RCGP and Cancer Research UK Workshop

Cedar Court Hotel Bradford, Mayo Avenue,
Rooley Lane, Bradford, BD5 8HW
29th November 2018

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

Housekeeping

• Fire Exits
• Toilets
• Mobile phones
• Questions
• Certificates
• Thanks to the team who have set up the day:
  • RCGP and Cancer Research UK Team
  • Cedar Court Hotel
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The Day:

• Primary Care and Cancer Matters
  • Tea and Coffee

• Bowel Cancer and Symptomatic FIT
  • Lunch and networking

• Implementation of NG12 (Recognition and referral of suspected cancer)

• What else can we learn from the National Cancer Diagnosis Audit and Learning Events (SEAs)

• Women’s Cancers – role of Primary Care in prevention.

• Key take home, evaluation and close
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Primary Care and Cancer Matters
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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
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Cancer: why all the interest?
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Cancer: why all the interest?

Causes of death <75

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Causes of death <75

1. Circulatory Disease
2. Cancer
3. Liver
4. Respiratory
5. Other

1. Cancer
2. Other
3. Circulatory Disease
4. Liver
5. Respiratory

1. Cancer
2. Circulatory Disease
3. Other
4. Respiratory
5. Liver

1. Circulatory Disease
2. Cancer
3. Respiratory
4. Liver
5. Other
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Cancer: why all the interest?

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Cancer: why all the interest?

Causes of death <75 in England

- Cancer: 42%
- Circulatory Disease: 37%
- Respiratory: 22%
- Liver: 9%
- Other: 6%

37%
Cancer: why all the interest?

Age standardised death rates in England and Wales 2001-2017 (All Age)
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Cancer: why all the interest?

Source: Office for National Statistics

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017 (last accessed 24.11.18)
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Cancer: why all the interest?

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Cancer – why all the interest?

...doing well, but there is room for improvement
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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

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Aging Population - Centenarians

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2063</th>
<th>X</th>
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</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>
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</table>

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 9.6.18
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Aging Population - Centenarians

https://visual.ons.gov.uk/what-are-your-chances-of-living-to-100/ last accessed 9.6.18
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Aging and Cancer
RCGP and Cancer Research UK Workshop
Aging and Cancer

Male Mortality from all cancers

Female Mortality from all cancers

http://www-dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&sYear=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 9.6.18
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Aging and Cancer

Mortality from all cancers

http://www-dep.iarc.fr/WHOdb/Graph2p.asp?cancer=150&sex=1&country=4308&sYear=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 9.6.18
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The Scale of the Challenge:

The perfect storm...

Aging population

Lifestyles less healthy:
• Smoking
• Diet
• Alcohol
• Exercise
• Sun exposure
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>2018</th>
<th>2038</th>
<th>% increase</th>
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<tbody>
<tr>
<td>UK</td>
<td>401,507</td>
<td>527,389</td>
<td>33.1%</td>
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<tr>
<td>Global</td>
<td>17.0 million</td>
<td>26.5 million</td>
<td>55.9%</td>
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Cancer: why all the interest?

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

[Bar chart showing € per capita on cancer for different countries, with Luxembourg at €350.00, Switzerland at €300.00, and others at varying levels.]

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5 Year Survival and per capita cancer spend

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Why is cancer prevention important?
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?

“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?

Numbers of preventable cancer

- 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-One (last accessed 24.11.18)
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Why is cancer prevention important?

![Preventable Cancers Pie Chart]

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One (last accessed 24.11.18)
Why is cancer prevention important?

- Tobacco
- Overweight and obesity
- UV radiation
- Occupation
- Infections
- Alcohol
- Insufficient fibre
- Ionising radiation
- Processed meat
- Air pollution
- Not breastfeeding
- Insufficient physical activity
- Post-menopausal hormones
- Oral contraceptives

Number of Cases per Year

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Two (last accessed 24.11.18)
Why is cancer prevention important?

Preventable Cancers

- Tobacco: 33%
- Overweight and obesity: 14%
- UV radiation: 9%
- Occupation: 8%
- Infections: 7%
- Alcohol: 7%
- Insufficient fibre: 7%
- Ionising radiation: 6%
- Processed meat: 5%
- Air pollution: 4%
- Not breastfeeding: 4%
- Insufficient physical activity: 3%
- Post-menopausal hormones: 2%
- Oral contraceptives: 1%
- Other: 1%
Why is cancer prevention important?

Smoking Rates in Adults

- England
- Wales
- Scotland
- Northern Ireland
- UK
Why is cancer prevention important?

% drop in smoking prevalence compared to 2011 baseline

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
<th>UK</th>
</tr>
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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>
</tr>
<tr>
<td>2013</td>
<td>-7.1%</td>
<td>-9.4%</td>
<td>-8.1%</td>
<td>-2.1%</td>
<td>-6.9%</td>
</tr>
<tr>
<td>2014</td>
<td>-10.1%</td>
<td>-13.0%</td>
<td>-13.2%</td>
<td>-4.8%</td>
<td>-10.4%</td>
</tr>
<tr>
<td>2015</td>
<td>-14.6%</td>
<td>-18.8%</td>
<td>-18.4%</td>
<td>0.5%</td>
<td>-14.9%</td>
</tr>
<tr>
<td>2016</td>
<td>-21.7%</td>
<td>-24.2%</td>
<td>-24.4%</td>
<td>-4.2%</td>
<td>-21.8%</td>
</tr>
<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>
</tbody>
</table>
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Why is cancer prevention important?

Source: Adult smoking habits in the UK, 2017

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017
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Smoking mortality
2014-2016

Accessed on 17.11.18

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Why is cancer prevention important?

[Graph showing Smoking Prevalence 2012-16 by Deprivation]

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Why is cancer prevention important?

% drop 2012-2016

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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

Why is cancer prevention important?

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

<table>
<thead>
<tr>
<th>Period</th>
<th>Return (£)</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
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WHAT’S THE MOST SUCCESSFUL WAY TO STOP SMOKING?
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: Using Nicotine Replacement Therapy without professional support
- E-Cigarettes: Using electronic cigarettes without professional support
- Support and Medication: Combined specialist support and prescription medication*

*Available free from your local Stop Smoking Service nhs.uk/smokefree


WE WILL BEAT CANCER SOONER. cruk.org/smoking

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RCGP Position Statement on e-cigarettes
RCGP and Cancer Research UK Workshop

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

**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

E-cigarettes

E-cigarettes – re-position statement

• 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

E-cigarettes

E-cigarettes – re-position statement

• 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
Smoking data (2017)
1/3 of all tobacco is smoked by people with mental health condition
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REASONS WHY VAPING IS NOT AS BAD FOR YOU AS SMOKING TOBACCO

1. The evidence so far shows that e-cigarettes are far safer than smoking.
2. E-cigarettes contain nicotine but not cancer causing tobacco.
3. Nicotine is addictive, but does not cause cancer.
4. There is no evidence that e-cigarettes harm bystanders.
5. Tobacco is the biggest cause of preventable death in the UK. Over 100,000 deaths per year = 10,000.

LET’S BEAT CANCER SOONER
cruk.org

Accessed 24.11.18

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COST OF SMOKING vs COST OF E-CIGARETTES

£400

The average smoker in Britain spends around £400 every 3 months on cigarettes.

£190

The average e-cigarette user in Britain, buying their e-liquids and equipment from supermarkets, spends around £190 every 3 months.

Smoking cigarettes costs around twice as much as using e-cigarettes.

Figures are based on data from the Office of National Statistics and Action on Smoking and Health. The above figures are intended to act as estimates based on widely available products, their costs and average use. Calculations made: 31st August 2017

LET'S BEAT CANCER SOONER
cruk.org/vaping

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

Overweight and Obese 2015

[Bar chart showing overweight and obese percentages by age group in England, Scotland, Wales, and NI]

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- Prevention – Interactive CRUK risk calculator

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• Prevention – WCRF report

https://www.wcrf.org/dietandcancer (last accessed 12.6.18)
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- Prevention – WCRF report – interactive cancer risk matrix

[Interactive Cancer Risk Matrix](https://www.wcrf.org/dietandcancer/interactive-cancer-risk-matrix#download_block) (last accessed 12.6.18)
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• Prevention – WCRF report

https://www.wcrf.org/dietandcancer/interactive-cancer-risk-matrix#download_block (last accessed 12.6.18)
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- Prevention – WCRF report – 10 recommendations

https://www.wcrf.org/dietandcancer/cancer-prevention-recommendations (last accessed 12.6.18)
• Why is cancer prevention important?

...doing well, but there is room for improvement
Why is early diagnosis important?
Why is early diagnosis important?

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Why is early diagnosis important?

![Breast Cancer (C50), One-Year Age Standardised Net Survival by Stage, Adults (Ages 16-99 Years), England 2014](chart.png)
Why is early diagnosis important?

Prostate Cancer (C61), One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-89 Years), England 2014

![Prostate Cancer Survival Chart]

- Stage I: 100%
- Stage II: 90%
- Stage III: 80%
- Stage IV: 70%
- Stage Not Known: 60%

Breast Cancer (C50), One-Year Age Standardised Net Survival by Stage, Adults (Ages 15-89 Years), England 2014

- Stage I: 80%
- Stage II: 70%
- Stage III: 60%
- Stage IV: 50%
- Stage Not Known: 40%

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

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

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

Proportion of Cases Diagnosed at Each Stage

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Why is early diagnosis important?

Proportion of Cases Diagnosed at Each Stage

Stage Shift

Percentage of Cases (%)

Stage I | Stage II | Stage III | Stage IV | Stage Unknown
--- | --- | --- | --- | ---
20 | 20 | 20 | 20 | 20

Stage at Diagnosis

Minimum increased 5 year survival with 10% increase in stages 1 & 2

<table>
<thead>
<tr>
<th>Cancer Site</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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How did we do?
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 24.11.18)
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How did we do?

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 24.11.18)
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How have we done?

<table>
<thead>
<tr>
<th>Month</th>
<th>Emergency Diagnosis %</th>
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<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>
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<td>Jun-16</td>
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<td>Sep-17</td>
<td>19.2%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>19.0%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>18.8%</td>
</tr>
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</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 17.11.18)
Cancer Cascade Workshop

How have we done?

<table>
<thead>
<tr>
<th>Date</th>
<th>Emergency Diagnosis %</th>
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<tbody>
<tr>
<td>Dec-12</td>
<td>21.0%</td>
</tr>
<tr>
<td>Mar-13</td>
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<tr>
<td>Jun-13</td>
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<td>20.0%</td>
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<td>19.9%</td>
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</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>
</tr>
<tr>
<td>Dec-17</td>
<td>19.0%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>18.8%</td>
</tr>
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</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 17.11.18)
Cancer Cascade Workshop

How have we done?

<table>
<thead>
<tr>
<th>Date</th>
<th>Early Stage Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>46%</td>
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<tr>
<td>Dec-13</td>
<td>47%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>48%</td>
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<tr>
<td>Jun-14</td>
<td>49%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>50%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>50%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>51%</td>
</tr>
<tr>
<td>Jun-15</td>
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</tr>
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<td>Sep-15</td>
<td>52%</td>
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<td>Dec-15</td>
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<td>Mar-16</td>
<td>52%</td>
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<tr>
<td>Jun-16</td>
<td>53%</td>
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</tr>
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</tr>
</tbody>
</table>

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 17.11.18)
Cancer Cascade Workshop

Ambition by 2028

Early Stage Diagnosis

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 17.11.18)
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How have we done?

1 Year Survival

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/table10to161yearcancersurvivalbyclinicalcommissioninggroupinenglandwith95confidenceintervals (last accessed 9.6.18)
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How is Scotland doing?

...doing well, but there is room for improvement
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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/
RCGP and Cancer Research UK Workshop
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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...
“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.”
<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 promotion</td>
<td>Bereavement</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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…
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 strengths of primary care—it's 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.
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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”

The Lancet Oncology, Vol. 16, No. 12
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Value in investing in early diagnosis:
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?
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:
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• 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 (eg radiation proctitis)
    • Late (eg ↑ 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
Survivorship: Problems faced by cancer survivors:
• Physical
  • Consequences of treatment
RCGP and Cancer Research UK Workshop

• Survivorship:
  Problems faced by cancer survivors:
  • Physical
    • Consequences of treatment
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
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 (c 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

Problems faced by cancer survivors:

- Physical
- Psychological
- Social
  - Consequences of treatment – impact on family and communities.
  - Pre-existing – deprivation gradient
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http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/deprivation-gradient#heading-Zero (last accessed 23.8.18)
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

As survivorship increases:

Co-morbidity
Second cancers:
  previous history cancer \rightarrow \uparrow \text{risk other cancer}
  Eg: Melanoma: \uparrow \text{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
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

End-of-life care: The best and the worst

<table>
<thead>
<tr>
<th>Top 10</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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<td>Ireland</td>
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<td>Netherlands</td>
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<td>France</td>
<td>79.4</td>
<td>China</td>
<td>23.3</td>
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https://www.eiuperspectives.economist.com/sites/default/files/images/2015%20EIU%20Quality%20of%20Death%20Index%20Oct%202015%20FINAL.pdf (last accessed 9.6.18)
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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
Dying at home 2010-12

Percentage of deaths (persons, all ages) in hospital, care home, home and hospice, England, 2004 to 2016

“Non-communicable diseases are a slow-motion disaster; these are the diseases that break the bank”.

Dr. Margaret Chan, Former Director-General of WHO
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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
RCPG and Cancer Research UK Workshop

Key to cancer

Education – public
Education – patients
Education – profession
Education – policy makers
Education – politicians
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Insanity:
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?
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Our common goal?

We are doing amazingly,
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Our common goal?

We are doing amazingly, but if resourced we can do even better, and match the best health care systems...

...doing well, but there is room for improvement
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Primary Care and Cancer Matters
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

• https://www.cancerresearchuk.org/health-professional/learning-and-support/online-learning

Primary Care and Cancer Matters

- 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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One person can make a difference, and everyone should try.
One person can make a difference, and everyone should try.

John F Kennedy 1917-1963
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Cancer – why all the interest?

...doing well, but there is room for improvement

Lots.....
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Thank you
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Any questions?