Primary Care and Cancer Matters

La Mon Hotel, 41 Gransha Road
Comber BT23 5RF

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

Housekeeping

- Fire Exits
- Toilets
- Mobile phones
- Questions
- Certificates
- Thanks to the team who have set up the day:
  - RCGP and Cancer Research UK Team
  - La Mon Hotel Staff
Primary Care and Cancer Matters

The Day:

- Welcome and Introduction
- Primary Care and Cancer Matters
  - Tea and Coffee
- The Northern Ireland Landscape
  - Lunch and networking
- How not to miss a cancer – what can learning events tell us?
- Cancer prevention in Primary Care – a collective role?
- Making a difference to lung cancer survival in Northern Ireland
- Key take home, evaluation and close
Primary Care and Cancer Matters
Primary Care and Cancer Matters

- Cancer: why all the interest?
- The future
- Why is prevention important?
- Why is early diagnosis important?
- Future – where next?
- Survivorship
- End of life care
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Cancer: why all the interest?
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Loss of life years <75

1. Circulatory Disease
2. Cancer
3. Gastrointestinal
4. Mental Health
5. Accidents

1. Cancer
2. Circulatory Disease
3. Mental Health
4. Gastrointestinal
5. Accidents

1. Circulatory Disease
2. Cancer
3. Mental Health
4. Accidents
5. Gastrointestinal

1. Cancer
2. Mental Health
3. Circulatory Disease
4. Accidents
5. Gastrointestinal
## Loss of life years <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. Accidents</td>
<td>5. Accidents</td>
<td>5. Gastrointestinal</td>
<td>5. Gastrointestinal</td>
</tr>
</tbody>
</table>

Which do you think is the correct column? (high to low)
Loss of life years <75

1. Circulatory Disease
2. Cancer
3. Gastrointestinal
4. Mental Health
5. Accidents

2. Circulatory Disease
1. Cancer
3. Mental Health
4. Gastrointestinal
5. Accidents

3. Circulatory Disease
1. Cancer
2. Cancer
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4. Accidents
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4. Cancer
1. Cancer
2. Mental Health
3. Circulatory Disease
4. Accidents
5. Gastrointestinal
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Northern Ireland deaths
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Northern Ireland deaths

NI Cause of death 2017

Accessed 23.2.19
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NI - Cause of death in 2017

- Cancer: 29%
- Circulatory Diseases: 28%
- Respiratory: 24%
- Other Causes: 13%
- External Causes: 6%

Accessed 23.2.19

Primary Care and Cancer Matters:

Cancer: why all the interest?

All age cause of death Northern Ireland

Primary Care and Cancer Matters:

Cancer: why all the interest?

All age cause of death Northern Ireland

2011 – Cancer became the leading cause of death in NI

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Cancer: why all the interest?

https://heart.bmj.com/content/102/24/1945 (last accessed 21.2.19)
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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

[Graph showing life expectancy from 1960 to 2015 for the UK and high-income countries.]

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Aging Population - Centenarians

# 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 3.1.19
Primary Care and Cancer Matters
Aging and Cancer
Primary Care and Cancer Matters

Aging and Cancer

Male
Female
Mortality from all cancers

http://www.dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&eYear=2013&age=0&agegr=10&orientation=1&window=2&grid=1&line=2&moving=1&scale=0&submit=A0%A0%A0Execute%A0%A0 last accessed 3.1.19
Primary Care and Cancer Matters

Aging and Cancer

Male
Female
Mortality from all cancers

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%A0_EXECUTE%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
• 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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• Diet
• Alcohol
• Exercise
• Sun exposure

Increasing survival
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 one or more cancers in their lifetime
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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www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#heading-One (Accessed 3.1.19)
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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....
Primary Care and Cancer Matters

Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

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

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

Luxembourg: €364
Switzerland: €319
Germany: €184
Netherlands: €138
Austria: €128
Sweden: €128
Belgium: €128
France: €128
Norway: €128
Denmark: €128
Italy: €128
Ireland: €128
Spain: €128
Slovenia: €128
Malta: €128
Finland: €128
Greece: €128
United Kingdom: €128
Iceland: €128
Ireland: €128
Cyprus: €128
Cyprus: €128
Cyprus: €128

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5 Year Survival and per capita cancer spend

(Accessed 3.1.19)
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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?

Numbers of preventable cancer types

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

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

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading (last accessed 3.1.19)
Primary Care and Cancer Matters

Why is cancer prevention important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#headingTwo (last accessed 3.1.19)
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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?

http://www.publichealth.hscni.net/sites/default/files/Tobacco%20Control%20Northern%20Ireland%202015.pdf
Primary Care and Cancer Matters
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

- 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

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RCGP Position Statement on e-cigarettes
E-cigarettes

E-cigarettes – re-position statement

- Using their clinical judgement on an individual patient basis, PCCs may wish to promote EC use as a means to stopping. Patients choosing to use an e-cigarette in a quit attempt should be advised that seeking behavioural support alongside e-cigarette use increases the chances of quit success further. Most SSS are EC friendly and patients can be advised to bring one to their appointment if they would like to quit using their device.
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.
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

Smoking and mental health: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists, Royal College of Physicians/Royal College of Psychiatrists. Accessed 3.1.19
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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 = 10,000

LET'S BEAT CANCER SOONER

cr.uk.org

Accessed 3.1.19
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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

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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#headingTwo (accessed 3.1.19)
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• Prevention – Interactive CRUK risk calculator

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

SURVIVAL BY STAGE AT DIAGNOSIS

- = People surviving their cancer for one year or more

Diagnosed earlier at stage I

-around 8 in 10 (lung)
- less than 2 in 10

Diagnosed later at stage IV

-more than 9 in 10 (bowel)
- around 4 in 10

Data for people diagnosed in England in 2014

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

NI Stage at diagnosis - all cancers (ex NMSC) 2012-16

https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/BySite/All-Cancers-excl-NMSC/ (Accessed 26.2.19)
Why is early diagnosis important?

NI Stage at diagnosis - all cancers (ex NMSC) 2012-16

Reduce late stage

https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/BySite/All-Cancers-excl-NMSC/ (Accessed 26.2.19)
Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Survival Rate</th>
</tr>
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<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>
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</table>
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How did we do?
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How did England do? (NI data being released later in year)

Conversion Rate

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>10.8%</td>
<td>10.3%</td>
<td>10.0%</td>
<td>9.4%</td>
<td>9.0%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

Detection Rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>42.4%</td>
<td>43.7%</td>
<td>45.0%</td>
<td>46.3%</td>
<td>47.4%</td>
<td>48.4%</td>
<td>49.7%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 3.1.19)
Primary Care and Cancer Matters

How did England do? (NI data being released later in year)

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 3.1.19)
Primary Care and Cancer Matters

How have we done?

Emergency Diagnosis %

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 3.1.19)
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How have we done?

<table>
<thead>
<tr>
<th>Month</th>
<th>Early Stage Diagnosis</th>
</tr>
</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>
</tr>
<tr>
<td>Dec-14</td>
<td>50.0%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>50.5%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>50.9%</td>
</tr>
<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>
</tr>
<tr>
<td>Dec-16</td>
<td>52.4%</td>
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<tr>
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<tr>
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</tbody>
</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 3.1.19)
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Ambition by 2028

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?

NI 1 year cancer survival

https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/ (last accessed 26.2.19)
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How is Scotland doing?

...doing well, but there is room for improvement
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Compared to Europe?
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Compared to Europe?

http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/
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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...
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The expanding role of primary care in cancer control

"For a long time, the role of primary care in cancer was largely seen as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important."
## Primary Care and Cancer Matters

<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>
</tbody>
</table>

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**Royal College of General Practitioners**

**Cancer Research UK**
Primary Care and Cancer Matters

<table>
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<tr>
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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 as peripheral, but as prevention, diagnosis, survivorship, and end-of-life care assume greater importance in cancer policy, the defining characteristics of primary care become more important”

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

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

• Results?
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Value in investing in early diagnosis:

• Results?
  • Better medicine – earlier diagnosis (not just of cancer)
  • Fewer consultations
  • Better outcomes
  • Less complaints/litigation
  • Less £££
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• 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 showing projections of cancer prevalence in the United Kingdom, 2010–2040](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
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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:
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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
      - 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](chart.png)
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Risk factors common to other long term conditions:
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Risk factors common to other long term conditions:

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

Aging population

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

Hypertension
Heart disease
Stroke
Diabetes
Dementia
Mental Health Problems...
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Problems faced by cancer survivors:

• Physical
  • Recurrence
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Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
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.
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
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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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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 – deprivation gradient

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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
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
  - Egg pelvic radiation
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End of Life Care

Palliative Care

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Score out of 100</th>
<th>Bottom 10</th>
<th>Score out of 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.5</td>
</tr>
<tr>
<td>Australia</td>
<td>91.6</td>
<td>Bangladesh</td>
<td>14.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>87.6</td>
<td>Philippines</td>
<td>15.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>85.8</td>
<td>Nigeria</td>
<td>16.9</td>
</tr>
<tr>
<td>Belgium</td>
<td>84.5</td>
<td>Myanmar</td>
<td>17.1</td>
</tr>
<tr>
<td>Taiwan</td>
<td>83.1</td>
<td>Dominic Republic</td>
<td>17.2</td>
</tr>
<tr>
<td>Germany</td>
<td>82</td>
<td>Guatemala</td>
<td>20.9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>80.9</td>
<td>Iran</td>
<td>21.2</td>
</tr>
<tr>
<td>US</td>
<td>80.8</td>
<td>Botswana</td>
<td>22.8</td>
</tr>
<tr>
<td>France</td>
<td>79.4</td>
<td>China</td>
<td>23.3</td>
</tr>
</tbody>
</table>

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 Canon, senior fellow at the World Health Organization

[https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%202019%20FINAL.pdf](https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%202019%20FINAL.pdf) (last accessed 3.1.19)
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“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
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Key to cancer

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

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

Insanity:

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

Albert Einstein 1879-1955

Royal College of General Practitioners

Cancer Research UK
Primary Care and Cancer Matters

Our common goal?
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Our common goal?
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Our common goal?

We are doing amazingly,
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 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

• [https://www.cancerresearchuk.org/health-professional/learning-and-support/online-learning](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?