Vision

All patients in the UK receive optimal* cancer treatment

*evidence-based, clinically effective treatment, delivered to the highest quality and tailored to each patient’s needs
Endometrial Treatment Variation

**Background**

- **6,900+ new cases** of endometrial cancer each year in England – 90% of all uterine cases
- **Aim** to quantify geographic variation in the use of lymphadenectomy and/or external beam radiotherapy for endometrial cancer in England

**Methods**

- Patients with stage 1-3 diagnosed between 2013-2016 in England (N=22,483)
- **Multivariate logistic regression models** to look at the effects of case-mix variables
- Calculated **adjusted treatment access rates** for all Cancer Alliances (CA)

**Results**

- Substantial variation by Cancer Alliance in the proportion receiving lymphadenectomy (range 5% - 48%), and external beam radiotherapy (range 10% - 31%)
- Different approaches to clinical practice were identified:
  - 1 CA had high use of lymphadenectomy and lower radio
  - 3 had high use of lymphadenectomy and radio
  - 1 had low lymphadenectomy use and high radio use
  - 3 had low use of both lymphadenectomy and radio

**Conclusions**

- Lymphadenectomy is probably used to triage for radiotherapy when lymphadenectomy use is high and radiotherapy use is low.
- The result of variation in local endometrial cancer management guidelines – suggests these need clarifying
Background

- Poor survival for NSCLC cancer in the UK compared to other high-income countries
- Regional variation in survival within the UK
- Aim was to assess geographical variation in access to treatment and what factors would explain this variation

Methods

- Patients with stage 3 diagnosed between Jan 2015-June 2016 in England (N=7,143)
- Multivariate multinomial regression model to look at the effects of case-mix variables
- Calculated adjusted treatment access rates for all Cancer Alliances (CA) to see if different from England average
- Repeated all analyses on patients older patients (75+)

Results

Results pending

- 8 combinations of treatment
  - Radiotherapy only
  - Chemotherapy only
  - Surgery only
  - Surgery & chemo
  - Surgery & radio
  - Chemo & radio
  - Surgery, chemo & radio
  - No recorded treatment

Impact

Understanding this variation in accessing treatment will inform policy makers and commissioners regarding where efforts should be focused, to ensure equitable access to effective treatment for patients, and improve patient outcomes.
Ovarian Treatment Variation

**Background**
- **Poor survival** for ovarian cancer in the UK compared to other high-income countries
- Regional variation in survival within the UK
- **Aim** was to assess geographical variation in access to treatment and what factors would explain this variation

**Methods**
- Patients with stage 2-4 diagnosed between 2015-2016 in England (N=9,188)
- **Multivariate multinomial regression model** to look at the effects of case-mix variables
- Calculated **adjusted treatment access rates** for all Cancer Alliances (CA) to see if different from England average
- Repeated all analyses on patients older patients (75+)

**Results pending**
- 4 combinations of treatment
  - Surgery and chemotherapy
  - Chemotherapy only
  - Surgery only
  - No recorded treatment

**Conclusions**
Understanding variation in accessing treatment will inform policy makers and commissioners regarding where efforts should be focused, to ensure equitable access to effective treatment for patients, and improve patient outcomes.
Future work

• Expanding current analyses to include pancreatic and bladder cancers
• Planned refreshes of analyses to track change over time

• BUT....
  • How can Cancer Alliances use these data?
  • How can we best communicate our results?
  • Is there other information which would be useful?
  • Can Cancer Alliances support Cancer Research UK in prioritising and planning future projects?

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