIT
• Head and neck referral pathway and beyond
• Key take home, evaluation and close
Primary Care and Cancer Matters
Primary Care and Cancer Matters

• Cancer: why all the interest?
• The future
• Why is prevention important?
• Why is early diagnosis important?
• Future – where next?
• Survivorship
• End of life care
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Cancer: why all the interest?
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Causes of death <75 in Scotland 2017

1. Circulatory Disease
2. Cancer
3. Alcohol related
4. Respiratory
5. Other

1. Cancer
2. Other
3. Circulatory Disease
4. Respiratory
5. Alcohol related

1. Circulatory Disease
2. Cancer
3. Respiratory
4. Alcohol related
5. Other

1. Cancer
2. Circulatory Disease
3. Other
4. Alcohol related
5. Respiratory
# Causes of death <75 in Scotland 2017

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Other</td>
<td>5. Alcohol related</td>
<td>5. Other</td>
<td>5. Respiratory</td>
</tr>
</tbody>
</table>

Which do you think is the correct column? (high to low)
Primary Care and Cancer Matters

Causes of death <75 in Scotland 2017

1. Circulatory Disease
2. Cancer
3. Alcohol related
4. Respiratory
5. Other

1. Cancer
2. Other
3. Circulatory Disease
4. Respiratory
5. Alcohol related

1. Circulatory Disease
2. Cancer
3. Respiratory
4. Alcohol related
5. Other

1. Cancer
2. Circulatory Disease
3. Other
4. Alcohol related
5. Respiratory
Primary Care and Cancer Matters

Cancer: why all the interest?

Under 75 deaths in Scotland 2017

- Cancer: 37%
- Cardiovascular: 22%
- Respiratory: 9%
- Alcohol related: 5%
- Other: 27%

36%

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Cancer: why all the interest?

Under 75 deaths in Scotland 2017

- Cancer: 37%
- Cardiovascular: 22%
- Respiratory: 9%
- Alcohol related: 5%
- Other: 27%

Under 75 deaths in England 2017

- Cancer: 41%
- Cardiovascular: 22%
- Respiratory: 10%
- Liver: 6%
- Other: 21%

Cancer: 38%
Cardiovascular: 22%
Respiratory: 10%
Liver: 6%
Other: 21%

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How have the UK done?

<75 age standardised death rates in Scotland 1994-2017

- Cancer
- Circulatory System
- Respiratory
- Alcohol related
- Dementia and Alzheimer’s
- Other

## Primary Care and Cancer Matters

### How have we done?

Deaths In Scotland per Standardised 100,000 <75s from 2011-13 to 2014-2016:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>172.3</td>
<td>169.6</td>
<td>167.7</td>
<td>164.3</td>
<td>160.6</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>104.1</td>
<td>99.9</td>
<td>98.0</td>
<td>96.2</td>
<td>96.4</td>
</tr>
<tr>
<td>Lung disease</td>
<td>42.8</td>
<td>41.6</td>
<td>41.3</td>
<td>41.9</td>
<td>41.6</td>
</tr>
<tr>
<td>Alcohol related</td>
<td>21.8</td>
<td>20.7</td>
<td>21.1</td>
<td>21.6</td>
<td>21.9</td>
</tr>
<tr>
<td>Other</td>
<td>105.3</td>
<td>103.6</td>
<td>105.6</td>
<td>110.4</td>
<td>114.6</td>
</tr>
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## Primary Care and Cancer Matters

### How have we done?

**Deaths In England per Standardised 100,000 <75s from 2011-13 to 2014-2016:**

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<td>96.2</td>
<td>96.4</td>
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<td>42.8</td>
<td>41.6</td>
<td>41.3</td>
<td>41.9</td>
<td>41.6</td>
<td>-2.8%</td>
</tr>
<tr>
<td>Alcohol related</td>
<td>21.8</td>
<td>20.7</td>
<td>21.1</td>
<td>21.6</td>
<td>21.9</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>105.3</td>
<td>103.6</td>
<td>105.6</td>
<td>110.4</td>
<td>114.6</td>
<td>8.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>-2.5%</strong></td>
</tr>
</tbody>
</table>

449 less premature cancer deaths per year

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How have England done?
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How have England done?

Conversion Rate

Detection Rate

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How have the UK done?
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How have the UK done?

All Cancers Combined, Observed Deaths, and Expected Deaths if Mortality Rates Had Not Fallen from Peak, UK, 1979-2016

https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/all-cancers-combined#heading Two
Accessed 21.6.2019
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How have the UK done?

An estimated 832,000 cancer deaths had been avoided in the UK by 2016 because mortality rates dropped from their peak levels in the 1980s.

All Cancers Combined, Observed Deaths, and Expected Deaths if Mortality Rates Had Not Fallen from Peak, UK, 1979-2016

https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/all-cancers-combined#heading Two

Accessed 21.6.2019
However...
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However...

the perfect storm is brewing:

Storm Gertrude passing north of Shetland 2016
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However...
the perfect storm is brewing:
Aging population

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However...

the perfect storm is brewing:

Aging population

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However...

the perfect storm is brewing:

Aging population

• Lifestyles less healthy:
  • Smoking
  • Diet
  • Alcohol
  • Exercise
  • Sun exposure

Increasing survival

“Non-communicable diseases are a slow-motion disaster; these are the diseases that break the bank”.

Dr. Margaret Chan, Former Director-General of WHO

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Cancer – why all the interest?

The Future:
### Primary Care and Cancer Matters

The perfect storm:

<table>
<thead>
<tr>
<th>Numbers of cancers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018</strong></td>
</tr>
<tr>
<td>UK</td>
</tr>
<tr>
<td>Global</td>
</tr>
</tbody>
</table>

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Cancer: why all the interest?

1 in 2 people born after 1960 will be diagnosed with one or more cancers in their lifetime.
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10 year survival has improved to reach 50% surviving their disease
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Cancer: why all the interest?

1 in 2 people born after 1960 will be diagnosed with one or more cancers in their lifetime

10 year survival has improved to reach 50% surviving their disease, but...

Cancer survival in the UK still lags behind comparable health economies
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Hasn’t cancer had its turn?
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.0%
2. 5.0%
3. 8.0%
4. 11.0%
5. 14.0%

Discuss with your neighbour....
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.0%
2. 5.0%
3. 8.0%
4. 11.0%
5. 14.0%

Discuss with your neighbour....
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€ per capita on cancer

Luxembourg
Switzerland
Germany
Netherlands
Austria
Sweden
Belgium
France
Europe
Norway
Denmark
Italy
Ireland
Slovenia
Malta
Spain
United Kingdom
Greece
Finland
Iceland
Slovakia
Cyprus
Hungary
Czech Republic
Croatia
Poland
Lithuania
Estonia
Slovenia
Malta
Spain

Luxembourg
Switzerland
Germany
Austria
Sweden
Belgium
France
United Kingdom
United Kingdom

€ 168
€ 128
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5 Year Survival and per capita cancer spend

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Why is cancer prevention important?
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Why is cancer prevention important?

“Addressing non-communicable diseases (NCDs) is critical for global public health, but it will also be good for the economy; for the environment; for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals— we can safeguard our very future.”

Former UN Secretary General Ban Ki-moon
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Why is cancer prevention important?

The proportion of cancers which could be prevented varies between UK countries

Percentage of cancer cases each year attributable to risk factors shown:

- Tobacco smoking
- Overweight and obesity
- Radiation UV
- Occupation
- Infections
- Alcohol

% Cancer cases preventable:

- England: 37.3%
- Scotland: 41.5%
- Wales: 37.8%
- Northern Ireland: 38.0%

Royal College of General Practitioners

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Why is cancer prevention important?

The proportion of cancers which could be prevented varies between UK countries.
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Why is cancer prevention important?

Numbers of preventable cancer types:
- Lung
- Bowel
- Melanoma skin cancer
- Breast
- Oesophageal
- Bladder
- Kidney
- Stomach
- Pancreatic
- Cervical
- Other preventable cancer types

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-one (last accessed 25.4.19)
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Why is cancer prevention important?

[Image of a pie chart showing the percentage of preventable cancers by site.]

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One (last accessed 25.4.19)
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Why is cancer prevention important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Two (last accessed 25.4.19)
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Why is cancer prevention important?
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Why is cancer prevention important?
Why is cancer prevention important?

% drop in smoking prevalence compared to 2011 baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>-2.5%</td>
<td>-5.8%</td>
<td>-7.3%</td>
<td>1.6%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>2013</td>
<td>-7.1%</td>
<td>-9.4%</td>
<td>-8.1%</td>
<td>-2.1%</td>
<td>-6.9%</td>
</tr>
<tr>
<td>2014</td>
<td>-10.1%</td>
<td>-13.0%</td>
<td>-13.2%</td>
<td>-4.8%</td>
<td>-10.4%</td>
</tr>
<tr>
<td>2015</td>
<td>-14.6%</td>
<td>-18.8%</td>
<td>-18.4%</td>
<td>0.5%</td>
<td>-14.9%</td>
</tr>
<tr>
<td>2016</td>
<td>-21.7%</td>
<td>-24.2%</td>
<td>-24.4%</td>
<td>-4.2%</td>
<td>-21.8%</td>
</tr>
<tr>
<td>2017</td>
<td>-24.7%</td>
<td>-27.8%</td>
<td>-30.3%</td>
<td>-12.7%</td>
<td>-25.2%</td>
</tr>
</tbody>
</table>
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Why is cancer prevention important?

Figure 4.1: Effects of stopping smoking at various ages on the cumulative risk (%) of death from lung cancer by age 75 for men

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Why is cancer prevention important?

£1 investment leads to a return of (including NHS savings and value of health gains)

<table>
<thead>
<tr>
<th>Period</th>
<th>Return (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>0.63</td>
</tr>
<tr>
<td>5 years</td>
<td>1.46</td>
</tr>
<tr>
<td>10 years</td>
<td>2.82</td>
</tr>
<tr>
<td>Lifetime</td>
<td>9.35</td>
</tr>
</tbody>
</table>
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WHAT'S THE MOST SUCCESSFUL WAY TO STOP SMOKING?
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WHAT'S THE MOST SUCCESSFUL WAY TO STOP SMOKING?
SUCCESS OF POPULAR METHODS COMPARED WITH GOING COLD TURKEY

- COLD TURKEY: Quitting with no support
- NRT: Using Nicotine Replacement Therapy without professional support
- E-CIGARETTES: Using electronic cigarettes without professional support
- SUPPORT AND MEDICATION: Combined specialist support and prescription medication*

The study used going cold turkey as the baseline. No more successful than cold turkey – probably because people don’t use enough.

225% More successful
60% More successful

*Available free from your local Stop Smoking Service nhs.uk/smokefree


WE WILL BEAT CANCER SOONER. cancer.org.uk/smoking
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RCGP Position Statement on e-cigarettes
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RCGP Position Statement on e-cigarettes

**E-cigarettes**

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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RCGP Position Statement on e-cigarettes

E-cigarettes

E-cigarettes – re-position statement

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RCGP Position Statement on e-cigarettes

• 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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RCGP Position Statement on e-cigarettes

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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 20.6.2019
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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

Let’s beat cancer sooner

cruk.org

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COST OF SMOKING vs COST OF E-CIGARETTES

£400

The average smoker in Britain spends around £400 every 3 months on cigarettes.

£190

The average e-cigarette user in Britain, buying their e-liquids and equipment from supermarkets, spends around £190 every 3 months.

Smoking cigarettes costs around twice as much as using e-cigarettes.

Figures are based on data from the Office of National Statistics and Action on Smoking and Health. The above figures are intended to act as estimates based on widely available products, their costs and average use. Calculations made: 31st August 2017

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Why is cancer prevention important?
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Why is cancer prevention important?

Overweight and Obese 2015

[Bar chart showing overweight and obesity rates by age and country (England, Scotland, Wales, NI) for 2015]

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• Prevention – Interactive CRUK risk calculator

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Why is early diagnosis important?

**SURVIVAL BY STAGE AT DIAGNOSIS**

- People surviving their cancer for one year or more

**DIAGNOSED EARLIER**
- Diagnosed at Stage I
- Lung: Around 8 in 10
- Bowel: More than 9 in 10

**DIAGNOSED LATER**
- Diagnosed at Stage IV
- Lung: Less than 2 in 10
- Bowel: Around 4 in 10

Data for people diagnosed in England in 2014
Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)
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Why is early diagnosis important?

WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Earlier Diagnosis (Stage 1) Cost</th>
<th>Later Diagnosis (Stage 4) Cost</th>
<th>Survival Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon Cancer</td>
<td>£3,400</td>
<td>£12,500</td>
<td>More than 9 in 10 survive 5 or more years</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>£4,400</td>
<td>£11,800</td>
<td>More than 9 in 10 survive 5 or more years</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>£5,300</td>
<td>£15,100</td>
<td>Almost 9 in 10 survive 5 or more years</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>£8,000</td>
<td>£13,100</td>
<td>More than 3 in 10 survive 5 or more years</td>
</tr>
</tbody>
</table>

↓72.8%  ↓64.9%  ↓62.7%  ↓38.9%

= Estimated cost of treating a patient
*Rectal and Colon Cancer survival is based on bowel statistics

http://www.cancerresearchuk.org/sites/default/files/saving_lives_aving_costs.pdf 2.1.19
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Compared to Europe?
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Compared to Europe?

http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/
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Why do we lag behind other Health Systems?
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Why do we lag behind other Health Systems?

- International Cancer Benchmarking Partnership
  - As gatekeepers – the gate needs to be wider
  - Outcomes closely linked to “readiness to act”
  - Patients fear wasting GP time

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Gate openers...
The expanding role of primary care in cancer control

"For a long time, the role of primary care in cancer was largely seen as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important."
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Prevention
- Tobacco
- Food
- Immunisations
- Exercise
- Environment

Early detection
- Awareness
- Health care seeking
- Screening
- Access

Diagnosis
- Investigations
- Access
- Technology
- Decision support

Treatment
- Surgery
- Chemotherapy
- Radiotherapy
- Comorbidity
- Psychology

Survivorship
- Follow-up
- Late effects
- Rehabilitation
- Health promotion

End of life
- Basic palliation
- Specialised
- Social
- Bereavement
Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so...
Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so... if adequately resourced...
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The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

“For a long time, the role of primary care in cancer was largely seen as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important”

The Lancet Oncology, Vol. 16, No. 12
Primary Care and Cancer Matters

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“recommendations should be implemented by all stakeholders involved in cancer care...work should start now to ensure that patients get the optimum care to prevent, receive a diagnosis of, and survive cancer, and the best possible care should they die from the disease”

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The Lancet Oncology, Vol. 16, No. 12
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Value in investing in early diagnosis:
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Value in investing in early diagnosis:

• Why? To address our lowly cancer outcomes rank
• How? To lower threshold/readiness to refer with consistency
• When? Now
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Value in investing in early diagnosis:

• Results?
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Value in investing in early diagnosis:

• Results?
  • Better medicine – earlier diagnosis (not just of cancer)
  • Fewer consultations
  • Better outcomes
  • Less complaints/litigation
  • Less £££
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Value in investing in early diagnosis:

• Results?
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  • Fewer consultations
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  • Less £££

WIN, WIN, WIN,...
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- Living with and beyond cancer:
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• Living with and beyond cancer:
  
  • Rising cancer incidence
  
  • Falling cancer mortality
Primary Care and Cancer Matters

• Living with and beyond cancer:

Projections of cancer prevalence in the United Kingdom, 2010–2040 J Maddams, M Utley and H Møller
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- Survivorship:
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• Survivorship:

Problems faced by cancer survivors:
• Physical
• Psychological
• Social
• Financial
Primary Care and Cancer Matters

• Survivorship:

Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
    • Immediate (e.g. radiation proctitis)
    • Late (egg ↑ x5 incidence of congestive heart failure after radiotherapy or chemotherapy for NHL) 10+ years after treatment
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Consequences of treatment
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• Survivorship:

Problems faced by cancer survivors:
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  • Consequences of treatment
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• Survivorship:

Problems faced by cancer survivors:
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• Survivorship:

Problems faced by cancer survivors:
  • Physical
    • Co-morbidities

Living with other long-term conditions as well as cancer reduces people’s chance of survival and increases their level of support needs. It also increases the cost of treatment\(^1\).

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• Survivorship:
  Problems faced by cancer survivors:
  • Physical
    • Co-morbidities

Proportion of people with cancer living with one or more other long-term health conditions, by age group.
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Risk factors common to other long term conditions:
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Risk factors common to other long term conditions:

Aging population

Lifestyles less healthy:
  • Smoking
  • Diet
  • Alcohol
  • Exercise
  • Sun exposure
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Risk factors common to other long term conditions:

Aging population
Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure

Hypertension
Heart disease
Stroke
Diabetes
Dementia
Mental Health Problems...
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Problems faced by cancer survivors:
• Physical
  • Recurrence
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Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
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Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
    • Smoking
    • Diet
    • Alcohol
    • Exercise
    • Sun exposure
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Problems faced by cancer survivors:
  • Second (and third...) cancers.
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Problems faced by cancer survivors:
• Second (and third...) cancers.
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Problems faced by cancer survivors:
• Second (and third…) cancers.

Of the 1.6 million people expected to be diagnosed with cancer this year in the U.S., about one in six will have already survived a different cancer before being developing this new one, according to statistics from the National Cancer Institute (NCI).

Paraphrased from: http://www.cancertodaymag.org/Spring2013/Pages/Second-Cancers2.aspx
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Problems faced by cancer survivors:

- Physical
- Psychological
  - 21% of patients living beyond cancer had MH problems
    - Consequences of treatment – 10% develop major depression\(^1\).
  - Pre-existing

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Problems faced by cancer survivors:

- Physical
- Psychological
  - 21% of patients living beyond cancer had MH problems
  - Consequences of treatment – 10% develop major depression\(^1\).
  - Pre-existing – deprivation gradient

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Problems faced by cancer survivors:

- Physical
- Psychological
- Social
- Financial
  - Consequences of treatment
  - Loss of job/overtime for patient and carer
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Survivorship - Exercise
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Survivorship - Exercise

Role of cancer rehab:
- Helps short term:
  - Fatigue, stress, depression, quality of life
- Helps long term:
  - Breast cancer patients
    - 150 mins of exercise per week → 40% cancer mortality
  - Bowel cancer
    - 6 hours of exercise per week → 50% cancer mortality
  - Prostate cancer
    - 3 hours of exercise per week → 30% cancer mortality

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Survivorship - Exercise

As survivorship increases:
  - Co-morbidity
  - Second cancers:
    - previous history cancer → risk other cancer
    - E.g.: Melanoma: risk of prostate cancer by 32%
  - Complications of treatment
    - E.g.: pelvic radiation
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End of Life Care
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End of Life Care

Palliative Care

• increasingly seen as “non-curative treatment and support”
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## End-of-life care: The best and the worst

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<th>Score out of 100</th>
<th>Bottom 10</th>
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</tbody>
</table>

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Key to cancer
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Key to cancer

Education
Education
Education
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Key to cancer

Education - public
Education - patients
Education - profession
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Key to cancer

Education - public
Education - patients
Education - profession
Education - policy makers
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Key to cancer

Education - public
Education - patients
Education - profession
Education - policy makers
Education - politicians
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Insanity:
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Insanity:

- doing the same thing over and over again and expecting different results
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Insanity:

• doing the same thing over and over again and expecting different results

Albert Einstein 1879-1955
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Our common goal?
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Our common goal?
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Our common goal?
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Our common goal?

We are doing amazingly,
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Our common goal?

We are doing amazingly, but if resourced we can do even better, and match the best health care systems...
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Online learning

• E-cigarettes – RCGP podcast\(^1\) and video\(^2\):
  ➢ Suitable for the busy GP – 10 minutes long
  ➢ Addresses key concerns around safety, passive vaping and entry into smoking

• Webinar\(^3\) – Smoking cessation: Why and how to support your patients to stop smoking (when time and funding are against us!)
  ➢ Suitable for the busy GP – 20 minutes long
  ➢ Addresses current smoking cessation strategies available to GPs

• E-learning modules – VBA and Smoking cessation
  ➢ Behaviour change and cancer prevention
  ➢ Essentials of smoking cessation
  ➢ 30 minutes each, offering practical support

• RCGP Position Statement on e-cigarettes

   Accessed 21.6.19
   Accessed 21.6.19
   Accessed 21.6.19
   Accessed 21.6.19
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• Cancer: why all the interest?
• Why is early diagnosis important?
• Past – where were we?
• Present – where are we?
• Future – where next?
• Survivorship
• End of life care
Primary Care and Cancer Matters

Role of Primary Care
- Prevention
- Early Diagnosis

Increased survival
Survivorship support
End of life care

Royal College of General Practitioners
Cancer Research UK
Primary Care and Cancer Matters

Role of Primary Care

Prevention
Early Diagnosis

Address inequalities

Increased survival
Survivorship support
End of life care
Primary Care and Cancer Matters

One person can make a difference, and everyone should try.
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One person can make a difference, and everyone should try.

John F Kennedy 1917-1963
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Thank you
Any questions?