Cancer Cascade Workshop

Mercure Exeter Southgate Hotel,
Exeter
EX1 1QF

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

What’s new?

• Background setting - Globocan 2018
• Prevention: Obesity and inequalities
• NHS Long term Plan
• FIT
• NCDA 2019 and QOF
• Lung screening
• Smoking
• Where are we...?
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What’s new?

• Globocan 2018

“(Global) Cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018”¹

“…cancer is expected to rank as the leading cause of death and the single most important barrier to increasing life expectancy in every country of the world in the 21st century.”²

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

World Health Organization

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What’s new?
- Globocan 2018
- Most prevalent cancer

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What’s new?

• Globocan 2018
• 2018 Cancer incidence
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What’s new?

• Globocan 2018
• 2018 Cancer mortality
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What’s new?

• Globocan 2018
• 2018 Cancer 5-year prevalence
What’s new?

- Globocan 2018
- Development index vs Cancer incidence
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What’s new?
• Globocan 2018
• UK data
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What’s new?

• Globocan 2018

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

What’s new?

- Globocan 2018

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

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What’s new?
Obesity and inequalities
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What’s new?
Obesity data:
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What’s new?

Obesity data:

Prevalence of obesity in adults (aged 16+)
Source: Health Survey for England

1998-2000

Males

The national prevalence rate is 17.8%
(averaged) for this 5 year time period

Females

The national prevalence rate is 20.6%
(averaged) for this 5 year time period

2010 and 2011 data is calculated by SHAs. Combining South East Coast and South Central SHAs equates to South East GOR.
Adult obesity: BMI ≥ 30kg/m² © Crown copyright and database rights 2017 Ordnance Survey 100020290

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What’s new?

Obesity data:

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What’s new?
Childhood obesity data:
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What’s new?
Childhood obesity data:
Reception year – prevalence of severe obesity

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What’s new?
Childhood obesity data:
Year 6 – prevalence of severe obesity

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What’s new?
Childhood obesity data:
Childhood obesity at Year 6 of primary school

[Graph showing childhood obesity data by deprivation level and year]

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What’s new?
Obesity data: Raising awareness

OB__S___Y
is a cause of cancer
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What’s new?
Obesity data: 24.9.18 Press Release:

BY 2043 OBESITY COULD OVERTAKE SMOKING AS BIGGEST PREVENTABLE CAUSE OF CANCER IN WOMEN
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What’s new?

Obesity strategy:

• Regulation of on-demand and online viewing adverts
• Introduce legislation to restrict multi-buy price promotions on HFSS (high in fat, salt or sugar) foods - e.g. ‘buy one, get one free’, ‘three for the price of two’, and ‘X for £Y’ offers.
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What’s new?
NHS Long Term Plan
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What’s new?
NHS Long Term Plan
Chapter 2: More NHS action on prevention and health inequalities
What’s new?
NHS Long Term Plan
Chapter 2: More NHS action on prevention and health inequalities

• 2.2 improving upstream prevention of avoidable illness and its exacerbations. So for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance ‘supported self-management’ particularly of long-term health conditions.
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What’s new?
NHS Long Term Plan
Chapter 2: More NHS action on prevention and health inequalities
• 2.3 This Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It does so while recognising that a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hardwired into social and economic policy. Indeed, the extra costs to the NHS of socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone
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What’s new?
NHS Long Term Plan
Stronger NHS action on health inequalities
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What’s new?
NHS Long Term Plan
Chapter 3: Further progress on care quality and outcomes
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What’s new?

NHS Long Term Plan
Chapter 3: Further progress on care quality and outcomes

• 3.40. From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer. This will build on the success of the girls’ programme, which has already reduced the prevalence of human papilloma virus (HPV) 16 and 18, the main cancer-causing types, by over 80%. This will reduce cervical and other cancers in both men and women in the future.
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What’s new?
NHS Long Term Plan
Chapter 3: Better care for major health conditions
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What’s new?
NHS Long Term Plan
Chapter 3: Better care for major health conditions

Figure 16: 1- and 5-year net survival for all adult cancers (15 to 99 years), England, 2000 to 2015 (age, sex and cancer-type standardised).

Source: Figure adapted from Health Foundation. Unfinished Business. November 2018.

What’s new?

NHS Long Term Plan

Chapter 3: Better care for major health conditions

3.52. This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. We will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.
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What’s new?
NHS Long Term Plan

Chapter 3: Better care for major health conditions

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What’s new?
NHS Long Term Plan
Chapter 3: Better care for major health conditions
3.53. We will modernise the Bowel Cancer Screening Programme to detect more cancers, earlier...We will lower the starting age for screening from 60 currently to 50.
What’s new?
NHS Long Term Plan
Chapter 3: Better care for major health conditions
3.59. The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer. From 2019, we will start the roll-out of new Rapid Diagnostic Centres (RDCs) across the country to upgrade and bring together the latest diagnostic equipment and expertise.
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What’s new?
NHS Long Term Plan
Chapter 3: Better care for major health conditions
3.64. By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
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What’s new?
NHS Long Term Plan

Milestones for cancer

- From 2019 we will start to roll out new Rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

[Accessed 16.6.19]

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What’s new?
FIT screening – roll out across UK
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What’s new?
NCDA 2019
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What’s new?
NCDA 2019 – as of 11.6.19:
• 1,013 practices signed up
• 57 from Peninsula
What’s new?
NCDA 2019 – as of 11.6.19:
• 1,013 practices signed up (out of 6,993: 14.5%)
• 57 from Peninsula
• Over 2,000 cancer reviews already submitted...
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What’s new?
QOF QI module for 2020/21
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What’s new?
QOF QI module for 2020/21
NHS England are developing a PCN service specification and QOF QI module for 2020/21 focussed on the early diagnosis of cancer.
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What’s new?
QOF QI module for 2020/21

• Taking part in the NCDA in 2019 will allow practices to:
  • obtain bespoke reports on cancer diagnosis at the practice, in the PCN and beyond
  • reflect on how cancers are diagnosed currently
  • highlight and share examples of good practice
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What’s new?
QOF QI module for 2020/21

• Taking part in the NCDA in 2019 will allow practices to:
  • identify diagnostic challenges, local variation, and areas for improvement
  • access dedicated resources, including support from Cancer Research UK Facilitators, to support QI planning
  • This will help the practice and PCN get in the right frame of mind and prepare for delivery of the cancer PCN service spec and QOF QI module work in 2020/21
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What’s new?
Lung “screening” pilots
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What’s new?

Lung “screening” pilots

- The new projects will last initially for four years and NHS England will then evaluate the results to use as a basis for further roll out.

- Areas to receive funding will be: (cf smoking mortality)
  - North East and Cumbria Cancer Alliance – Newcastle Gateshead CCG
  - Greater Manchester Cancer Alliance – Tameside and Glossop CCG
  - Cheshire and Merseyside Cancer Alliance – Knowsley CCG and Halton CCG
  - Lancashire and South Cumbria Cancer Alliance – Blackburn with Darwen CCG and Blackpool CCG
  - West Yorkshire Cancer Alliance – North Kirklees CCG
  - South Yorkshire Cancer Alliance – Doncaster CCG
  - Humber, Coast and Vale Cancer Alliance – Hull CCG
  - East of England Cancer Alliance – Thurrock CCG and Luton CCG
  - East Midlands Cancer Alliance – Corby CCG and Mansfield and Ashfield CCG
  - Wessex Cancer Alliance – Southampton CCG
What’s new?
Lung “screening” pilots

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What’s new?
Lung “screening” pilots
  • “Ahead of the research”
What’s new?
Lung screening

Benefits and Harms of Lung Cancer Screening

For people who have smoked for many years, lung cancer is a common cause of death. When lung cancer is detected early, it can often be cured by treatments such as surgery or radiotherapy, which may save the person’s life. Lung cancer screening uses low-dose computed tomography (CT) scans to find lung cancer before it causes symptoms.

Lung screening is only considered for older people who have smoked for many years. For example, in the USA, lung screening is recommended once a year for people who:
- are aged 55–80 years,
- currently smoke or quit smoking within the past 15 years,
- have smoked 1 pack of cigarettes a day for 30 years or more, or a similar amount, and
- are willing and able to have surgery to cure lung cancer.

People taking part in lung screening are offered counselling about not smoking. Screening and counselling are offered as long as all criteria are met and the person is free of any health problem that limits their life expectancy. Your health-care provider can advise on whether you meet these criteria and help you decide whether lung screening is right for you.

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What’s new?
Lung screening

Accessed 16.9.19
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What’s new?
Lung screening

• 26.9.18: Screening scans 'could cut lung cancer deaths'

NELSON study (conference “highlights” – not yet published)
Study arm – CT scans at 1, 3, and 5.5 years
Control arm – none

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

More research needed…

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What’s new?
Lung screening

• Manchester Health Check Study
• Achieved significant stage shift:

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What’s new?
Lung screening

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

- More research needed…
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What’s new?
Smoking prevalence

Smoking in adults

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

What’s new?
Smoking prevalence

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

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What’s new?
Smoking prevalence

Source: Adult smoking habits in the UK, 2017

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What’s new?
Smoking data (2017)
• 25-34 yos highest smoking rates 19.7%
• 18-24 yos largest fall in prevalence:
  • 2011: 25.7%
  • 2017: 17.8%

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What’s new?
Smoking data (2017)
- Routine and manual occupations: 25.9%
- Intermediate occupations: 16.2%
- Managerial and professional: 10.2%

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What’s new?
Smoking data (2017)

Smoking prevalence, by qualifications

Accessed 16.6.19
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What’s new?
Smoking cessation data:

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What’s new?
Smoking cessation data:

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

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What’s new?
Vaping
• perception of harm

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What’s new?
Vaping
• perception of harm

What’s new?
Vaping
• perception of harm
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What’s new? Vaping

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

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

Over 100,000 deaths per year

LET’S BEAT CANCER SOONER
cruk.org

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What’s new?

• 7.4 million still smoke
• Of these only 43% of those who have never tried vaping correctly identify vaping as less harmful than smoking...

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What’s new?

• 7.4 million still smoke
• Of these only 43% of those who have never tried vaping correctly identify vaping as less harmful than smoking...
• Practice of 10,000: 1,121 smokers
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What’s new?
• 7.4 million still smoke
• Of these only 43% of those who have never tried vaping correctly identify vaping as less harmful than smoking...
• Practice of 10,000: 1,121 smokers
  • of these only 212 “never want to give up smoking”
  • 909 would want to give up at some stage

# Cancer Cascade Workshop

## How have we done?

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<th>Emergency Diagnosis %</th>
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[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 5.6.19)
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Ambition by 2028 and beyond

Proportion of staged cancers diagnosed at stage 1&2, England

NHS England ambition
CRUK ambition
Current trajectory

Royal College of General Practitioners
Cancer Research UK
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What’s new?

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What’s new?

• LOTS...!!!
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What’s new?
• LOTS...!!!

KEEP CALM EXCITING TIMES AHEAD !!
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What’s new?

Thank you...