Primary Care and Cancer Matters

The Strathallan Hotel, 225 Hagley Road
Birmingham, B16 9RY
31st January 2019

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

Housekeeping

- Fire Exits
- Toilets
- Mobile phones
- But do tweet ..........add @CRUKHCPs
- Questions
- Certificates
- Thanks to the team who have set up the day:
  - RCGP and Cancer Research UK Team
  - Strathallan Hotel staff
Primary Care and Cancer Matters

The Day:

- Primary Care and Cancer Matters
- Tea and Coffee
- Bowel Cancer and Symptomatic FIT
- Lunch and networking
- Implementation of NG12 (Recognition and referral of suspected cancer)
- National Cancer Diagnosis Audit and Learning Events (SEAs) – What can be learnt?
- FIT Screening – what do GPs need to know?
- Smoking cessation Project in Primary Care
- Key take home, evaluation and close
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?

#### Causes of death <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>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>

**Which do you think is the correct column?**

*(high to low)*
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Cancer: why all the interest?

Causes of death <75 in England

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<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>Other</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td>Circulatory Disease</td>
<td>Other</td>
<td>Respiratory</td>
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<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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Cancer: why all the interest?

![Diagram of Causes of death <75 in England]

- Cancer: 42%
- Circulatory Disease: 22%
- Respiratory: 9%
- Liver: 6%
- Other: 21%
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Cancer: why all the interest?

Causes of death <75 in England

- Cancer: 42%
- Circulatory Disease: 37%
- Respiratory: 9%
- Liver: 6%
- Other: 21%

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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

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationssummarytables/2017 (last accessed 3.1.19)
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Cancer: why all the interest?

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Office for National Statistics

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 3.1.19)
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Cancer: why all the interest?

[Map and chart with data from Office for National Statistics]

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathregistrationsummarytables/2017 (last accessed 3.1.19)
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Cancer: why all the interest?

Source: Office for National Statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathregistrationsummarytables/2017 (last accessed 3.1.19)
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Cancer – why all the interest?

...doing well, but there is room for improvement
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Why all the interest?

The scale of the challenge in the future?

The perfect storm...

• Aging population
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The perfect storm:
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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

<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>
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</tbody>
</table>
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Aging Population - Centenarians

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 3.1.19
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Aging and Cancer
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Aging and Cancer

http://www.dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&seye=1950&eYear=2013&age=0&agegr=10&agen=9&orientation=1&window=1&grid=1&line=2&moving=1&scale=0&submit=%A0%A0%A0.Execute%A0%A0%A0

Mortality from all cancers

Male
Female
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Aging and Cancer

Mortality from all cancers:
- Male
- Female

Source: http://www.dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&sYear=1950&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%A0

Last accessed 3.1.19
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The Scale of the Challenge?

The perfect storm

• Aging population

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

• Increased survival
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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>
</table>

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Cancer: why all the interest?

• 1 in 2 people born after 1960 will be diagnosed with cancer in their lifetime
• 10 net year survival in England and Wales has improved to reach 50%

• Cancer survival in the UK still lags behind comparable health economies
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%
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€ per capita on cancer

€ 350.00
€ 300.00
€ 250.00
€ 200.00
€ 150.00
€ 100.00
€ 50.00
€

Luxembourg
Switzerland
Germany
Netherlands
Australia
Sweden
Belgium
France
Europe
Norway
Denmark
Italy
Ireland
Slovenia
Malta
Spain
United Kingdom
Greece
Finland
Iceland
Slovakia
Cyprus
Hungary
Czech Republic
Croatia
Poland
Ukraine
Portugal
Bulgaria
Estonia
Latvia
Romania

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

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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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Former UN Secretary General Ban Ki-moon
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

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One (last accessed 3.1.19)
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Why is cancer prevention important?

4 IN 10 CANCER CASES CAN BE PREVENTED...

- Be smoke free
- Keep a healthy weight
- Be safe in the sun
- Avoid certain substances at work such as asbestos
- Protect against certain infections such as HPV and H. Pylori
- Drink less alcohol
- Eat a high fibre diet
- Avoid unnecessary radiation including ration gas and X-rays
- Cut down on processed meat
- Avoid air pollution
- Breastfeed if possible
- Be more active
- Minimize HRT use

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

Larger circles indicate more UK cancer cases.

Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER

cruk.org/prevention
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Why is cancer prevention important?

Smoking Rates in Adults

- England
- Wales
- Scotland
- Northern Ireland
- UK

Years: 2011 to 2017

10.0% to 26.0%
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>
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<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>
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<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>

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifefunctions/datasets/smokinghabitsintheukandsconstituencountries
http://www.gov.scot/Publications/2017/10/6398/downloads#res525327
https://statswales.gov.wales
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Why is cancer prevention important?

Source: Adult smoking habits in the UK, 2017

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifefootnoteexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017
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Smoking mortality
2014-2016


Accessed on 3.1.19
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Why is cancer prevention important?

Smoking Prevalence 2012-16 by Deprivation in England

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Why is cancer prevention important?

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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>Duration</th>
<th>Return (£)</th>
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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>
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</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.
cr.uk.org/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 – 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 – position statement

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RCGP Position Statement on e-cigarettes

**E-cigarettes**
E-cigarettes – position statement

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

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Smoking data (2017)
1/3 of all tobacco is smoked by people with mental health condition
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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

LET’S BEAT CANCER SOONER
cruk.org/vaping

Accessed 3.1.19
Why is cancer prevention important?
Why is cancer prevention important?

Overweight and Obese 2015

https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/overweight-and-obesity#heading-Two (accessed 3.1.19)
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Prevention – Interactive CRUK Risk Quiz

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- Prevention – WCRF report

https://www.wcrf.org/dietandcancer (last accessed 3.1.19)
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Prevention – WCRF report – interactive cancer risk matrix

https://www.wcrf.org/dietandcancer/interactive-cancer-risk-matrix#download_block (last accessed 3.1.19)
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Prevention – WCRF report

https://www.wcrf.org/dietandcancer/interactive-cancer-risk-matrix#download_block (last accessed 3.1.19)
Primary Care and Cancer Matters
Prevention – WCRF report – 10 recommendations

https://www.wcrf.org/dietandcancer/cancer-prevention-recommendations (last accessed 3.1.19)
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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?

**SURVIVAL BY STAGE AT DIAGNOSIS**

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

- **Diagnosed later** at Stage IV:
  - Less than 2 in 10
  - Lung
  - Around 4 in 10

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

Cancer Stage at Diagnosis England 2016

http://www.ncin.org.uk/publications/survival_by_stage(Accessed 17.1.19)
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Why is early diagnosis important?

Cancer Stage at Diagnosis England 2016

Reduction in late stage diagnosis

http://www.ncin.org.uk/publications/survival_by_stage(Accessed 17.1.19)
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Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Type</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>

Minimum increased 5 year survival with 10% increase in stages 1 & 2
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 3.1.19)
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 3.1.19)
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Ambition for 2028 and beyond
What gets missed?

Which indicators of early cancer diagnosis from population-based data sources are associated with short-term mortality and survival?

Patrick Muller*, Sarah Walters, Michel P. Coleman, Laura Woods
Cancer-Survival Group, Department of Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK

ARTICLE INFO

Keywords: Cancer mortality Survival rate Cancer survival Diagnostic interval Early detection Early diagnosis Emergency presentation Population-based Routine data Stage at diagnosis

ABSTRACT

Background: A key component of recent English cancer policy is the monitoring of trends in early diagnosis of cancer. Early diagnosis can be defined by the disease stage at diagnosis or by other indicators derived from electronic health records. We evaluate the association between different early diagnosis indicators and survival, and discuss the implementation of the indicators in surveillance of early diagnosis.

Methods: We searched the PubMed database and grey literature to identify early diagnosis indicators and evaluate their association with survival. We analysed cancer registrations for 355,962 cancer patients diagnosed in England during the period 2009–2013, and quantified the association between each early diagnosis indicator and 30-day mortality and five-year net survival.

Results: Each incremental difference in stage (I–IV) predicts lower 5-year survival, so prognostic information is lost in comparisons which use binary stage indicators. Patients without a recorded stage have high risk of death shortly following diagnosis and lower 5-year survival. Emergency presentation is independently associated with lower five-year survival. Shorter intervals between first symptoms and diagnosis are not consistently associated with improved survival, potentially due to confounding from tumour characteristics.

Conclusion: To monitor early diagnosis, we recommend that all the main indicators should be used to...
Common themes divided into:

- Tumour
- Person
- System
- Diagnostics
- Primary Care
- Secondary Care
Associations between diagnostic pathways and care experience in colorectal cancer: evidence from patient-reported data

Theodosia Salika,1 Gary A Abel,2 Silvia C Mendonca,3 Christian von Wagner,1,4 Cristina Renzi,1 Annie Herbert,1 Sean McPhail, Georgios Lyratzopoulos1,3

ABSTRACT
Objective To examine how different pathways to diagnosis of colorectal cancer may be associated with the experience of subsequent care.
Design Patient survey linked to information on diagnostic route. English patients with colorectal cancer (analysis sample n=6837) who responded

INTRODUCTION
Patient experience is increasingly regarded as a key outcome of cancer care. In England, the current national cancer strategy emphasises the importance of considering the care experience of patients with cancer ‘on a par with clinical effectiveness and safety’, as

How have we done?

Emergency Diagnosis %

<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>
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<td>Jun-14</td>
<td>20.2%</td>
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<td>Sep-14</td>
<td>20.2%</td>
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<td>Mar-15</td>
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<td>19.7%</td>
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<tr>
<td>Jun-17</td>
<td>19.4%</td>
</tr>
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<td>Sep-17</td>
<td>19.2%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>19.0%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>18.8%</td>
</tr>
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</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 3.1.19)
Primary Care and Cancer Matters

How have we done?

Early Stage Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Early Stage Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>46.0%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>47.0%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>48.0%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>49.0%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>50.0%</td>
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<tr>
<td>Dec-14</td>
<td>50.0%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>50.5%</td>
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<tr>
<td>Jun-15</td>
<td>50.9%</td>
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<tr>
<td>Sep-15</td>
<td>51.6%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>52.1%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>52.3%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>52.4%</td>
</tr>
<tr>
<td>Sep-16</td>
<td>52.4%</td>
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<tr>
<td>Dec-16</td>
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Primary Care and Cancer Matters

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 3.1.19)
Primary Care and Cancer Matters

How have we done?

1 Year Survival

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/table1to161yearcancersurvivalbyclinicalcommissioninggroupinenglandwith95confidenceintervals (last accessed 3.1.19)
Primary Care and Cancer Matters

How are devolved nations doing?

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

Compared to Europe?
Primary Care and Cancer Matters

However compared to Europe?

LATEST CANCER SURVIVAL FIGURES

ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS


% OF ADULTS SURVIVING THEIR CANCER FIVE YEARS OR MORE AFTER DIAGNOSIS

0 10 20 30 40 50 60 70 80 90 100%

LUNG CANCER OVARIAN CANCER BREAST CANCER

AUSTRALIA
CANADA
DENMARK
ENGLAND
NORWAY
SWEDEN

The latest data show England continues to improve...

ENGLAND 2010–2012

...but we don’t yet know how the other countries compare.

http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/
Primary Care and Cancer Matters

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Primary Care and Cancer Matters

Why do we lag behind other Health Systems?
Primary Care and Cancer Matters
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

Primary Care and Cancer Matters

Gate openers...
# Primary Care and Cancer Matters

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early detection</th>
<th>Diagnosis</th>
<th>Treatment</th>
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Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so…
Primary Care and Cancer Matters

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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
Primary Care and Cancer Matters

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

“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”
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:

![Cancer Survivorship Chart](chart)

Projections of cancer prevalence in the United Kingdom, 2010–2040 J Maddams, M Utey and H Moller
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
RCGP and Cancer Research UK Workshop

• 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\(^1\).

\(^1\) Macmillan Cancer Support. Routes from Diagnosis research programme. Unpublished data.
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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

- Royal College of General Practitioners
- 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
• Weight
• Alcohol
• Exercise
• Sun exposure
Primary Care and Cancer Matters

Risk factors common to other long term conditions:

Aging population

Lifestyles less healthy:
• Smoking
• Weight
• 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
• Weight
• 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.
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
Second (and third...) cancers.

Many preventable (c 40%):

• Smoking
• Weight
• Alcohol
• Exercise
• Sun exposure

https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-One Accessed 17.1.19
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

---

Primary Care and Cancer Matters

Problems faced by cancer survivors:
• Physical
• Psychological
• Social
  • Consequences of treatment – impact on family and communities.
  • Pre-existing – deprivation gradient
Primary Care and Cancer Matters

![Bar chart showing cancer incidence rates per 100,000 people by deprivation quintile for males and females. Rates increase from the least deprived to the most deprived quintile.](http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/deprivation-gradient#headingZero)
Primary Care and Cancer Matters

Problems faced by cancer survivors:
- Physical
- Psychological
- Social
- Financial
  - Consequences of treatment
  - Loss of job/overtime for patient and carer
Primary Care and Cancer Matters

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

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
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”
Primary Care and Cancer Matters

End of Life Care
Primary Care and Cancer Matters

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

<table>
<thead>
<tr>
<th>Top 10</th>
<th>Score out of 100</th>
<th>Bottom 10</th>
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<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.6</td>
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<td>Australia</td>
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</table>

“The biggest problem is that our healthcare systems are designed to provide acute care when we need chronic care... That's still the case almost everywhere in the world.”

—Stephen Conner, senior fellow at the WorldWide Hospice Palliative Care Alliance

https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%20%20FINAL.pdf (last accessed 3.1.19)
Primary Care and Cancer Matters

End of Life Care

• A third of those diagnosed with cancer will die from their disease
• Most express preference to die at home
Primary Care and Cancer Matters

Dying at home 2010-12

Percentage of deaths (persons, all ages) in hospital, care home, home and hospice, England, 2004 to 2016

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
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
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Online learning resources for health care professionals

RCGP

Cancer Research UK

Gateway C

Doctors.net
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:
• doing the same thing over and over again and expecting different results

Albert Einstein 1879-1955
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,
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
Primary Care and Cancer Matters

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**

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
Decreased mortality
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.....
Primary Care and Cancer Matters

Thank you
Primary Care and Cancer Matters

Any questions?