Primary Care and Cancer Matters

Holiday Inn Maidstone
London Road
Wrotham Heath, Sevenoaks, TN15 7RS
11th February 2020

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
@DrRichardRoope @CRUKHCPs
GP Trainers' Workshop

Housekeeping

- Fire Exits
- Toilets
- Mobile phones
- Questions
- Certificates
- Thanks to the team who have set up the day:
  - RCGP, HEE and Cancer Research UK Team
  - The Holiday Inn Staff
GP Trainers' Workshop: The Day

- Welcome
- Primary Care and Cancer Matters. Where are we now and where are we heading?
  - Tea and Coffee
- Primary Care Role in Cancer Prevention – how can we do it?
  - Lunch and networking
- Early Diagnosis of Cancer Recognition and Referral of Suspected Cancer (NICE Guidelines 12) – What has it changed?
- Analysis from Learning Events (SEAs) and Educational Tools
- Key take home learning, reflections and evaluation
GP Trainers’ Workshop:

Aims for the day...

And meet the regional CRUK team
GP Trainers’ Workshop: What are GPs there for?
GP Trainers’ Workshop: What are GPs there for?

Discuss with your neighbour...
GP Trainers’ Workshop

Early Diagnosis for GP trainers. What are GPs there for?
GP Trainers’ Workshop

Early Diagnosis for GP trainers. What are GPs there for?
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Primary Care and Cancer Matters
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Primary Care and Cancer Matters

- Cancer: why all the interest?
- Why is prevention important?
- Why is early diagnosis important?
- Past – where were we?
- Present – where are we?
- Future – where next?
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Cancer: Why all of the interest
## GP Trainers' Workshop

### Cancer: why all the interest?

#### Causes of death <75

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Circulatory Disease</td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
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</tbody>
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<td>5</td>
<td>Liver</td>
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</table>
## Causes of death <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. Respiratory</td>
<td>5. Other</td>
<td>5. Liver</td>
<td>5. Other</td>
</tr>
</tbody>
</table>

### Which do you think is the correct column? (high to low)
## Causes of death <75

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

https://fingertips.phe.org.uk/profile/mortality-profile/data?page=4&gid=1938133009&pat=6&par=12000008&ati=201&are=607000087&iid=91165&age=163&sex=4
Last accessed 15.1.20
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Cancer: why all the interest?

ASMR <75s in England

- Cardiovascular
- Cancer
- Liver
- Respiratory
- Other

(last accessed 15.1.20)
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Why all the interest?

- Globocan 2018
  <70 deaths: cancer ranking
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Cancer: why all the interest?

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

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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Cancer: why all the interest?

https://heart.bmj.com/content/102/24/1945 (last accessed 7.12.19)
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Cancer – why all the interest?

The Future:
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The perfect storm:
GP Trainers' Workshop

The perfect storm:
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The Scale of the Challenge:

The perfect storm...
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The Scale of the Challenge:

The perfect storm...

Aging population
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Aging Population

[Graph showing life expectancy from 1960 to 2015 for UK and High Income Countries.]

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## 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>
</tr>
</tbody>
</table>


https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 7.12.19
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Aging Population - Centenarians

UK Centanarians

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 7.12.19
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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=1&Year=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 7.12.19
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Aging and Cancer

Mortality from all cancers

http://www-dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=430&Year=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 7.12.19
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The changing demographics – age at death

England and Wales

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Percentage of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Females</th>
<th>Percentage of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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 7.12.19
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The changing face of lung cancer...
Changes in the presenting symptoms of lung cancer from 2000–2017: a serial cross-sectional study of observational records in UK primary care

Sarah Chowienczyk, Sarah Price and Willie Hamilton
British Journal of General Practice 27 January 2020; bjgp20X708137. DOI: https://doi.org/10.3399/bjgp20X708137

Accessed 7.12.19
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The changing face of lung cancer...
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The changing face of lung cancer...

Index symptom:
↑cough
↑dyspnoea
↓haemoptysis
↓appetite loss
↓chest pain
↓weight loss
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The changing face of lung cancer...

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The Scale of the Challenge:
The perfect storm...

Aging population

Lifestyles less healthy:
  • Smoking
  • Obesity
  • Diet
  • Alcohol
  • Exercise
  • Sun exposure
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The Scale of the Challenge:
The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Obesity
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• Sun exposure

Increasing survival
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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>34.1%</td>
</tr>
<tr>
<td>Global</td>
<td>17.0 million</td>
<td>27.5 million</td>
<td>61.7%</td>
</tr>
</tbody>
</table>

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Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime
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Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime

10 year survival has improved to reach 50%
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Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime

10 year survival has improved to reach 50%

www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#heading-One — last accessed 7.12.19
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Cancer: why all the interest?

1 in 2 people will be diagnosed with one or more cancers in their lifetime

10 year survival has improved to reach 50%, 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....
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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
Austria
Sweden
Belgium
France
Europe
Norway
Denmark
Italy
Ireland
Slovenia
Malta
Spain
United Kingdom
Greece
Finland
Iceland
Slovakia
Cyprus
Hungary
Czech Republic
Croatia
Poland
Lithuania
Portugal
Bulgaria
Estonia
Latvia
Romania

168€
128€

Royal College of General Practitioners

30.00% 35.00% 40.00% 45.00% 50.00% 55.00% 60.00% 65.00% 70.00%

€ 50  € 100  € 150  € 200  € 250  € 300

5 Year Survival and per capita cancer spend

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5 Year Survival and per capita cancer spend

- Portugal
- Iceland
- Finland

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Why is early diagnosis important?
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Why is early diagnosis important?

https://www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#headingTwo  Accessed 7.12.19
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Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Percentage</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>

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Why is early diagnosis important?

- Cost
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Why is early diagnosis important?

- Cost

WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>EARLIER (Stage 1)</th>
<th>LATER (Stage 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon Cancer</td>
<td>£3,400</td>
<td>£12,500</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>£4,400</td>
<td>£11,800</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>£5,300</td>
<td>£15,100</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>£8,000</td>
<td>£13,100</td>
</tr>
</tbody>
</table>

- Estimated cost of treating a patient

*Rectal and Colon Cancer survival is based on bowel statistics
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Why is early diagnosis important?

- **Cost**

> WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS

| Cancer Type | Earlier Diagnosis (Stage 1) Cost | Later Diagnosis (Stage 4) Cost | Cost Savings
<table>
<thead>
<tr>
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<th></th>
</tr>
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<tbody>
<tr>
<td>Colon Cancer</td>
<td>£3,400</td>
<td>£12,500</td>
<td>↓72.8%</td>
</tr>
<tr>
<td>Rectal Cancer</td>
<td>£4,400</td>
<td>£11,800</td>
<td>↓62.7%</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>£5,300</td>
<td>£15,100</td>
<td>↓64.9%</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>£8,000</td>
<td>£13,100</td>
<td>↓38.9%</td>
</tr>
</tbody>
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- Estimated cost of treating a patient.
- Rectal and Colon Cancer survival is based on bowel statistics.

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How have we done?
Cancer – where have we come from?

January 2011

Improving Outcomes: A Strategy for Cancer

January 2011
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#### How have we done?

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Avoidable Deaths PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>2000</td>
</tr>
<tr>
<td>Myeloma</td>
<td>250</td>
</tr>
<tr>
<td>Colorectal</td>
<td>1700</td>
</tr>
<tr>
<td>Endometrial</td>
<td>250</td>
</tr>
<tr>
<td>Lung</td>
<td>1300</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>240</td>
</tr>
<tr>
<td>Oesophago-gastric</td>
<td>950</td>
</tr>
<tr>
<td>Brain</td>
<td>225</td>
</tr>
<tr>
<td>Kidney</td>
<td>700</td>
</tr>
<tr>
<td>Melanoma</td>
<td>190</td>
</tr>
<tr>
<td>Ovary</td>
<td>500</td>
</tr>
<tr>
<td>Cervix</td>
<td>180</td>
</tr>
<tr>
<td>NHL/HD</td>
<td>370</td>
</tr>
<tr>
<td>Oral/Larynx</td>
<td>170</td>
</tr>
<tr>
<td>Bladder</td>
<td>290</td>
</tr>
<tr>
<td>Pancreas</td>
<td>75</td>
</tr>
</tbody>
</table>

Avoidable deaths per annum if survival in England matched the best in Europe.
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How have we done?
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How have we done?

• Research stream
• Primary Care Engagement
• Input to Cancer Network and SCNs
• RCGP Education Events
  • etc
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How have we done?
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#### How have we done?

Deaths In England per Standardised 100,000 <75s from 2011-13 to 2016-2018:

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<tbody>
<tr>
<td>Cancer</td>
<td>144.4</td>
<td>141.5</td>
<td>138.8</td>
<td>136.8</td>
<td>134.6</td>
<td>132.3</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>77.8</td>
<td>75.7</td>
<td>74.6</td>
<td>73.5</td>
<td>72.5</td>
<td>71.7</td>
</tr>
<tr>
<td>Lung disease</td>
<td>33.2</td>
<td>32.6</td>
<td>33.1</td>
<td>33.8</td>
<td>34.3</td>
<td>34.7</td>
</tr>
<tr>
<td>Liver disease</td>
<td>17.9</td>
<td>17.8</td>
<td>18.0</td>
<td>18.3</td>
<td>18.5</td>
<td>18.5</td>
</tr>
<tr>
<td>Other</td>
<td>69.2</td>
<td>69.5</td>
<td>70.5</td>
<td>71.5</td>
<td>72.1</td>
<td>72.8</td>
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<td>141.5</td>
<td>138.8</td>
<td>136.8</td>
<td>134.6</td>
<td>132.3</td>
<td>-8.3%</td>
</tr>
<tr>
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<td>75.7</td>
<td>74.6</td>
<td>73.5</td>
<td>72.5</td>
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<td>-7.8%</td>
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<td>32.6</td>
<td>33.1</td>
<td>33.8</td>
<td>34.3</td>
<td>34.7</td>
<td>4.5%</td>
</tr>
<tr>
<td>Liver disease</td>
<td>17.9</td>
<td>17.8</td>
<td>18.0</td>
<td>18.3</td>
<td>18.5</td>
<td>18.5</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other</td>
<td>69.2</td>
<td>69.5</td>
<td>70.5</td>
<td>71.5</td>
<td>72.1</td>
<td>72.8</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

6,046 less premature cancer deaths per year

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How have we done?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices/data?#page/4/gid/1938133085/pat/165/par/E38000059/ati/204/are/U92600/iid/91347/age/1/sex/4
Accessed 15.1.20
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How have we done?

Rails to Cancer Diagnosis - Numbers

Screening
2 week wait
Emergency

http://www.ncin.org.uk/publications/routes_to_diagnosis
Accessed 7.12.19
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How have we done?

Routes to Cancer Diagnosis - Numbers

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How have we done?

Emergency Diagnosis %

<table>
<thead>
<tr>
<th>Date</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>
</tr>
<tr>
<td>Jun-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>20.2%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>20.1%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>20.0%</td>
</tr>
<tr>
<td>Dec-15</td>
<td>19.9%</td>
</tr>
<tr>
<td>Mar-16</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jun-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sep-16</td>
<td>19.8%</td>
</tr>
<tr>
<td>Dec-16</td>
<td>19.7%</td>
</tr>
<tr>
<td>Mar-17</td>
<td>19.5%</td>
</tr>
<tr>
<td>Jun-17</td>
<td>19.4%</td>
</tr>
<tr>
<td>Sep-17</td>
<td>19.2%</td>
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<td>19.1%</td>
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<tr>
<td>Mar-18</td>
<td>19.1%</td>
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<td>18.9%</td>
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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 4.2.20)
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How have we done?

Early Stage Diagnosis Year to Date

https://www.cancerdata.nhs.uk/stage_at_diagnosis (last accessed 4.2.20)
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Ambition by 2028 and beyond

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

NHS England ambition
CRUK ambition
Current trajectory
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PHE Press release 16.9.15:

“Cancers are being diagnosed earlier in England”

(last accessed 7.12.19)
ONS Press release 29.11.17:

Figure 1: Funnel plot of the one-year survival index (%) for all cancers combined, for Clinical Commissioning Groups (CCG): England

Adults (aged 15 to 99 years) diagnosed in 2000 and in 2015

ONS Press release 29.11.17:

“The inequality gap in the cancer survival index between the highest and lowest CCG in England has shrunk since 2000.”

“As for CCGs, the inequality gap between the highest and lowest STP in England has reduced since 2000, having halved for STPs over this period.”

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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?

Lancet paper published 11.9.19

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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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ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020

Royal College of General Practitioners

Cancer Research UK
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- Cancer Strategy 2015-2020 had three core aims:

  1. Save thousands more lives
  2. Transform patient experience and quality of life
  3. Invest now to save later

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- Cancer Strategy 2015-2020 had three core aims:

1. Save thousands more lives
   - Early diagnosis
     - Enhance screening uptake
     - Implement NICE Guidance (NG12)
     - Invest in diagnostic capacity
     - Direct access to diagnostic capacity
     - 28 days to diagnosis (to replace 2WW)
     - Education – Undergraduate, postgraduate, CPD
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• Cancer Strategy 2015-2020 had three core aims:

1. Save thousands more lives
2. Transform patient experience and quality of life

Early diagnosis determines experience throughout whole cancer pathway
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3. Invest now to save later
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- Cancer Strategy 2015-2020 had three core aims:
  1. Save thousands more lives
  2. Transform patient experience and quality of life
  3. Invest now to save later

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

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

Stronger NHS action on health inequalities

Chapter 3: Better care for major health conditions


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

Source: Figure adapted from Health Foundation. Unfinished Business. November 2018.
3.52. This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. We will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.
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NHS Long Term Plan:
Stronger NHS action on health inequalities
Chapter 3: Better care for major health conditions

3.53. We will modernise the Bowel Cancer Screening Programme to detect more cancers, earlier…We will lower the starting age for screening from 60 currently to 50.
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NHS Long Term Plan:
Stronger NHS action on health inequalities
Chapter 3: Better care for major health conditions

3.59. The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer. From 2019, we will start the roll-out of new Rapid Diagnostic Centres (RDCs) across the country to upgrade and bring together the latest diagnostic equipment and expertise.
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NHS Long Term Plan:
Stronger NHS action on health inequalities
Chapter 3: Better care for major health conditions

3.64. By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
Milestones for cancer

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

- **Technology**: Decision support
- **Diagnosis**: Investigations Access Technology
- **Treatment**: Surgery Chemotherapy Radiotherapy Comorbidity Psychology
- **Survivorship**: Follow-up Late effects Rehabilitation Health promotion
- **End of Life**: Basic palliation Specialised Social Bereavement
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**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
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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: Right patient, right place, right time
• When? Now
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How?

• Bowel Cancer: survival improving:

BOWEL CANCER MORTALITY RATES HAVE FALLEN 31% OVER 20 YEARS

BOWEL CANCER MORTALITY RATES PER 100,000 POPULATION
EUROPEAN AGE-STANDARDISED RATES, UK 1995–2015

LET'S BEAT CANCER SOONER
cruk.org

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

31% DECREASE OVER THE LAST 20 YEARS
32% DECREASE OVER THE LAST 20 YEARS

MEN
ALL PERSONS
WOMEN
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• Importance of bowel screening
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Net survival estimates by presentation route and survival time, Colorectal, 2010-2014

[Bar chart showing survival rates for different presentation routes and survival times.]

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• Importance of bowel screening
  
  • Screening presentations – hugely better outcomes
  • Should be area of priority
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- Importance of bowel screening
  - Role of GP Endorsement – increases uptake by 8%\(^1\)

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• Importance of bowel screening

  • Role of GP Endorsement – increases uptake by 8%\(^1\)
  • Rolled out by some Screening Hubs

CRUK GP Contract hub
Supporting GPs in England delivering the 2020/21 contract

• Recommendations on what to do and how to get started
• Free practical and evidence-based resources

cruk.org/GPcontract
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National Cancer Diagnosis Audit (2014) – Findings:
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National Cancer Diagnosis Audit – Findings:

- Data was completed on 17,064 tumour records
- 439 practices submitted data
- Number of records per practice ranged from 1 to 156
- Median number of records was 34
- 139 CCGs had at least one practice that submitted data
- 6 CCGs have 10+ practices participating
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NCDA 2014 - Incidence

Breast, Lung, Prostate, Colorectal, Melanoma, NHL, Kidney, H+N, Bladder, Leukaemia, Pancreas, Oesophagus, Uterus, Ovary, Stomach, CNS, Liver, Myeloma, Cervix, Hodgkins, Other
<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>NCDA</th>
<th>CRUK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>15.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>12.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>12.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>NHL</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>H+N</td>
<td>3.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>2.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>2.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Uterus</td>
<td>2.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ovary</td>
<td>2.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>CNS</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Liver</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cervix</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>9.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
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NCDA findings

![Bar chart showing proportion of patients by cancer stage and stage information known.](chart.png)

- All cancers: 17345 patients
- Early (stages 0, 1&2): 40%
- Late (stages 3&4): 30%
- Not known: 30%
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NCDA findings

**All cancers**
17,345 patients

**Cancer stage**
- Early (stages 0, 1 & 2)
- Late (stages 3 & 4)
- Not known

**England Stage at diagnosis 2010-2014**
- Stages 1 and 2
- Stages 3 and 4
- Unknown

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Cancer Research UK
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NCDA findings – all are “pre-NG12”

![Graph showing cancer stage distribution and England stage at diagnosis 2010-2014]
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NCDA findings:
Consultations prior to referral (where recorded)
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NCDA findings:
Consultations prior to referral
(where recorded)

Number of consultations prior to referral

- 78% <3
- 22% ≥3
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NCDA findings:
Presentation to referral time:
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NCDA findings:
Presentation to referral time:

<table>
<thead>
<tr>
<th></th>
<th>5th centile</th>
<th>25th centile</th>
<th>Median</th>
<th>75th centile</th>
<th>95th centile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All cancers</strong></td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>159</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td><strong>Colorectal</strong></td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>182</td>
</tr>
<tr>
<td><strong>Lung</strong></td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>46</td>
<td>180</td>
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<tr>
<td><strong>Prostate</strong></td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>32</td>
<td>234</td>
</tr>
</tbody>
</table>
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NCDA findings:
Presentation to referral time:

---

All cancers
Each dot represents one record

Days from presentation to referral
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NCDA findings: Place of presentation
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NCDA findings:
Place of presentation
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NCDA findings:
Types of referrals
(of those recoded)
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NCDA findings:
Types of referrals (of those recoded)

![Pie chart showing types of referrals with percentages: 54% Other, 17% Urgent, 8% Private, 8% Screening, 5% Routine, 2% Emergency, 6% 2WW.]

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Cancer Research UK
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NCDA findings: Types of referrals (of those recoded)

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient self-referred - no prior consultation</td>
<td>4.2%</td>
</tr>
<tr>
<td>Referred as emergency by GP - no prior consultation</td>
<td>3.2%</td>
</tr>
<tr>
<td>Patient self-referred while waiting for tests</td>
<td>1.8%</td>
</tr>
<tr>
<td>Referred as emergency by GP while waiting for tests</td>
<td>1.4%</td>
</tr>
<tr>
<td>Patient self-referred - previously seen in same episode</td>
<td>1.7%</td>
</tr>
<tr>
<td>Referred as emergency by GP - previously seen in same episode</td>
<td>3.0%</td>
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<tr>
<td>Other</td>
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NCDA findings:
Types of referrals (of those recoded)

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2019 NCDA:
Remains open for registration:

https://www.cancerresearchuk.org/health-professional/diagnosis/national-cancer-diagnosis-audit

Only via an N3 connection
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- NG12 - Suspected cancer: recognition and referral
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• NG12 - Suspected cancer: recognition and referral

• This afternoon
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- Safety netting
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• Safety netting

• This afternoon
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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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Key to early diagnosis of cancer
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Key to early diagnosis of cancer

Education
Education
Education
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Key to early diagnosis of cancer

Education - public
Education - patients
Education - profession
Key to early diagnosis of cancer

Education - public
Education - patients
Education - profession
Education - policy makers
Education - politicians
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• Earlier Diagnosis of Cancer
  • Cancer: why all the interest?
  • Why is it important?
  • How have we done?
  • How could we do even better?
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The ones who are crazy enough to think they can change the world, are the ones who do.
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The ones who are crazy enough to think they can change the world, are the ones who do.

Steve Jobs 1955-2001
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Our common goal?
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Our common goal?

[Image of three bottles showing survival rates over time]

- 1970: 10-year survival 24%
- 2010: 50%
- Within 20 years: 75%
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Our common goals?
75% cancer cases to be diagnosed at an early stage by 2028
One person can make a difference, and everyone should try.
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One person can make a difference, and everyone should try.

John F Kennedy 1917-1963
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Any questions?