RCGP and Cancer Research UK Workshop

Double Tree by Hilton Hotel
Bellshill, ML4 3JQ
2nd November 2017

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
RCGP and Cancer Research UK Workshop

Housekeeping
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Housekeeping

- Fire Exits
- Toilets
- Mobile phones
- Questions
- Certificates
- Thanks to the team who have set up the day:
  - RCGP and Cancer Research UK Team
  - Double Tree by Hilton Hotel Staff
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The Day:

• The expanding role of Primary Care and Cancer Control
  • Tea and Coffee
• Primary Care and cancer prevention
  • Lunch and networking
• Scottish referral guidelines and urgent referrals
• Symptomatic qFIT
• National Cancer Diagnostic Audit for Scotland
• Evaluation
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Primary Care and Cancer Control
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Primary Care and Cancer Control

- Cancer: why all the interest?
- Why is early diagnosis important?
- Past – where were we?
- Present – where are we?
- Future – where next?
- Survivorship
- End of life care
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Cancer: why all the interest?
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**Cancer: why all the interest?**

#### Causes of death in Scotland

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Other</td>
<td>Other</td>
<td>Respiratory</td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
<td>Circulatory Disease</td>
<td>Other</td>
<td>Mental Health</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health</td>
<td>Respiratory</td>
<td>Mental Health</td>
<td>Mental Health</td>
</tr>
<tr>
<td>5</td>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Cancer: why all the interest?

Causes of death in Scotland

Which do you think is the correct column? (high to low)
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Cancer: why all the interest?

Causes of death in Scotland

1. Circulatory Disease
2. Cancer
3. Other
4. Mental Health
5. Respiratory

1. Cancer
2. Other
3. Circulatory Disease
4. Mental Health
5. Respiratory

1. Cancer
2. Circulatory Disease
3. Other
4. Respiratory
5. Mental Health

1. Circulatory Disease
2. Cancer
3. Respiratory
4. Other
5. Mental Health

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Cancer: why all the interest?

SCOTLAND 2014 DEATHS

- Cancer: 30%
- Circulatory: 12%
- Respiratory: 7%
- Mental Health: 5%
- Digestive: 5%
- Accidents: 5%
- GU: 5%
- Endocrine: 3%
- Infection: 2%
- Neurological: 1%
- Other: 2%

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Premature Mortality

Death rates (under 75 year olds) per 100,000 population, Scotland 1994-2015 (European Standard Population)

Year


Death rates per 100,000 population

Cancer

CHD
Respiratory
Cerebrovascular (including stroke)
Why cancer?
Premature (<65)
Death rate per 100,000

Deaths of those aged under 65 per 100,000 aged under 65, after standardising to the European population by age

http://www.poverty.org.uk/60/index.shtml
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Premature deaths are much higher in Scotland than elsewhere, for both men and women

Deaths of those aged under 65 per 100,000 aged under 65, after standardising to a constant European age structure

Source: General Register Office (Scotland), Registrar General (Northern Ireland) and Mortality Statistics Division, ONS (England and Wales); the data is for 2009; UK; updated Jan 2011
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Cancer – why all the interest?

The Future:
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The perfect storm:
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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

UK Life Expectancy 1960-2015

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Aging Population

Life expectancy at birth - by gender - Scotland

- Males
- Females

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Aging Population

Healthy life expectancy at birth - by gender - Scotland

Year of birth


Males
Females

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**Aging Population - Centenarians**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2062</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2,242</td>
<td>50,000</td>
<td>22.3</td>
</tr>
<tr>
<td>Female</td>
<td>12,328</td>
<td>80,000</td>
<td>6.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14,750</td>
<td>130,000</td>
<td>8.8</td>
</tr>
</tbody>
</table>

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The Scale of the Challenge:

The perfect storm...

Aging population

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

The perfect storm...

Aging population

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

Increasing survival
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The perfect storm:

Numbers of cancers

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2030</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>352,000</td>
<td>424,789</td>
<td>20.7%</td>
</tr>
<tr>
<td>Global</td>
<td>14.1 million</td>
<td>23.6 million</td>
<td>67.4%</td>
</tr>
</tbody>
</table>

http://globocan.iarc.fr/old/burden.asp?selection_pop=206826&Text-p=United+Kingdom&selection_cancer=290&Text-c=All+cancers+excl.+non-melanoma+skin+cancer&pYear=18&type=0&window=1&submit=%C2%A0Execute

https://publications.cancerresearchuk.org/downloads/product/CS_REPORT_WORLD.pdf
By the end of 2016, there were 1,000 people in the UK being diagnosed with cancer every day.

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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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Lifetime risk of cancer:

http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/risk/
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%
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%
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.
Mortality for all cancers combined

<table>
<thead>
<tr>
<th></th>
<th>England average</th>
<th>National Average</th>
<th>Lanarkshire (HB)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>285.4</td>
<td>333.5</td>
<td>349.7</td>
</tr>
</tbody>
</table>

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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. 2.4%
2. 5.4%
3. 8.4%
4. 11.4%
5. 14.4%

Discuss with your neighbour....
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Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
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Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
Total NHS spend in 2012/3: £2008 per head
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Hasn’t cancer had its turn?

Total NHS spend in 2012/3: £125,700,000,000

Total NHS spend in 2012/3: £2008 per head

Total NHS spend cancer care: £109 per head
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Hasn’t cancer had its turn?
Total NHS spend in 2012/3: £125,700,000,000
Total NHS spend in 2012/3: £2008 per head
Total NHS spend cancer care: £109 per head

Just 5.4% of NHS spend

http://www.nuffieldtrust.org.uk/nhs-numbers-0 last accessed 1.3.17
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Hasn’t cancer had its turn?

Cancer receives what proportion of NHS spend?

1. 2.4%
2. 5.4%
3. 8.4%
4. 11.4%
5. 14.4%
Why is early diagnosis important?
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Why is early diagnosis important?  
All Cancers

![Bar chart showing the percentage of cases by stage at diagnosis in England and Northern Ireland.](chart.png)

- Stage I: England 20%, Northern Ireland 20%
- Stage II: England 25%, Northern Ireland 25%
- Stage III: England 15%, Northern Ireland 15%
- Stage IV: England 10%, Northern Ireland 10%
- Stage Unknown: England 20%, Northern Ireland 20%

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 5.3.17)
Why is early diagnosis important?

All Cancers

Stage Shift

Percentage of Cases (%)

England
Northern Ireland

Stage at Diagnosis

Stage I
Stage II
Stage III
Stage IV
Stage Unknown

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (last accessed 26.10.17)
Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Survival Rate</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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What did we do?

• Detect Cancer Early Campaign
  – Get checked early campaign 2012
• Research stream
• Primary Care Engagement
• Input to Cancer Network and SCNs
• RCGP Education Events
  – etc
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How did we do?
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices
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How did we do?

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 21.1.17)
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However compared to Europe?
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However compared to Europe?

LATEST CANCER SURVIVAL FIGURES
ENGLAND FIGURES COMPARED TO COUNTRIES WITH SIMILAR HEALTHCARE SYSTEMS

% OF ADULTS SURVIVING THEIR CANCER FIVE YEARS OR MORE AFTER DIAGNOSIS

0 10 20 30 40 50 60 70 80 90 100%

LUNG CANCER  OVARIAN CANCER  BREAST CANCER

AUSTRALIA  CANADA  DENMARK  ENGLAND  NORWAY  SWEDEN

The latest data show England continues to improve...

ENGLAND 2010–2012

...but we don't yet know how the other countries compare.

http://scienceblog.cancerresearchuk.org/2015/08/05/cancer-survival-in-england-is-improving-but-still-lagging-behind-similar-countries/
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However compared to Europe?

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Why do we lag behind other Health Systems?
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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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.”
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<th>Treatment</th>
<th>Survivorship</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>
</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 promotion</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
<td></td>
</tr>
</tbody>
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Primary Care could (should?) have a part to play throughout the cancer pathway, and is well placed to do so…
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<table>
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<tr>
<th>Prevention</th>
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<td></td>
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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 a 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
The Lancet Oncology:  
“The expanding role of Primary Care in Cancer Control”

“The strengths of primary care—its continuous, coordinated, and comprehensive care for individuals and families—are particularly evident in prevention and diagnosis, in shared follow-up and survivorship care, and in end-of-life care.”

The Lancet Oncology, Vol. 16, No. 12
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The Lancet Oncology:
“The expanding role of Primary Care in Cancer Control”

“recommendations should be implemented by all stakeholders involved in cancer care…work should start now to ensure that patients get the optimum care to prevent, receive a diagnosis of, and survive cancer, and the best possible care should they die from the disease”
Value in investing in early diagnosis:
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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
• When? Now
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Value in investing in early diagnosis:

- Results?
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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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- Living with and beyond cancer:
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- Living with and beyond cancer:
  - Rising cancer incidence
  - Falling cancer mortality
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- Living with and beyond cancer:

Cancer Survivorship

- Projections of cancer prevalence in the United Kingdom, 2010–2040

J Maddams, M Utley and H Møller
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- Survivorship:
Survivorship:
Problems faced by cancer survivors:
• Physical
• Psychological
• Social
• Financial
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Consequences of treatment
      - Immediate (e.g., radiation proctitis)
      - Late (e.g., \( \uparrow \times5 \) 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
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- Survivorship:
  Problems faced by cancer survivors:
  - Physical
    - Consequences of treatment
Survivorship:
Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
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• 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 treatment\(^1\).

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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
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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...
Problems faced by cancer survivors:
- Physical
  - Recurrence
Problems faced by cancer survivors:
• Physical
  • Recurrence – can be reduced
Problems faced by cancer survivors:

- Physical
  - Recurrence – can be reduced
- Smoking
- Diet
- Alcohol
- Exercise
- Sun exposure
Problems faced by cancer survivors:
• Second (and third...) cancers.
Problems faced by cancer survivors:
• Second (and third...) cancers.
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
Second (and third...) cancers.

Many preventable (over 40%):

- Smoking
- Diet
- Alcohol
- Exercise
- Sun exposure
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

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Problems faced by cancer survivors:

- Physical
- Psychological
- Social
  - Consequences of treatment – impact on family and communities.
  - Pre-existing – deprivation gradient
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
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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

As survivorship increases:

Co-morbidity

Second cancers:

- previous history cancer ➔ risk other cancer
  - Eg: Melanoma: ↑ risk of prostate cancer by 32%

Complications of treatment

- Eg pelvic radiation
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End of Life Care
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End of Life Care

Palliative Care

• increasingly seen as “non-curative treatment and support”
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End of Life Care
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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>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>93.9</td>
<td>Iraq</td>
<td>12.5</td>
</tr>
<tr>
<td>Australia</td>
<td>91.6</td>
<td>Bangladesh</td>
<td>14.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>87.6</td>
<td>Philippines</td>
<td>15.3</td>
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<tr>
<td>Ireland</td>
<td>85.8</td>
<td>Nigeria</td>
<td>16.9</td>
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<td>84.5</td>
<td>Myanmar</td>
<td>17.1</td>
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<tr>
<td>Taiwan</td>
<td>83.1</td>
<td>Dominic Republic</td>
<td>17.2</td>
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<tr>
<td>Germany</td>
<td>82</td>
<td>Guatemala</td>
<td>20.9</td>
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<tr>
<td>Netherlands</td>
<td>80.9</td>
<td>Iran</td>
<td>21.2</td>
</tr>
<tr>
<td>US</td>
<td>80.8</td>
<td>Botswana</td>
<td>22.8</td>
</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 Connor, senior fellow at the Worldwide Hospice Palliative Care Alliance

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End of Life Care

• A third of those diagnosed with cancer will die from their disease
• Most express preference to die at home
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Dying at home

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Dying at home

“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.”

UN Secretary General Ban Ki-moon
“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.**”

UN Secretary General Ban Ki-moon
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Key to cancer
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Key to cancer
Education
Education
Education
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Key to cancer

Education – public
Education – patients
Education – profession
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Key to cancer

Education – public
Education – patients
Education – profession
Education – policy makers
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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
Insanity:
- doing the same thing over and over again and expecting different results

Albert Einstein 1879-1955
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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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Steve Jobs 1955-2001
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Our common goal?
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Our common goal?
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Our common goal?

We can do even better, individually
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Our common goal?

We can do even better, individually
• As a wider health community we could do so much more
...if resourced properly:
We need to spend money now...
    to save money (and misery) later
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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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Thank you
Any questions?