IMPROVING OUTCOMES: THE ROLE OF EARLY DIAGNOSIS

Harpal S. Kumar

Improving Outcomes Summit
26th March 2015
Summary

1. Early diagnosis is key in beating cancer; diagnosing more cancers earlier would be good for patients and the UK
2. The UK/England continues to lag behind the best in the world
3. There is unacceptable variation across the country
4. Awareness and public behaviour
5. Optimising clinical practice and systems

The principles underlying earlier cancer diagnosis would also benefit outcomes in other diseases
Early diagnosis is key in beating cancer

Bowel Cancer Ten-Year Relative Survival by Stage

Bowel Cancer (C18-C20), Ten-Year Relative Survival Rates by Stage at Diagnosis, Former Anglia Cancer Network, 1996-2000
Early diagnosis is key in beating cancer

When diagnosed earlier, more people survive lung cancer

= People surviving lung cancer for 5 or more years

35% Stage 1
21% Stage 2
6% Stage 3

But lung cancer is most often diagnosed at later stages

36% Stage 4
Patient perspectives on early diagnosis

“It was diagnosed as malignant melanoma and I needed an operation, but it was picked up early and I am having regular checks now. If I hadn’t picked up the leaflet, it could have been months before I went to the GP”

Ronnie, diagnosed with melanoma in 2013

“I’m very breast aware now [...] Early detection is the key and I really want to do what I can to help get that message across”

Deborah, diagnosed with breast cancer in 2007
Significant treatment savings could be made if cancers were diagnosed earlier.

*Lung cancer figure is negative since the disease often comes back even when diagnosed earlier.

- Treatment savings based on a level of early diagnosis comparable with the best in England.
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Progress in 5 year survival – ICBP findings

### Lung cancer
5-year survival changes, 1995-1999 to 2005-2007

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<th>Country</th>
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### Breast cancer
5-year survival changes, 1995-1999 to 2005-2007

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### Bowel cancer
5-year survival changes, 1995-1999 to 2005-2007

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### Ovarian cancer
5-year survival changes, 1995-1999 to 2005-2007

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The principles underlying earlier cancer diagnosis would also benefit outcomes in other diseases
There is wide variation in stage at diagnosis across England

Proportion of new cancers where the stage is known, diagnosed as early stage (stages 1&2)

Early Stage Quintiles

- 36.8% to 52.4%
- 52.5% to 55.2%
- 55.3% to 57.5%
- 57.6% to 60.8%
- 60.9% to 71.1%

Source: PHE. Accessed May 2014.
There are substantial variations in cancer emergency presentations in England.

Number of patients diagnosed in 2008 with cancer through emergency presentations as a proportion of patients diagnosed through all routes.

Data from NCIN

Charts generated by Cancer Research UK Local Cancer Stats tool
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HYPOTHESIS
Lower survival rates in Denmark and UK are explained in part by lower cancer awareness and more negative beliefs about cancer.

HEADLINE FINDINGS
- Not supported in all jurisdictions
- Generally positive attitudes and beliefs about cancer in all jurisdictions
- Low awareness of increasing risk with age
- But, in the UK, people more likely to identify barriers to seeing their GP
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ICBP Module 3 - system differences

HYPOTHESIS
Differences in primary care systems may lead to delays and result in later stage at diagnosis, which in turn is associated with poor outcomes

PROGRESS
Latest international data suggests GPs in the UK:
• Are less likely to send a patient for tests or to refer them at their first consultation
• Report having among the lowest access to specialist advice
• Feel more strongly about protecting their patients from over investigation, and preventing a secondary care overload

Willingness to act at the first consultation - lung

For some types of cancer, patients visit their GP multiple times before referral for a test

Saw GP no more than twice before referral to hospital


More investigation makes a difference – in emergency presentations…

...in proportion going on to have potentially curative treatment…

...and ultimately in survival

International comparisons highlight lower rates of investigation in the UK

International Comparison of Crude Colonoscopy Rates per 1,000 in 2010/2011

- Wales
- England lowest (West Midlands)
- England average
- England highest (N East)
- Scotland
- Poland
- Australia (Nova Scotia)
- Canada
CRUK Early diagnosis vision

Everyone with cancer is diagnosed and treated as quickly and effectively as possible to give them the best chance of surviving their disease and improving their experience (of treatment and care)

3 in 4 people diagnosed at an early stage by 2034

Key objectives

- Diagnose bowel cancer earlier through screening
- Advocate for, support the delivery of public-facing communications to achieve behaviour change
- Engage, influence and support GPs and others in primary care to achieve earlier diagnosis of cancer
- Work to streamline and innovate across the diagnostic pathway
CRUK Bowel screening campaign – London (2014)

INTERVENTIONS

• CRUK endorsement letter
• Kit enhancement pack
• Outdoor advertising

EVALUATION

• Combination of all interventions most effective significantly increased uptake*:
  • 60-69 yrs = 2.1% - 6%
  • 70-74 yrs = 2.3% - 6.3%

*Modelled absolute increases
CRUK strategies to support GPs

EDUCATION

CLINICAL DECISION SUPPORT (CDS) TOOLS

CRUK FACILITATORS
Diagnostics and services

CRUK commissioned endoscopy evaluation

• Improve knowledge of current capacity
• Ascertain how demand is likely to grow
• Level of resource needed to meet growing demand and solutions for addressing the barriers/challenges
Accelerate, Coordinate, Evaluate (ACE)

The ACE Programme’s objective is to ....

... develop a national body of evidence & evaluation that informs the operational improvement of early diagnosis cancer pathways
Working across the entire health system with particular focus on:

1. Better prevention
2. Swifter diagnosis
3. Better treatment, care and after care
Thank you