Primary Care and Cancer Matters

Holiday Inn, Warmsworth, Doncaster, DN4 9UX

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 South Yorkshire North Trent Faculty
  • Cancer Research UK Team
  • Holiday Inn Staff
Primary Care and Cancer Matters

The Day:

- Welcome
- Primary Care and Cancer Matters – where are we now and where are we heading?
  - Tea and Coffee
- Overview & Implementation of NICE Guideline NG12: Recognition and referral of Suspected Cancer
  - Lunch and networking
- Learning Event & National Cancer Diagnostic Audit (NCDA)
- Lung Cancer
- Bowel Cancer and FIT implementation
- Key take home, evaluation and close
Primary Care and Cancer Matters
Primary Care and Cancer Matters

Cancer Research UK Facilitator Programme
Free, practical support to help your practice improve cancer early diagnosis and prevention

Tailored to your practice’s needs

facilitators@cancer.org.uk
Quality improvement support: face-to-face and tailored to your practice’s needs

- Improved screening uptake
- Better symptomatic patient management
- Effective patient conversations about prevention

Learning sessions for clinical and non-clinical staff

Practical help to improve processes and get more from clinical systems

Access to the latest evidence, resources and best practice

Support for reflective practice: data review, audits and learning event analyses

“I would encourage anyone to invite them in - visits totally re-motivate my surgery” GP, Yorkshire
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• Aims of the day
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
- November Awareness Month
  - Oral Cancers
  - Pancreatic Cancer
  - Mens’ cancers (prostate and testicular)
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Cancer: why all the interest?
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Premature Deaths in England (<75)

1. Cardiovascular
2. Cancer
3. Liver
4. Respiratory
5. Other

1. Cancer
2. Other
3. Cardiovascular
4. Liver
5. Respiratory

1. Cancer
2. Cardiovascular
3. Other
4. Respiratory
5. Liver

1. Cardiovascular
2. Cancer
3. Respiratory
4. Liver
5. Other
<table>
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<tr>
<th>Column</th>
<th>1</th>
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<th>3</th>
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<tr>
<td>1.</td>
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<td>Cancer</td>
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<td>3.</td>
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<td>Cardiovascular</td>
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<td>Respiratory</td>
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<td>Other</td>
<td>Respiratory</td>
<td>Liver</td>
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## Primary Care and Cancer Matters

### Premature Deaths in England (<75)

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<tr>
<td>1.</td>
<td>Cardiovascular</td>
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<td>Liver</td>
<td>Respiratory</td>
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<td>Other</td>
<td>Respiratory</td>
<td>Liver</td>
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<td>4.</td>
<td>Respiratory</td>
<td>Liver</td>
<td>Other</td>
<td>Liver</td>
<td>Other</td>
</tr>
</tbody>
</table>
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- Cancer: 40%
- Cardiovascular: 22%
- Respiratory: 10%
- Liver: 6%
- Other: 22%

https://fingertips.phe.org.uk (last accessed 26.10.19)
Cancer – why all the interest?

Age standardised death rates in England and Wales 2001-2017 (All Age)

2011 – Cancer became the leading cause of death in UK

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The changing demographics – age at death

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The changing face of cancer...

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

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

Conversion Rate

Detection Rate

Primary Care and Cancer Matters
How are we doing?

Conversion Rate

Detection Rate

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How have the UK done?
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How have the UK done?

All Cancers Combined, Observed Deaths, and Expected Deaths if Mortality Rates Had Not Fallen from Peak, UK, 1979-2016

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How have the UK done?

An estimated 832,000 cancer deaths had been avoided in the UK by 2016 because mortality rates dropped from their peak levels in the 1980s.

https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/all-cancers-combined#heading Two

Accessed 26.10.2019
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However...
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However...
the perfect storm is brewing:
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However…
the perfect storm is brewing:
Aging population

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However...
the perfect storm is brewing:
Aging population
• Lifestyles less healthy:
  • Smoking
  • Diet
  • Alcohol
  • Exercise
• Sun exposure

Increasing survival
Primary Care and Cancer Matters

However...
the perfect storm is brewing:
Aging population

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

“Non-communicable diseases are a slow-motion disaster; these are the diseases that break the bank”.
Dr. Margaret Chan, Former Director-General of WHO

Increasing survival
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Cancer – why all the interest?

The Future:
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The perfect storm:

Numbers of cancers (ex NMSC)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2040</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>401,507</td>
<td>538,481</td>
<td>33.8%</td>
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<tr>
<td>Global</td>
<td>17.0 million</td>
<td>27.5 million</td>
<td>61.4%</td>
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</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
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10 year survival has improved to reach 50% surviving their disease
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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%
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Discuss with your neighbour....
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5 Year Survival and per capita cancer spend

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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
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Why is cancer prevention important?

The proportion of cancers which could be prevented varies between UK countries.

% Cancer cases preventable

- England: 37.3%
- Scotland: 41.5%
- Wales: 37.8%
- Northern Ireland: 38.0%

Tobacco smoking
Overweight and obesity
Radiation UV
Occupation
Infections
Alcohol

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Why is cancer prevention important?

The proportion of cancers which could be prevented varies between UK countries

[Chart showing percentage of cancer cases attributable to risk factors such as tobacco smoking, overweight and obesity, radiation UV, occupation, infections, and alcohol, with a breakdown for England, Scotland, Wales, and Northern Ireland.]

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Why is cancer prevention important?

Together we can help beat cancer in Doncaster Central

This data refers to:
CCG: NHS Doncaster CCG
Local Authority (LA): Doncaster
Cancer Alliance: South Yorkshire and Bassetlaw

We have chosen data most relevant to your constituency.
The following CCG(s) cover your area: NHS Doncaster CCG

Around 1,900 cancer cases per year in this CCG

Around 940 cancer deaths per year in this CCG

1 in 2 people will get cancer in their lifetime. Rising referrals and a growing population will increase pressure on cancer services. To achieve world-class outcomes for patients, Government must tackle preventable risk factors and address shortages in the cancer workforce.

Compared to average:

Better
Better and ‘Worse’ means that the difference from the average is statistically significant. ‘Similar’ is when it is not.

Smoking
19.6% of adults currently smoke cigarettes in this LA. This is higher than the England average (14.4%).

Action: Ask the Chancellor to provide sustainable funding for public health and introduce a levy on tobacco manufacturers’ profits so the polluter pays.

Childhood obesity
24.6% of 4-5 year-olds are overweight or obese in this LA. This is higher than the England average (22.4%).

Action: Ask the Culture Secretary to support families and implement a 9pm watershed for junk food adverts on TV and on-demand.

Almost 4 in 10 cancer cases in England could be prevented.

Smoking is the largest preventable cause of cancer in England.

Overweight and obesity is England’s second largest preventable cause of cancer. Obese children are around five times more likely to be obese adults.

Together we can prevent more cancers

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Why is cancer prevention important?

Numbers of preventable cancer by type:

- 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 26.10.19)
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Why is cancer prevention important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One (last accessed 26.10.19)
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Why is cancer prevention important?

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Two (last accessed 26.10.19)
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Why is cancer prevention important?
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Why is cancer prevention important?

% drop in smoking prevalence compared to 2011 baseline

<table>
<thead>
<tr>
<th></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>
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<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>
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<tr>
<td>2015</td>
<td>-14.6%</td>
<td>-18.8%</td>
<td>-18.4%</td>
<td>0.5%</td>
<td>-14.9%</td>
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<tr>
<td>2016</td>
<td>-21.7%</td>
<td>-24.2%</td>
<td>-24.4%</td>
<td>-4.2%</td>
<td>-21.8%</td>
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<tr>
<td>2017</td>
<td>-24.7%</td>
<td>-27.8%</td>
<td>-30.3%</td>
<td>-12.7%</td>
<td>-25.2%</td>
</tr>
<tr>
<td>2018</td>
<td>-27.3%</td>
<td>-28.7%</td>
<td>-30.3%</td>
<td>-18.0%</td>
<td>-27.2%</td>
</tr>
</tbody>
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Why is cancer prevention important?

Smoking prevalence in adults (18+)

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Why is cancer prevention important?

Figure 4.1: Effects of stopping smoking at various ages on the cumulative risk (%) of death from lung cancer by age 75 for men

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

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Why is cancer prevention important?

£1 investment leads to a return of (including NHS savings and value of health gains)

<table>
<thead>
<tr>
<th>Time</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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</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: 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


RCGP Royal College of General Practitioners

WE WILL BEAT CANCER SOONER. cancerresearchuk.org/smoking
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E cigarettes and Primary Care
A cross-sectional survey of nurses and GPs across the UK

Accessed 26.10.19
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E cigarettes and Primary Care
A cross-sectional survey of nurses and GPs across the UK
• 24.9% of nurses, and 12.8% of GPs would “often” or “always” advise a patient to use an e-cigarette only if making a quit attempt
• 43.5% of nurses, and 20.8% of GPs said that the majority of patients who smoke raised the topic of e-cigarettes
• 43.4% of clinicians agreed that they were safe enough to use, while 36.6% were unsure

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E cigarettes and Primary Care
A cross-sectional survey of nurses and GPs across the UK
• 61.4% of nurses and 57.2% of GPs felt there was insufficient information to endorse e-cigarettes
• 20.7% of nurses and 16.0% of GPs would never recommend using e-cigarettes to patients who smoke tobacco
• 78.2% of nurses and 62.1% of GPs would like more training on e-cigarettes

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RCGP Position Statement on e-cigarettes
Primary Care and Cancer Matters

RCGP Position Statement on e-cigarettes

**E-cigarettes**

E-cigarettes – re-position statement

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

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RCGP Position Statement on e-cigarettes

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

• PCCs recognise ECs offer a wide reaching, low-cost opportunity to reduce smoking (especially in deprived groups in society and those with poor mental health, both having elevated rates of smoking). In the UK, though start-up costs can be higher, it likely to be less expensive to use an EC over time than it is to smoke
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Smoking data (2017)

1/3 of all tobacco is smoked by people with mental health condition
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The evidence so far shows that e-cigarettes are far safer than smoking

1. E-cigarettes contain nicotine but **not cancer causing tobacco**
2. Nicotine is addictive, but does **not cause cancer**
3. Tobacco is the biggest cause of preventable death in the UK
   - Over 100,000 deaths per year
4. Passively breathing vapour from e-cigarettes is unlikely to be harmful
5. Growing evidence shows e-cigarettes are helping people to **stop smoking**
Cost of smoking vs e-cigarettes

Every 3 months, in Great Britain

- **£540**: The average smoker spends around £540 on cigarettes.
- **£150**: The average e-cigarette user spends around £150 on e-liquid and equipment.

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

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

Together we will beat cancer

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Why is cancer prevention important?
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Why is cancer prevention important?

Overweight and Obese 2015

https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/overweight-and-obesity#heading-
Two (accessed 26.10.19)
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- Prevention – Interactive CRUK risk calculator

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Why is early diagnosis important?

SURVIVAL BY STAGE AT DIAGNOSIS

= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED EARLIER AT STAGE I

DIAGNOSED LATER AT STAGE IV

AROUND 8 IN 10 LUNG

LESS THAN 2 IN 10

MORE THAN 9 IN 10 BOWEL

AROUND 4 IN 10

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

WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

- **Colon Cancer**
  - EARLIER DIAGNOSIS (STAGE 1): £3,400
  - LATER DIAGNOSIS (STAGE 4): £12,500
  - Survival: More than 9 in 10 survive 5 or more years vs. Less than 1 in 10 survive 5 or more years
  - Cost savings: ↓72.8%

- **Rectal Cancer**
  - EARLIER DIAGNOSIS (STAGE 1): £4,400
  - LATER DIAGNOSIS (STAGE 4): £11,800
  - Survival: More than 9 in 10 survive 5 or more years vs. Less than 1 in 10 survive 5 or more years
  - Cost savings: ↓62.7%

- **Ovarian Cancer**
  - EARLIER DIAGNOSIS (STAGE 1): £5,300
  - LATER DIAGNOSIS (STAGE 4): £15,100
  - Survival: Almost 9 in 10 survive 5 or more years vs. Less than 1 in 10 survive 5 or more years
  - Cost savings: ↓64.9%

- **Lung Cancer**
  - EARLIER DIAGNOSIS (STAGE 1): £8,000
  - LATER DIAGNOSIS (STAGE 4): £13,100
  - Survival: More than 3 in 10 survive 5 or more years vs. Less than 1 in 10 survive 5 or more years
  - Cost savings: ↓38.9%

*Estimated cost of treating a patient
*Rectal and Colon Cancer survival is based on bowel statistics

http://www.cancerresearchuk.org/sites/default/files/saving_lives_averting_costs.pdf 2.1.19
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Compared to Europe?
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Compared to Europe?

Lancet paper published
11.9.19

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Compared to Europe?

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Why do we lag behind other Health Systems?
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Why do we lag behind other Health Systems?

- International Cancer Benchmarking Partnership
  - As gatekeepers – the gate needs to be wider
  - Outcomes closely linked to “readiness to act”
  - Patients fear wasting GP time

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Gate openers...
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>
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<tr>
<td>Tobacco</td>
<td>Awareness</td>
<td>Investigations</td>
<td>Surgery</td>
<td>Follow-up</td>
<td>Basic palliation</td>
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<td>Health care seeking</td>
<td>Access</td>
<td>Chemotherapy</td>
<td>Late effects</td>
<td>Specialised</td>
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<tr>
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<td>Screening</td>
<td>Technology</td>
<td>Radiotherapy</td>
<td>Rehabilitation</td>
<td>Social</td>
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<td>Access</td>
<td>Decision support</td>
<td>Comorbidity</td>
<td>Health promotion</td>
<td>Bereavement</td>
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<tr>
<td>Environment</td>
<td></td>
<td></td>
<td>Psychology</td>
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- **Primary Care and Cancer Matters**

- **Prevention**
  - Tobacco
  - Food
  - Immunisations
  - Exercise
  - Environment

- **Early detection**
  - Awareness
  - Health care seeking
  - Screening
  - Access

- **Diagnosis**
  - Investigations
  - Access
  - Technology
  - Decision support

- **Treatment**
  - Surgery
  - Chemotherapy
  - Radiotherapy
  - Comorbidity
  - Psychology

- **Survivorship**
  - Follow-up
  - Late effects
  - Rehabilitation
  - Health promotion

- **End of life**
  - Basic palliation
  - Specialised
  - Social
  - Bereavement

---

*RCGP Royal College of General Practitioners*
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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 could (should?) have a part to play throughout the cancer pathway, and is well placed to do so... if adequately resourced...
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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
Primary Care and Cancer Matters

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The Lancet Oncology, Vol. 16, No. 12
Primary Care and Cancer Matters

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The Lancet Oncology, Vol. 16, No. 12
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
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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

Value in investing in early diagnosis:

• Results?
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  • Fewer consultations
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  • Less complaints/litigation
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WIN, WIN, WIN, WIN…
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 Graph](image)

**Projections of cancer prevalence in the United Kingdom, 2010–2040** J Maddams, M Utley and H Møller
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
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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:
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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 treatment¹.

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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
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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
Primary Care and Cancer Matters

Risk factors common to other long term conditions:

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

Hypertension
Heart disease
Stroke
Diabetes
Dementia
Mental Health Problems...
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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

---

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-0 (last accessed 21.6.19)
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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 \(\rightarrow\) risk other cancer
      E.g.: Melanoma: risk of prostate cancer by 32%
  Complications of treatment
    E.g.: pelvic radiation
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End of Life Care
Primary Care and Cancer Matters

End of Life Care

Palliative Care

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Score out of 100</th>
<th>Bottom 10</th>
<th>Score out of 100</th>
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<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.5</td>
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<tr>
<td>Australia</td>
<td>91.6</td>
<td>Bangladesh</td>
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</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 Cannon, senior fellow at the Worldwide Hospice Care Alliance

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Lung Cancer
Awareness Month
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Lung Cancer Awareness Month

More later...
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Oral Cancer Awareness Month
Primary Care and Cancer Matters

Oral Cancer Awareness Month

HEAD AND NECK CANCER CASES: PERCENTAGE DISTRIBUTION BY ANATOMICAL SITE

HOW COMMON IS ORAL CANCER?

Average number of cases reported per year in the UK (2010-12) in different parts of the mouth:

RCGP
Royal College of General Practitioners


Accessed 26.10.19
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Oral Cancer
Awareness Month

Oral Cancer Toolkit
Improve your ability to prevent and detect oral cancer

https://cruk.m3medical.com/oct/

Royal College of General Practitioners

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Pancreatic Cancer Awareness Month
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Pancreatic Cancer
9,972 cases per year: 11\textsuperscript{th} commonest cancer
3\% of all cancer cases
9,200 deaths pre year: 5\textsuperscript{th} commonest cause of cancer death
6\% of all cancer deaths

31\% preventable

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Mens’ cancer Awareness Month
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Mens’ cancers
Prostate cancer
47,740 cases per year: the commonest cancer in men
13% of all cancer cases (26% of male cancer cases)
11,714 deaths per year: 2nd commonest cause of cancer death
7% of all cancer deaths (14% of male cancer deaths)
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Mens’ cancers
Prostate cancer
Results of PSA testing in asymptomatic patients
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Mens’ cancers
Prostate cancer
Results of PSA testing in asymptomatic patients

Reference: Screening for Prostate Cancer (Review), The Cochrane Library 2013
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Mens’ cancers
Testicular cancer
2,264 cases per year: 17th commonest cancer in men
1% of male cancer cases
65 deaths per year
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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
Primary Care and Cancer Matters

Key to cancer

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

- doing the same thing over and over again and expecting different results
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Insanity:

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

Albert Einstein 1879-1955
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Our common goal?
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Our common goal?
Primary Care and Cancer Matters

Our common goal?
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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...
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Online learning

• E-cigarettes – RCGP podcast¹ and video²:
  ➢ Suitable for the busy GP – 10 minutes long
  ➢ Addresses key concerns around safety, passive vaping and entry into smoking

• Webinar³ – 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

  2. https://www.cancerresearchuk.org/health-professional/learning-and-support/online-learning
Primary Care and Cancer Matters

Role of Primary Care
Prevention
Early Diagnosis

Increased survival
Survivorship support
End of life care
Primary Care and Cancer Matters

Role of Primary Care
- Prevention
- Early Diagnosis

Increased survival
Survivorship support
End of life care

Address inequalities
Primary Care and Cancer Matters

- Cancer: why all the interest?
- The future
- Why is prevention important?
- Why is early diagnosis important?
- Future – where next?
- Survivorship
- End of life care
- November Awareness Month
  - Oral Cancers
  - Pancreatic Cancer
  - Mens’ cancers (prostate and testicular)
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

Thank you
Quality improvement support: face-to-face and tailored to your practice’s needs

- Improved screening uptake
- Better symptomatic patient management
- Effective patient conversations about prevention

Learning sessions for clinical and non-clinical staff

Practical help to improve processes and get more from clinical systems

Access to the latest evidence, resources and best practice

Support for reflective practice: data review, audits and learning event analyses

“I would encourage anyone to invite them in - visits totally re-motivate my surgery” GP, Yorkshire
Primary Care and Cancer Matters

Any questions?