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
  • Wyboston Lakes Resort Staff
Primary Care and Cancer Matters

The Day:

- Welcome
- Primary Care and Cancer Matters
  - Tea and Coffee
  - Implementation of NG12 (Nice Guidelines – recognition and referral of suspected cancer) and Vague Symptoms
  - Lunch and networking
- National Cancer Diagnostic Audit (NCDA) and Learning Events (SEAs)
- Do days matter for lung cancer?
- Improving bowel cancer detection by getting FIT
- CanTest including melanoma detection
- 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
Primary Care and Cancer Matters

Cancer: why all the interest?
## Primary Care and Cancer Matters

### Premature Deaths in England (<75)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Other</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>Circulatory Disease</td>
<td>Other</td>
<td>Respiratory</td>
<td>Other</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Care and Cancer Matters

Premature Deaths in England (<75)

<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. Respiratory</td>
<td>5. Liver</td>
<td>5. Other</td>
</tr>
</tbody>
</table>

Which do you think is the correct column? (high to low)
## Premature Deaths in England (<75)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Other</td>
<td>Other</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Liver</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Liver</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Other</td>
</tr>
</tbody>
</table>
Primary Care and Cancer Matters

Causes of death <75 in England

- Cancer: 42%
- Circulatory Disease: 22%
- Respiratory: 9%
- Liver: 6%
- Other: 21%

Primary Care and Cancer Matters

Causes of death <75 in England

- Cancer: 42%
- Circulatory Disease: 22%
- Respiratory: 9%
- Liver: 6%
- Other: 21%

Overall: 37%

Primary Care and Cancer Matters

Cancer – why all the interest?

Age standardised death rates in England and Wales 2001-2017 (All Age)

2011 – Cancer became the leading cause of death in UK

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 25.4.19)
Age-standardised mortality rates (ASMRs) by local authority districts, 2001, England and Wales

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 23.4.19)
Primary Care and Cancer Matters

Cancer: why all the interest?

Age-standardised mortality rates (ASMRs) by local authority districts, 2009, England and Wales

[Image of map and graph showing ASMRs for 2009 in Bedford]

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 23.4.19)
Primary Care and Cancer Matters

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Primary Care and Cancer Matters
Cancer: why all the interest?

...doing well, but there is room for improvement
Primary Care and Cancer Matters

Cancer – why all the interest?

The Future:
Primary Care and Cancer Matters

The perfect storm:
Primary Care and Cancer Matters

The perfect storm:
Primary Care and Cancer Matters
The Scale of the Challenge:

The perfect storm...
Primary Care and Cancer Matters
The Scale of the Challenge:

The perfect storm...
Aging population
Primary Care and Cancer Matters

Aging Population

## Primary Care and Cancer Matters

### Aging Population – Centenarians - UK

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2063</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,242</td>
<td>43,689</td>
<td>19.5</td>
</tr>
<tr>
<td>Female</td>
<td>12,328</td>
<td>66,359</td>
<td>5.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,750</td>
<td>110,048</td>
<td>7.5</td>
</tr>
</tbody>
</table>

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 25.4.19
Primary Care and Cancer Matters
Aging and Cancer
Primary Care and Cancer Matters

Aging and Cancer

http://www.dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&eYear=2013&age=0&agegr=10&agen=9&orientation=1&window=1&grid=1&line=2&moving=1&scale=0&submit=%A0%A0%A0Execute%A0%A0 last accessed 25.4.19

Male  Female
Mortality from all cancers
Aging and Cancer

Primary Care and Cancer Matters

Mortality from all cancers

http://www.dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&eYear=2013&eYear=2013&age=0&age=0&agem=10&agem=9&orientation=1&window=1&grid=1&line=2&moving=1&scale=0&submit=%A0%A0%Execute%A0%A0%A0 last accessed 25.4.19
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The Scale of the Challenge:

The perfect storm...
Aging population

Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
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The Scale of the Challenge:

The perfect storm...
Aging population

Lifestyles less healthy:
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• Alcohol
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Increasing survival

Royal College of General Practitioners
Cancer Research UK
Primary Care and Cancer Matters
The perfect storm:

Numbers of cancers

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2038</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>401,507</td>
<td>527,389</td>
<td>33.1%</td>
</tr>
<tr>
<td>Global</td>
<td>17.0 million</td>
<td>26.5 million</td>
<td>55.9%</td>
</tr>
</tbody>
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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
Primary Care and Cancer Matters

Cancer: why all the interest?

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10 year survival has improved to reach 50% surviving their disease
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Cancer: why all the interest?

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

www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#headingOne — (Accessed 25.4.19)
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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....
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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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
Primary Care and Cancer Matters

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Why is cancer prevention important?

![Diagram showing numbers of preventable cancer](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-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?
Primary Care and Cancer Matters

Why is cancer prevention important?
Primary Care and Cancer Matters

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?

Source: Adult smoking habits in the UK, 2017

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifefunctions/bulletins/adultsmokinghabitsingreatbritain/2017
Accessed 25.4.19
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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


(no longer available)
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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>Time</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

The study used going cold turkey as the baseline

- No more successful than cold turkey – probably because people don’t use enough

- 60% More successful

COLD TURKEY Quitting with no support

- 225% More successful

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*

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


WE WILL BEAT CANCER SOONER. cruk.org/smoking

RCGP Royal College of General Practitioners

CANCER RESEARCH UK
Primary Care and Cancer Matters

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.
Primary Care and Cancer Matters

RCGP Position Statement on e-cigarettes

**E-cigarettes**

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• 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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Smoking data (2017)

1/3 of all tobacco is smoked by people with mental health condition
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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

Over 100,000 deaths per year

Let’s beat cancer sooner
cruk.org


Accessed 25.4.19
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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

Accessed 25.4.19
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Why is cancer prevention important?
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Why is cancer prevention important?

Overweight and Obese 2015

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• Prevention – Interactive CRUK risk calculator

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• Why is cancer prevention important?

...doing well, but there is room for improvement
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Why is early diagnosis important?
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Why is early diagnosis important?

Cancer Stage at Diagnosis England 2016

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Why is early diagnosis important?

Cancer Stage at Diagnosis England 2016

Reduce late stage

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Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th></th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>4.00%</td>
</tr>
<tr>
<td>Ovary</td>
<td>4.00%</td>
</tr>
<tr>
<td>Breast</td>
<td>3.80%</td>
</tr>
<tr>
<td>Endometrium</td>
<td>3.70%</td>
</tr>
<tr>
<td>Prostate</td>
<td>2.40%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>2.30%</td>
</tr>
<tr>
<td>Lung</td>
<td>2.00%</td>
</tr>
<tr>
<td>Kidney</td>
<td>2.00%</td>
</tr>
<tr>
<td>Bladder</td>
<td>1.30%</td>
</tr>
<tr>
<td>NHL</td>
<td>0.20%</td>
</tr>
</tbody>
</table>
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How did we do?
Primary Care and Cancer Matters

How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 25.4.19)
### Primary Care and Cancer Matters

**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>
</tr>
<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>
</tr>
<tr>
<td>Jun-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>20.0%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>19.9%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sep-16</td>
<td>19.8%</td>
</tr>
<tr>
<td>Dec-16</td>
<td>19.7%</td>
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<td>Mar-17</td>
<td>19.5%</td>
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<td>19.4%</td>
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<tr>
<td>Sep-17</td>
<td>19.2%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>19.1%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>19.1%</td>
</tr>
<tr>
<td>Jun-18</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

*Source: [http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics) (last accessed 23.4.19)*
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How have we done?

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 23.4.19)
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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 23.4.19)
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How is England doing?

…doing well, but there is room for improvement
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Compared to Europe?
Primary Care and Cancer Matters

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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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...
"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."
<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early detection</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Survivorship</th>
<th>End of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Awareness</td>
<td>Investigations</td>
<td>Surgery</td>
<td>Follow-up</td>
<td>Basic palliation</td>
</tr>
<tr>
<td>Food</td>
<td>Health care seeking</td>
<td>Access</td>
<td>Chemotherapy</td>
<td>Late effects</td>
<td>Specialised</td>
</tr>
<tr>
<td>Immunisations</td>
<td>Screening</td>
<td>Technology</td>
<td>Radiotherapy</td>
<td>Rehabilitation</td>
<td>Social</td>
</tr>
<tr>
<td>Exercise</td>
<td>Access</td>
<td>Decision support</td>
<td>Comorbidity</td>
<td>Health promotion</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Late effects</td>
<td>Specialised</td>
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<tr>
<td>Immunisations</td>
<td>seeking</td>
<td>Technology</td>
<td>Radiotherapy</td>
<td>Rehabilitation</td>
<td>Social</td>
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<td>Exercise</td>
<td>Screening</td>
<td>Decision support</td>
<td>Comorbidity</td>
<td>Health promotion</td>
<td>Bereavement</td>
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<tr>
<td>Environment</td>
<td>Access</td>
<td></td>
<td>Psychology</td>
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</tbody>
</table>

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...
Primary Care and Cancer Matters

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 a 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
The strengths of primary care—its continuous, coordinated, and comprehensive care for individuals and families—are particularly evident in prevention and diagnosis, in shared follow-up and survivorship care, and in end-of-life care.

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

The Lancet Oncology: “The expanding role of Primary Care in Cancer Control”

“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”

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

Value in investing in early diagnosis:
Primary Care and Cancer Matters

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
Primary Care and Cancer Matters

Value in investing in early diagnosis:

• Results?
Primary Care and Cancer Matters

Value in investing in early diagnosis:

- Results?
  - Better medicine – earlier diagnosis (not just of cancer)
  - Fewer consultations
  - Better outcomes
  - Less complaints/litigation
  - Less £££
Primary Care and Cancer Matters

• Living with and beyond cancer:
Primary Care and Cancer Matters

• 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](image-url)
Primary Care and Cancer Matters

• Survivorship:
Primary Care and Cancer Matters

• 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
Primary Care and Cancer Matters

• Survivorship:

Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
Primary Care and Cancer Matters

• Survivorship:

Problems faced by cancer survivors:

• Physical
  • Consequences of treatment
Primary Care and Cancer Matters

• Survivorship:

Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
Primary Care and Cancer Matters

• 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\(^1\).

Primary Care and Cancer Matters

• 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
Primary Care and Cancer Matters

Risk factors common to other long term conditions:
Primary Care and Cancer Matters

Risk factors common to other long term conditions:

Aging population
Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
Primary Care and Cancer Matters

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...
Primary Care and Cancer Matters

Problems faced by cancer survivors:

• Physical
  • Recurrence
Primary Care and Cancer Matters

Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
Primary Care and Cancer Matters

Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
    • Smoking
    • Diet
    • Alcohol
    • Exercise
    • Sun exposure
Primary Care and Cancer Matters

Problems faced by cancer survivors:
  • Second (and third...) cancers.
Primary Care and Cancer Matters

Problems faced by cancer survivors:
- Second (and third...) cancers.
Primary Care and Cancer Matters

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
Primary Care and Cancer Matters

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

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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Primary Care and Cancer Matters

http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/deprivation-gradient#heading-Zero (last accessed 23.8.18)
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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
Primary Care and Cancer Matters

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

Primary Care and Cancer Matters

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

Egg pelvic radiation
Primary Care and Cancer Matters

End of Life Care
Primary Care and Cancer Matters

End of Life Care

Palliative Care

• increasingly seen as “non-curative treatment and support”
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The biggest problem is that our healthcare systems are designed to provide acute care when what we need is chronic care... That's still the case almost everywhere in the world.

— Stephen Connell, senior fellow at the Worldwide Hospice Palliative Care Alliance

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### End-of-life care: The best and the worst

<table>
<thead>
<tr>
<th>Country</th>
<th>Score out of 100</th>
<th>Bottom 10</th>
<th>Score out of 100</th>
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</thead>
<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.5</td>
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<tr>
<td>Australia</td>
<td>91.6</td>
<td>Bangladesh</td>
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<tr>
<td>New Zealand</td>
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<td>Philippines</td>
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<tr>
<td>Belgium</td>
<td>84.5</td>
<td>Myanmar</td>
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<tr>
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<tr>
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<td>France</td>
<td>79.4</td>
<td>China</td>
<td>23.3</td>
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https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%2029%20FINAL.pdf (last accessed 25.4.19)
Primary Care and Cancer Matters

“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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Key to cancer
Primary Care and Cancer Matters

Key to cancer

Education
Education
Education
Primary Care and Cancer Matters

Key to cancer

Education - public
Education - patients
Education - profession
Primary Care and Cancer Matters

Key to cancer

Education - public
Education - patients
Education - profession
Education - policy makers
Primary Care and Cancer Matters

Key to cancer

Education - public
Education - patients
Education - profession
Education - policy makers
Education - politicians
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Insanity:
Primary Care and Cancer Matters

Insanity:

• doing the same thing over and over again and expecting different results
Primary Care and Cancer Matters

Insanity:

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

Albert Einstein 1879-1955
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Our common goal?
Primary Care and Cancer Matters

Our common goal?
Primary Care and Cancer Matters

Our common goal?

We are doing amazingly,
Primary Care and Cancer Matters

Our common goal?
We are doing amazingly, but if resourced we can do even better, and match the best health care systems...

...doing well, but there is room for improvement
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Online learning

• E-cigarettes – RCGP podcast¹ and video²:
  ➢ Suitable for the busy GP – 10 minutes long
  ➢ Addresses key concerns around safety, passive vaping and entry into smoking

• Webinar³ – 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

². https://www.cancerresearchuk.org/health-professional/learning-and-support/online-learning
Primary Care and Cancer Matters

- 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
Primary Care and Cancer Matters

One person can make a difference, and everyone should try.
Primary Care and Cancer Matters

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

John F Kennedy 1917-1963
Primary Care and Cancer Matters

Cancer – why all the interest?

...doing well, but there is room for improvement

Lots......
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Thank you
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Any questions?