ICBP Newsletter

SIXTH EDITION SUMMER 2015

Welcome and Update from the Editor

The Module 3 results paper has been published — and to celebrate, we've got a special edition focusing on the results. We shine a 'spotlight' on Dr Linda Rabeneck from Ontario, Canada, who shared her views on Module 3 results and they mean for ICBP and health policy in Canada.

WHAT'S INSIDE

A correlation between GP readiness to act and survival

The study published in the BMJ Open reports varying readiness of primary care practitioners to investigate potential cancer symptoms for lung, ovary, and colorectal cancer at a patient's first consultation, which is correlated with survival for these cancers. This is the first time a study of this type has ever been carried out internationally. These results provide another clue as to why international cancer survival differences exist, so for more information and to read the published paper, please see detail below.

This correlation was reported for four of the five clinical scenarios for 1-year survival, and this pattern was consistent in three of the five scenarios for conditional 5-year survival (those who survive the first year and subsequently survive five further years).

"This work adds important detail to the complex problem of why the UK's cancer survival lags behind other comparable countries... A system that allows primary care practitioners to refer people when and if they suspect cancer is vital to ensure early diagnosis and access to the best treatments."

Sara Hiom, Cancer Research UK, Director of Early Diagnosis & Cancer Intelligence

"These striking findings are the first to identify factors in primary care that could be contributing to international differences in cancer outcomes... Further research is required to identify which specific factors could affect referral readiness for patients with cancer symptoms."

Dr Peter Rose, Chair, ICBP Module 3

For the UK, which has the lowest cancer survival of the ICBP jurisdictions, primary care practitioners in England, Northern Ireland, and Wales, were less likely to refer or investigate a patient's potential cancer symptoms at their first presentation, at least compared with other jurisdictions, who all have higher survival (Australia, Canada, Sweden, and Norway).

However, the study wasn't able to pin-point any consistent associations between readiness to refer and other factors that may influence primary care practitioner behaviour. Some of the factors considered in the study were: availability of diagnostic tests and specialist cancer advice, waiting times for the test results, systems within their practice for following up with patients and their own attitudes and their perceived role in cancer diagnosis. More research is required into these factors to support earlier diagnosis in a primary care.

Rose, P. et al. *Explaining variation in cancer survival between eleven jurisdictions in the International Cancer Benchmarking Partnership: a primary care vignette survey*. BMJ Open (http://bit.ly/1QLZbrj). 2015.

Rose, P. et al. *Development of a survey instrument to investigate the primary care factors related to differences in cancer diagnosis between international jurisdictions.* BMC Family Practice (http://bit.ly/1N0DoG9). 2014

Could changes to primary care help improve cancer survival? Cancer Research UK science blog (http://bit.ly/1GCl8RZ)

ICBP International Cancer Benchmarking Partnership

Is Denmark different?

Is there a reason why Denmark presented as an outlier in the analysis? Although cancer survival is lower in this jurisdiction, primary care practitioners reported a higher readiness to refer or investigate patients — similar to countries with higher survival. A possible explanation for this could be reforms introduced in Denmark in 2009, as explained in the BJC publication by Vedsted and Olesen (http://www.nature.com/bjc/journal/v112/n1s/full/bjc201544a.html). This was introduced to improve diagnostic access for primary care physicians, and shorten the interval between presentation and diagnosis for patients. The fact that cancer survival data is based on 2007, but the survey on attitudes is from 2012/13, could explain why the association found does not hold for Denmark. We'll have to wait a little longer in order to see if these reforms have had a significant impact on the cancer survival rates in Demark, and if this association therefore holds true.

Like the UK, Denmark also has comparatively low levels of direct access to MRI and CT scans, but in other better performing jurisdictions, such as Canadian provinces, there was less direct access to endoscopy. Previous research by Shi and Macinko (2005) suggests that variations in healthcare systems have an impact on health outcomes, and the ICBP results show there is variation in primary care access to diagnostic tests in these jurisdictions. However it's not enough to say that greater access means a better outcome — it also depends on how sensitive the test is and how long you need to wait for a result. In some cases, referral may be quicker, but this needs further investigation.

The role of primary care physicians and health systems

It is vital that primary care physicians know what to look for, and are able to manage patients in the best way - whether by making a request for diagnostic tests, or referring a patient quickly if they do suspect cancer, or any other serious condition.

Dr Peter Rose, together with a team of academic GPs and researchers across ICBP jurisdictions, led this two-part study looking at differences in beliefs, behaviours, and systems in primary care between jurisdictions and which differences might impact on cancer survival.

Online survey

A two-part survey sent to 200 primary care physicians, in each jurisdiction.

1. Hypothetical patient scenarios where GPs were asked to identify how they would manage patients presenting with a set of symptoms

2. General questions relating to:
   - Practice administration
   - Access to and waiting times for diagnostics
   - Availability of training or education about cancer
   - Availability of advice from cancer specialists

"Health systems mapping" exercise

- This mapping exercise looked at the context in which family practitioners work:
  - Financial or non-financial incentives
  - Diagnostic and investigation guidance and training available
  - Actual diagnostic access.
- This was carried out via desktop research and structured interviews with key jurisdictional informants.

By focusing on initial management and follow up arrangements the survey aimed to draw out differences in approach with patients of similar symptoms. In combination with these surveys, the system mapping exercise provides insight into the contribution of variation in primary care management of symptoms to cancer outcomes.

ICBP
International Cancer Benchmarking Partnership

We look at some headlines from around the world...

MODULE 3 IN THE PRESS

"The results from the International Cancer Benchmarking Partnership (ICBP) reveal striking new evidence for a possible explanation of international survival differences...The research shows a link between survival and those countries where primary care practitioners were more likely to refer patients immediately and those who did not."

Read the full press release from Cancer Research UK here: http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-05-28-lower-cancer-survival-in-uk-linked-to-delays-in-referring-patients-for-tests

UK's cancer death rates blamed on delays in sending patients for tests — theguardian

British GPs 'lag behind' on early cancer diagnosis, Bangor University study shows — NewsNorthWales

PCT PrimaryCareToday — GPs delaying referral times

Delays in GP referrals linked to lower cancer survival in UK — onmedica

Oz GPs cancer tamers — Herald Sun

Patients die earlier from cancer in Britain 'because GPs delay referring them to hospital' — Mail Online

Poor UK cancer survival rates linked to lack of direct access to scans — PULSE

GP — Ten-minute consultations not long enough to spot cancer, GPC warns

Doctors may be 'too slow' on cancer — BBC

The Telegraph — Britain among worst in world for cancer referrrals

English, Welsh and Northern Irish GPs less likely than other countries to refer possible cancer patients for tests, study claims — THE INDEPENDENT

BT — GPs are 'slower on cancer tests'

UK'S SLOWER CANCER REFERRAL IMPACTING SURVIVAL AND OUTCOMES — CARE APPOINTMENTS

New study suggests that a family physician's decision to investigate symptoms suggestive of cancer could help explain international differences in cancer survival — CNW A PR NEWSWIRE COMPANY

Spotlight on Programme Board Member — Dr. Linda Rabeneck

Ontario
Cancer Care Ontario
Action Cancer Ontario

Dr Linda Rabeneck is Vice President, Prevention and Cancer Control, Cancer Care Ontario (CCO). She is Professor of Medicine at the University of Toronto and Senior Scientist at the Institute for Clinical Evaluative Sciences in Toronto.

Dr. Rabeneck is a gastroenterologist and clinician scientist. She received her medical degree and post-graduate training in internal medicine from the University of British Columbia and completed post-graduate training in gastroenterology at the University of Toronto. Dr Rabeneck received her Master's degree in Public Health from Yale University, where she trained as a Robert Wood Johnson Clinical Scholar.

In her current role at CCO, Dr Rabeneck is responsible for cancer prevention and screening. Dr. Rabeneck led the launch of Colon CancerCheck in Ontario, Canada's first organised, province-wide colorectal cancer screening programme. She also leads an active research programme focusing on the quality and effectiveness of colorectal cancer screening, and has published extensively on the topic.

Dr Rabeneck chairs the World Endoscopy Organization (WEO) Colorectal Cancer Screening Committee, which meets regularly to share of new knowledge and best practice in colorectal cancer screening.

Q&A

What has Ontario learned so far?

As the findings from these terrific ICBP modules have emerged, what has become clear is the complexity of the answer to the question: How can we explain the international differences in survival that were reported in Module 1? No simple or single explanation that has been identified. Stage at diagnosis may be part of the answer, but we still need to know more. Poor awareness of cancer and differences in beliefs about cancer across jurisdictions do not appear to be part of the explanation.

I am particularly interested in what is emerging from Module 3 about the organisation and delivery of primary care. It appears that those jurisdictions where primary care physicians have more ready access to diagnostic tests (e.g., imaging, endoscopy) have better survival. This finding underscores the importance of our work in Ontario. Over the past 5 years at Cancer Care Ontario we have a developed a Primary Care Centre of Practice and a Provincial Primary Care Cancer Network, led by our Provincial Clinical Lead, because we recognised the key role that primary care has in the delivery of cancer services — from prevention to survival and palliation.

How do you think the findings from the ICBP can affect cancer policy in Ontario?

From its beginnings more than 60 years ago, Cancer Care Ontario, the provincial cancer agency, was focused on oncology (radiation, medical, then surgical oncology). Only in recent years was the focus broadened to include primary care and the diagnostic phase of care. I anticipate that the findings from the ICBP will provide us further imperative to strengthen our work in the diagnostic phase. Approaches we have successfully used to improve access and quality in oncology services (monitoring and public reporting; use of scientific evidence; performance management) could be applied to the diagnostic phase as well.

What aspects of ongoing/future ICBP work are you interested in?

I am interested in Module 5. In part because of the question that will be addressed, but also because Module 5 could lay the foundation for future work that the ICBP could do. The ICBP is a terrific platform for international comparisons. In Ontario we need to know how we stack up so we can learn and apply these lessons to strengthen our cancer system.

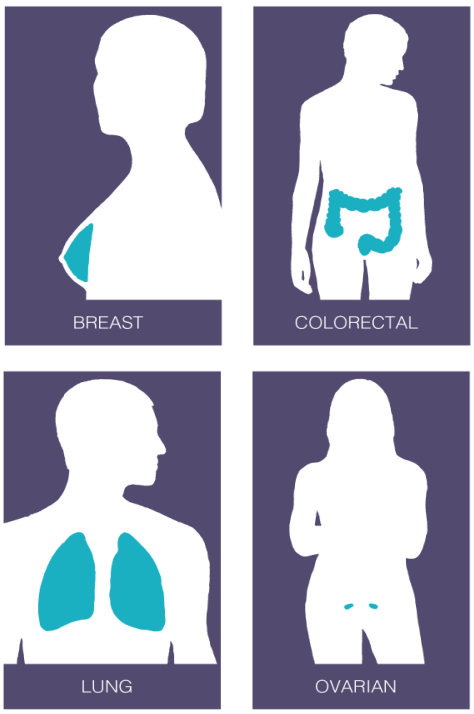
RECAP on ICBP modules

As we begin to move into the next phase of the project it is timely to recap on the current programme of work and impacts already observed internationally.

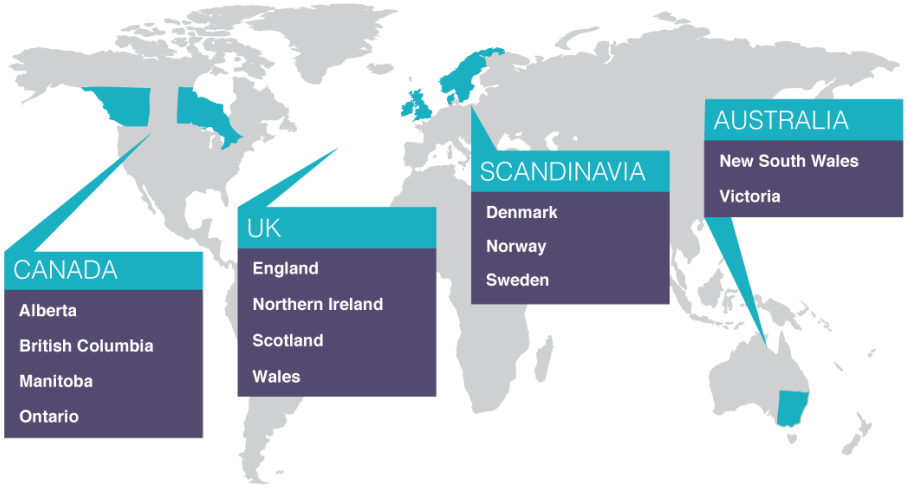
The partnership is the first of its kind, seeking to understand not only how cancer survival varies between jurisdictions but *crucially,* what factors could be driving these differences.

The ICBP made of up five research modules, each looking at different aspects of the cancer pathway to try and unpick possible reasons for international differences.

The ICBP research is focuses on four cancer types in 13 jurisdictions, and is made up of five modules:



1. Core cancer survival benchmarking
2. Public awareness, beliefs and attitudes to cancer
3. Role of primary care doctors and health systems in diagnosis
4. Measuring time intervals & pathways from symptoms to diagnosis & treatment
5. Exploring the impact of comorbidities on short term outcomes



ICBP Bulletin Board

ICBP at Conferences 2015

The ICBP programme management team and ICBP collaborators have been at the following conferences:

- 20th—22nd May: Ca-Pri "The escalating cancer challenge—essential roles for primary care" conference in Aarhus, Denmark.
- 8th—10th June: NCIN Cancer Outcomes Conference in Belfast, Ireland. ICBP was involved in two presentations:
  - Module 4 methods and preliminary data, by David Weller (Module 4 Co-chair)
  - Discussion on how we study international variations in cancer survival, by Sara Hiom (ICBP Programme Board member)

We're planning a big ICBP get together soon so watch this space for more information!

MAY/JUNE 2015

Mon	Tue	Wed	Thu	Fri	Sat	Sun
18	19	20	21	22	23	24
		ICBP @ Ca-Pri (Aarhus)				
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
ICBP @ NCIN (Belfast)						
15	16	17	18	19	20	21

News from Norway/Scotland

PRC European Palliative Care Research Centre

PRC International PhD course in Palliative Care Research

Please visit the website (http://bit.ly/1BGBTNc) to read more about the course, or find application information for international students online (http://bit.ly/1K6bUzE) Enrolment deadline: 15/09/2015

Would you like to learn about clinical research in cancer palliative care? The European Palliative Care Research Centre (PRC) recommends the PhD course "PALC8001: *Palliative care research - theoretical, practical, ethical and methodological aspects*". This is an interactive course covering theoretical, practical, ethical, and methodological aspects of palliative care research, with main emphasis on biomedical research. Experts from research and clinical practice are the facilitators.

PRC represented by the Norwegian University of Science and Technology (NTNU) and the University of Edinburgh are hosting the course.

PALC8001 is an open two-week course at PhD level which requires a higher education at master's level or similar:

- Week 1 in Trondheim, Norway: 5-9th October, 2015
- Week 2 in Edinburgh, UK: 9-13th November, 2015

The course consists of lectures, group work and plenary discussions during the two separate weeks at NTNU and the University of Edinburgh. The students will be given a home assignment in the period between the two weeks. A final home exam after the two-week course must be passed. The course language is English, and provides 7.5 credit points.

News from Wales

SAPC Society for Academic Primary Care

Free text analysis of Module 4 questionnaires

On Wednesday 8th July, Rachel Parsonage from Bangor University (Wales, United Kingdom) be presented at the Society for Academic Primary Care (SAPC) conference in Oxford, United Kingdom (http://bit.ly/1LvI6LJ). Her presentation was on the free text analysis of Module 4 that has been carried out by the Welsh team, from which researchers may be able to uncover more detailed information about patient experiences, for example regarding presentation of symptoms and diagnosis of cancer that may not be seen in other elements of the data.

Do you have any updates to share with readers of the ICBP newsletter? What would you like to see more of? Please let us know by emailing the ICBP team at icbp@cancer.org.uk with the word "Newsletter" in the subject. We hope you have a great summer!