Primary Care and Cancer Matters

Novotel, Schooner Way, Cardiff
CF10 4RT

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 Wales and Cancer Research UK Team
  - Wales Cancer Network
  - Novotel 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
- Recognition and referral of Suspected Cancer and the single cancer pathway
  - Lunch and networking
- National Cancer Diagnostic Audit (NCDA) and Learning Events – what can be learnt?
- Lung Cancer in Wales
  - Tea and Coffee
- FIT screening and symptomatic – what do GPs need to know?
- Key take home, evaluation and close
Primary Care and Cancer Matters
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• Aims of the day
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• Cancer: why all the interest?
• The future
• Why is prevention important?
• Why is early diagnosis important?
• Future – where next?
• Survivorship
• End of life care
• September Awareness Month
  • Childhood Cancers
  • Blood Cancers
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Cancer: why all the interest?
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Premature Deaths in England (<75)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Circulatory Disease</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Other</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>Circulatory Disease</td>
<td>Other</td>
<td>Respiratory</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Liver</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Other</td>
</tr>
</tbody>
</table>
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Premature Deaths in England (<75)

1. Circulatory Disease
2. Cancer
3. Liver
4. Respiratory
5. Other

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

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Circulatory Disease</td>
<td>Cancer</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Other</td>
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<tr>
<td>2</td>
<td>Cancer</td>
<td>Other</td>
<td>Liver</td>
<td>Respiratory</td>
<td>Other</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>Liver</td>
<td>Liver</td>
<td>Liver</td>
<td>Other</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

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Royal College of General Practitioners

Cancer Research UK
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Causes of death <75 in England

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

37%
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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

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The changing demographics – age at death

England and Wales

- Males:
  - 1997: 35.1%
  - 2017: 48.2%

- Females:
  - 1997: 56.6%
  - 2017: 64.0%

Accessed 14.9.19

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationssummarytables/2017
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The changing face of cancer...

Proportion of total cancer cases by cancer site in 1993 (observed), 2014 (observed) and 2035 (projected), split by sex.

https://www.nature.com/articles/bjc2016304/figures/2
Accessed 14.9.19
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How are Wales doing?
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How are Wales doing?

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How are Wales doing?

Conversion Rate for all cancer sites by health board for 2017

Detection Rate for all cancer sites by health board for 2017

England 2017

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How have England done?

Detection Rate

Conversion 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

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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.

https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/all-cancers-combined#heading Two
Accessed 21.6.2019
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However...
However...
the perfect storm is brewing:

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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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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

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However...

the perfect storm is brewing:

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

“Ironically, the more we know about the causes of cancer, the more difficult it is to prevent...”

Dr. Margaret Chan, Former Director-General of WHO

Increasing survival

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Cancer – why all the interest?

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

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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%
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Discuss with your neighbour....
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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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Former UN Secretary General Ban Ki-moon
Why is cancer prevention important?

The proportion of cancers which could be prevented \textbf{varies between UK countries}.

- \textbf{England}: 37.3\%
- \textbf{Scotland}: 41.5\%
- \textbf{Wales}: 37.8\%
- \textbf{Northern Ireland}: 38.0\%

\textbf{Percentage of cancer cases each year attributable to risk factors shown}.

https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Zero

Accessed 20.6.2019
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Why is cancer prevention important?

Accessed 14.9.19
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Why is cancer prevention important?

4 IN 10 CANCER CASES IN WALES CAN BE PREVENTED..

- Be smoke free: 3,073 cases
- Keep a healthy weight: 1,040 cases
- Avoid certain substances at work such as asbestos: 765 cases
- Be safe in the sun: 675 cases
- Protect against certain infections such as HPV and H. Pylori: 643 cases
- Eat a high fibre diet: 628 cases
- Drink less alcohol: 621 cases
- Avoid unnecessary radiation including radon gas and x-rays: 467 cases
- Cut down on processed meat: 276 cases
- Avoid air pollution: 196 cases
- Breastfeed if possible: 132 cases
- Minimise HRT use: 107 cases
- Be more active: 100 cases

...MAKE A CHANGE TO REDUCE THE RISK OF CANCER

Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

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Why is cancer prevention important?

Numbers of preventable cancer

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

Number of Cases per Year

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?

One in three cancers are preventable. The most common preventable cancers are lung, bowel, and skin.

Preventable Cancers:
- Lung: 27%
- Bowel: 19%
- Melanoma skin cancer: 17%
- Breast: 10%
- Oesophageal: 9%
- Bladder: 8%
- Kidney: 4%
- Stomach: 4%
- Pancreatic: 3%
- Cervical: 3%
- Other preventable cancer types: 2%

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#headingTwo (last accessed 25.4.19)
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Why is cancer prevention important?

### Primary Care and Cancer Matters

#### Why is cancer prevention important?

<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>-18.0%</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>
<tr>
<td>2018</td>
<td>-27.3%</td>
<td>-28.7%</td>
<td>-30.3%</td>
<td>-18.0%</td>
<td>-27.2%</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

- Current cigarette smoker
- Stopped smoking at 60
- Stopped smoking at 50
- Stopped smoking at 40
- Stopped smoking at 30
- Lifelong non-smoker

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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>Duration</th>
<th>Return (£)</th>
</tr>
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<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
60% More successful
225% More successful

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

Sources:

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

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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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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 = 10,000

LET'S BEAT CANCER SOONER
cruk.org

Accessed 25.4.19
Cost of smoking vs e-cigarettes

Every 3 months, in Great Britain

£540
The average smoker spends around £540 on cigarettes.

£150
The average e-cigarette user spends around £150 on e-liquid and equipment.

Smoking cigarettes costs around 3.5 times as much as using e-cigarettes.

Figures are calculated by the Cancer Intelligence Team, Cancer Research UK, based on data from the Office of National Statistics and other sources. The above figures are intended to act as estimates based on widely available products, their costs and average use. Calculations made: May 2019.

Together we will beat cancer

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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 early diagnosis important?
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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</th>
<th>Later Diagnosis</th>
<th>Cost Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon Cancer</td>
<td>£3,400</td>
<td>£12,500</td>
<td>↓72.8%</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>£4,400</td>
<td>£11,800</td>
<td>↓62.7%</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>£5,300</td>
<td>£15,100</td>
<td>↓64.9%</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>£8,000</td>
<td>£13,100</td>
<td>↓38.9%</td>
</tr>
</tbody>
</table>

↓ = 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_averting_costs.pdf 2.1.19
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Compared to Europe?
Primary Care and Cancer Matters

Compared to Europe?

Lancet paper published 11.9.19

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Compared to Europe?

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

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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?
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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WIN, 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
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• Living with and beyond cancer:

![Cancer Survivorship Graph](image)

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
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• 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
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- 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\(^1\).

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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
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...
Problems faced by cancer survivors:

- Physical
  - Recurrence
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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
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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 depression¹.
  - 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
Primary Care and Cancer Matters

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](https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%2029%20FINAL.pdf)

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

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Childhood Cancer Awareness Month
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Childhood Cancer Awareness Month

Unable to **wee**, or has blood in their wee

An unexplained lump, firmness or swelling anywhere in their body

Persistent **abdominal** pain or swelling

Back pain or bony pain that doesn’t go away

Unexplained bleeding

Feeling **tired** all the time

Frequent **infections** or flu-like symptoms

Unexplained vomiting (being sick)

Unexplained **fever** (high temperatures) or sweating

Unexplained weight loss

**Headaches** that don’t go away

Frequent or unexplained bruising, unusual paleness or a rash of small red or purple spots that can’t be explained

Changes in appearance of the eye or unusual eye reflections in photos
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Childhood Cancer Awareness Month

CHILDHOOD CANCER AWARENESS MONTH

RCGP Royal College of General Practitioners

Cancer Research UK
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Childhood Cancer Awareness Month
1,900 per year
(1 every c 4 years in average 10,000 patient practice)
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Childhood Cancer Awareness Month
1,900 per year
Leukaemias: 30%
CNS tumours: 26%
Lymphomas: 11%
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Childhood Cancer Awareness Month

Three Strikes – And you’re in (to hospital)
Primary Care and Cancer Matters

Blood Cancer Awareness Month
Primary Care and Cancer Matters

Blood Cancer Awareness Month

Cancer deaths in 2016:

- Lung 35,620
- Bowel 16,384
- Prostate 11,631
- Breast 11,563
- Pancreas 9,263
- Oesophagus 8,004
Primary Care and Cancer Matters

Blood Cancer Awareness Month

Cancer deaths in 2016:

- Lung: 35,620
- Bowel: 16,384
- Prostate: 11,631
- Breast: 11,563
- Pancreas: 9,263
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Where do the combined blood cancer deaths come?
# Primary Care and Cancer Matters

## Blood Cancer Awareness Month

Cancer deaths in 2016:

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

Discuss with neighbour...
Primary Care and Cancer Matters

Blood Cancer Awareness Month

Cancer deaths in 2016:

- Lung: 35,620
- Bowel: 16,384
- Blood cancers: 13,015
- Prostate: 11,631
- Breast: 11,563
- Pancreas: 9,263
- Oesophagus: 8,004

Where do the combined blood cancer deaths come?
Primary Care and Cancer Matters

Blood Cancer deaths in 2016:

- Non-Hodgkins Lymphoma: 38%
- Leukaemia: 36%
- Myeloma: 24%
- Hodgkin's Lymphoma: 2%
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Blood Cancer Symptoms NG12:

- Pallor
- Persistent fatigue
- Unexplained fever
- Unexplained persistent or recurrent infection
- Generalised lymphadenopathy
- Unexplained bruising/bleeding/petechiae
- Unexplained bone pain
- Hepatosplenomegaly
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Blood Cancer Awareness Month

Three Strikes – And you’re in (to hospital)
Primary Care and Cancer Matters

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:
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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?
Primary Care and Cancer Matters

Our common goal?
Primary Care and Cancer Matters

Our common goal?
Primary Care and Cancer Matters

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
For health professionals

Primary care and cancer matters

Free to access, high quality evidence-based bite-sized resources specifically for GPs and health professionals

- Primary care and cancer matters – videos (3-8 min)
- Early diagnosis of cancer QI – screencast (5 min)
- RCGP position statement on e-cigarettes – podcast (10 min)
- RCGP position statement on e-cigarettes – video (10 min)
- Smoking cessation webinar – video (20 min)
- Behaviour change and cancer prevention – e-learning (30 min)
- Essentials of smoking cessation – e-learning (30 min)
- Early diagnosis of cancer – e-learning (30 min)
- Talking About Cancer – online course (3 hrs)
- Demystifying targeted cancer treatments – online course (15 hours)
- Oral toolkit – online resource
- Skin toolkit – online resource

cruk.org/hponlinelearning
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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
Primary Care and Cancer Matters

Role of Primary Care

Prevention
Early Diagnosis

Increased survival
Survivorship support
End of life care

Address inequalities
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
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Thank you
Primary Care and Cancer Matters

Any questions?