Cancer Cascade Workshop

Double Tree by Hilton, Leeds

11th May 2017

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

What’s new?
Cancer Cascade Workshop

What’s new?
• Breast cancer presentation
• Know your lemons
• Very brief intervention
• Colorectal cancer – improving outcomes?
• Colorectal cancer – when to refer
• E-cigarettes
• New CRUK Stats/infographics
Cancer Cascade Workshop

What’s new?
• BBC News 08.11.16 (NIHR Conference)
• Breast cancer presentation
Cancer Cascade Workshop

Warning over non-lump breast cancers

7 hours ago Health

Around one in six cases of breast cancer begins with symptoms other than a suspect lump, experts are warning.

http://www.bbc.co.uk/news/health-37894360
Cancer Cascade Workshop

What’s new?
UCL Researchers:
1 in 6 cases of breast cancer begin with non-lump symptoms
2 week breast referral pathway:
• aged 30 and over and have an unexplained breast lump
• aged 50 and over with any of the following symptoms in one nipple only:
  • discharge
  • retraction
  • other changes of concern. [new 2015]
• skin changes that suggest breast cancer
• aged 30 and over with an unexplained lump in the axilla. [new 2015]
• Consider non-urgent referral in people aged under 30 with an unexplained breast lump with or without pain. See also recommendations 1.16.2 and 1.16.3 for information about seeking specialist advice. [new 2015]
Cancer Cascade Workshop

BBC NEWS

Health

Signs of breast cancer explained, using lemons

By Philippa Roxby
Health reporter, BBC News

15 January 2017 | Health

http://www.bbc.co.uk/news/health-38609625
Cancer Cascade Workshop

know your lemons
sit down and feel around

It only takes a minute to check for a bad seed.

worldwide
breast cancer
Cancer Cascade Workshop
Cancer Cascade Workshop

What’s new?
Very brief advice
Cancer Cascade Workshop

What’s new?
Very brief advice

The 30-second chat that can trigger weight loss

By James Gallagher
Health and science reporter, BBC News website

25 October 2018 | Health

Doctors who spent 30 seconds telling patients they need to lose weight can have a dramatic impact, a study shows.

Some people, who had no intention of shedding the pounds, lost 10% of their body weight after being offered a free weight-loss programme.

http://www.bbc.co.uk/news/health-37717594
Cancer Cascade Workshop
What’s new?
Very brief advice:
12 months later average weight loss:
• Advice alone: 1.0kg
• Advice with Tier 2 referral: 2.4 kg
• 1 in 4 lost 5% body weight
• 1 in 10 lost 10% body weight
Cancer Cascade Workshop

What’s new?

"The impact is pretty substantial given the effort - 30 seconds - that went into it.

"If we were year-on-year to knock 2.4kg off the heaviest people in society then that would have a very big effect in health terms."

Prof Paul Aveyard
Cancer Cascade Workshop

What’s new?
RCGP and CRUK e-Learning VBA tool.
Launched April 2017
Cancer Cascade Workshop

What’s new?
RCGP and CRUK e-Learning VBA tool.

http://elearning.rcgp.org.uk/course/view.php?id=211
Cancer Cascade Workshop

What’s new?
RCGP and CRUK e-Learning VBA tool.

The module will highlight the links between cancer and smoking, obesity and alcohol and describe the evidence for Very Brief Advice (VBA) on behaviour changes to reduce cancer risk. Using case studies, it will give practical explanations on how to deliver effective VBAs for the different high risk behaviours in time pressured consultations in as little as 30 seconds.

http://elearning.rcgp.org.uk/course/view.php?id=211
Cancer Cascade Workshop

What’s new?
No such thing as “heavy bones”
Cancer Cascade Workshop

What’s new?
No such thing as “heavy bones”

https://www.google.co.uk/search?q=heavy+bones+mri&biw=1440&bih=770&source=lnms&tbnid=isch&sa=X&ved=0ahUKEwjB_f6SgZnQAhUJDMAKHQoFBusQ_AUIBigB#imgdii=fhmxHroHSCs8KM%3A%3BfhmxHroHSCs8KM%3A%3B6LKV_QYXM9BjiM%3A&imgref=fhmxHroHSCs8KM%3A
Emergency Presentations of Cancer
Emergency Presentations of Cancer

Clinical Study


Does emergency presentation of cancer represent poor performance in primary care? Insights from a novel analysis of linked primary and secondary care data

Peter Murchie, Sarah M Smith, Michael S Yule, Rosalind Adam, Melanie E Turner, Amanda J Lee and Shona Fielding

http://www.nature.com/bjc/journal/v116/n9/full/bjc201771a.html (last accessed 6.5.17)
Emergency Presentations of Cancer

- Emergency presentations: 20%
- Of these
  - 28% had no relevant prior GP contact
  - 22% had seen their GP and were waiting to be seen in 2º Care
  - 14% had missed opportunities for earlier diagnosis
Emergency Presentations of Cancer

• Associated predictors:
  • No prior GP contact OR=3.89 (CI 95% 2.14-7.09)
  • Lung cancer OR=23.24 (CI 95% 7.92-68.21)
  • Upper GI cancer OR=18.97 (CI 95% 6.08-59.23)
  • Colorectal cancer OR=18.49 (CI 95% 6.60-51.82)
  • Ethnicity OR=2.78 (CI 95% 1.27-6.06)
Emergency Presentations of Cancer

• “...emergency cancer presentation is more complex than previously thought. Patient delay, prolonged referral pathways and missed opportunities by GPs all contribute, but emergency presentation can also represent effective care. Resources should be used proportionately to raise public and GP awareness and improve post-referral pathways.”
Colorectal cancer – improving outcomes?

• When did we refer?
Colorectal cancer – improving outcomes?

- When did we refer?
Colorectal cancer – improving outcomes?

- When did we refer?
Colorectal cancer – improving outcomes?

- When did we refer?

Two thousand bowel cancer tumours a year are missing by GPs... before before spotted in casualty: Fifth of patients diagnosed in A&E had previously been turned away by a family doctor

- Patients were sent away by doctors despite having 'red flag' symptoms
- Finding out at a late stage greatly reduces a patient's chances of survival
- 2,000 bowel cancer patients a year could have been diagnosed earlier
- Last year the health watchdog NICE issued GPs with a guide for spotting it

By SOPHIE BORLAND HEALTH EDITOR FOR THE DAILY MAIL
Colorectal cancer – improving outcomes?

- When did we
Colorectal cancer – improving outcomes?

- When did we refer? Variously
Colorectal cancer – improving outcomes?

- When did we refer? Variably across CCGs

http://www.ncin.org.uk/publications/routes_to_diagnosis (accessed 6.5.17)
Colorectal cancer – improving outcomes?

- When did we refer?  Variably (across time)
Colorectal cancer – improving outcomes?

- When did we refer? Variably (across time) – improving!

http://www.ncin.org.uk/publications/routes_to_diagnosis (accessed 6.5.17)
Colorectal cancer – improving outcomes?

• When did we refer? Variably (across time) – improving!

http://www.ncin.org.uk/publications/routes_to_diagnosis (accessed 6.5.17)
Colorectal cancer – improving outcomes?

- When did we refer? Variably (across time) – improving!
- 1 year survival

Colorectal cancer – improving outcomes?

• When did we refer? Variably (across time) – improving!

CRC cancer rates per 100,000

Incidence

Mortality

Colorectal cancer – improving outcomes?

- When did we refer?  Variably – why is this important?

http://www.ncin.org.uk/publications/routes_to_diagnosis  (accessed 6.5.17)
Colorectal cancer – improving outcomes?

• When did we refer? Variably – why is this important?

Relative survival estimates by presentation route and survival time, Colorectal, 2006-2013

http://www.ncin.org.uk/publications/routes_to_diagnosis (accessed 6.5.17)
Colorectal cancer – improving outcomes?

- When did we refer? Variably – why is this important?

Relative survival estimates by presentation route and survival time, Colorectal, 2006-2013

http://www.ncin.org.uk/publications/routes_to_diagnosis (accessed 6.5.17)
Colorectal cancer – improving outcomes?

• When did we refer?  Variably – why is this important?

• Screening presentations – hugely better outcomes

• Should be area of priority

http://www.ncin.org.uk/publications/routes_to_diagnosis  (accessed 6.5.17)
Colorectal cancer – when to refer?

- What are the “key” symptoms?
Colorectal cancer – when to refer?

- What are the “key” symptoms for colon cancer?
- Rank order for symptoms reported or findings in 30 days prior to diagnosis:

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>Option D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rectal bleeding</td>
<td>1. Abdominal pain</td>
<td>1. Abdominal pain</td>
<td>1. Rectal bleeding</td>
</tr>
</tbody>
</table>
Colorectal cancer – when to refer?

- What are the “key” symptoms for colon cancer?
- Rank order for symptoms reported or findings in 30 days prior to diagnosis:

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
<th>Option D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rectal bleeding</td>
<td>1. Abdominal pain</td>
<td>1. Abdominal pain</td>
<td>1. Rectal bleeding</td>
</tr>
</tbody>
</table>

Discuss and choose which is correct ranking.
Colorectal cancer – when to refer?

- What are the “key” symptoms for colon cancer?
- Rank order for symptoms reported or findings in 30 days prior to diagnosis:

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rectal bleeding</td>
<td>1. Abdominal pain 15.7%</td>
<td>1. Rectal bleeding</td>
</tr>
<tr>
<td>3. Weight loss</td>
<td>3. Rectal bleeding 4.4%</td>
<td>3. Change in bowel habit</td>
</tr>
<tr>
<td>4. Abdominal pain</td>
<td>4. Change in bowel habit 2.5%</td>
<td>4. Abdominal pain</td>
</tr>
<tr>
<td>5. Anaemia</td>
<td>5. Weight loss 1.8%</td>
<td>5. Weight loss</td>
</tr>
</tbody>
</table>

http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf
Colorectal cancer – when to refer?

- What are the “key” symptoms for colon cancer?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>30 days pre-Δ</th>
<th>12 months - 30 days pre-Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>15.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Anaemia</td>
<td>6.2%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Rectal bleeding</td>
<td>4.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Change in bowel habit</td>
<td>2.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Weight loss</td>
<td>1.8%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf
Colorectal cancer – when to refer?

- What are the “key” symptoms?

[Graph showing frequency of symptoms in colon cancer]

http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf
Colorectal cancer – when to refer?

- What are the “key” symptoms?

Frequency of symptoms 30 days pre-diagnosis in colon cancer

http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf
Colorectal cancer – when to refer?

- What are the “key” symptoms?

Frequency of symptoms in rectal cancer

1. Abdominal pain
2. Anaemia
3. Rectal bleeding
4. Change in bowel habit
5. Weight loss

http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf
Colorectal cancer – when to refer?

- What are the “key” symptoms?

![Graph showing frequency of symptoms 30 days pre-diagnosis in rectal cancer](http://www.nature.com/bjc/journal/v115/n7/pdf/bjc2016250a.pdf)
Cancer Cascade Workshop
E-cigarettes
To vape or not to vape? The RCGP position on e-cigarettes

Dr Richard Roope, RCGP and Cancer Research UK Clinical Champion for Cancer

Smoking tobacco is the single largest cause of preventable illness and premature death, being responsible for around 100,000 deaths a year in the UK. Smoking accounts for 27% of all cancer deaths. 35% of all respiratory deaths and 13% of all circulatory disease deaths. It is in this context that smoking cessation is one of the most effective health interventions. Up until recent years the main tools to support those trying to give up smoking have been nicotine replacement therapy, and oral bupropion or varenicline. Research shows that professional support alongside medication has been the most effective approach. (8% success rates at one year, compared with 3% in those who attempt to quit unaided).

ENDS are battery-powered devices that allow the inhalation, or “vaping” of an aerosol containing nicotine, with the option of flavouring. They became available in 2004, following their invention in China in 2003, and global use has increased year on year. By May 2016 2.8 million adults in Great Britain were using ENDS. Of these, approximately 47% were ex-smokers and 51% were using both cigarettes and ENDS.
Cancer Cascade Workshop

E-cigarettes

Toxicity:

• Smoking tobacco: >7000 chemicals\(^1\)
• Vaping: 42 chemicals\(^2\) – though will vary

Cancer Cascade Workshop

E-cigarettes Toxicty:

![Bar chart showing toxicity levels of various smoking methods]

Eur Addict Res 2014;20:218-225
Cancer Cascade Workshop

E-cigarettes
Toxicity:

Eur Addict Res 2014;20:218-225
Cancer Cascade Workshop

E-cigarettes
Concerns:
1. Entry into smoking?
2. Safety?
3. Is it effective in cessation?
4. Is passive vaping of concern?
5. Should we wait for more research?
E-cigarettes
Concerns:
1. Entry into smoking?
   • Use in children is rare – of those who do, most are ex-smokers
   • Youth smoking: 1996 13%  ➞  2014 3%¹

E-cigarettes

Concerns:
1. Entry into smoking?
2. Safety?
   • Long term safety profile not yet known – but much safer than cigarettes\(^1\)
   • PHE report 95% safer than cigarettes\(^2\)

---

Cancer Cascade Workshop

E-cigarettes
Concerns:
1. Entry into smoking?
2. Safety?
3. Is it effective in cessation?
   • Since 2013 ECs are England’s most successful quitting aid

1. Smoking Toolkit Study www.smokinginengland.info
E-cigarettes
Concerns:
1. Entry into smoking?
2. Safety?
3. Is it effective in cessation?
4. Is passive vaping of concern?
   • No identified hazards to bystanders\(^1\)

Cancer Cascade Workshop

E-cigarettes
Concerns:
1. Entry into smoking?
2. Safety?
3. Is it effective in cessation?
4. Is passive vaping of concern?
5. Should we wait for more research?
   • No – the benefits are so large, there are lives to be saved...
E-cigarettes
Position statement now adopted

Recommendations

In line with recommendations from PHE\textsuperscript{10}, it is recommended that:

1. All Primary Care Clinicians (PCCs) provide accurate advice on the relative risks of smoking and e-cigarette use, and providing effective referral routes into stop smoking services.
2. PCCs engage actively with smokers who want to quit with the help of e-cigarettes.
3. Where a patient is wanting to quit smoking and has not succeeded with other options, PCCs should recommend and support the use of ECs.
4. PCCs recognise ECs offer a wide reach, low-cost intervention to reduce smoking in more deprived groups in society and those with poor mental health, both having elevated rates of smoking.
5. All PCCs encourage smokers who want to use e-cigarettes as an aid to quit smoking to seek the support of local stop smoking services.
Cancer Cascade Workshop

Cigarette smoking prevalence

http://www.smokinginengland.info/latest-statistics/  (last accessed 6.5.17)
Cancer Cascade Workshop

% of smokers trying to stop

Percent of smokers trying to stop

E-cigs
NRT OTC
NRT Rx
Champix
Beh'l supp

Source: www.smokinginengland.info/latest-statistics
Cancer Cascade Workshop

Cigarette smoking prevalence

% smoking/% of use of e cigs for cessation

% smoking
% using e cigs to stop

Cancer Cascade Workshop

Success rate for stopping in those who tried

Graph shows prevalence estimate and upper and lower 95% confidence intervals

http://www.smokinginengland.info/latest-statistics/ (last accessed 6.5.17)
Cancer Cascade Workshop
Proportion of smokers believing e-cigarettes less harmful than cigarettes

http://www.smokinginengland.info/latest-statistics/ (last accessed 6.5.17)
Cancer Cascade Workshop

What’s new?
• New CRUK Stats/infographics
Cancer Cascade Workshop

New CRUK Stats/infographics

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

The study used going cold turkey as the baseline. No more successful than cold turkey – probably because people don’t use enough.

225% More successful
60% More successful


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

Cancer Cascade Workshop

New CRUK Stats/infographics

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

SOURCES
- LET'S BEAT CANCER SOONER
cruk.org

Cancer Cascade Workshop

New CRUK Stats/infographics

Cancer Cascade Workshop

New CRUK Stats/infographics

Cancer Cascade Workshop

New CRUK Stats/infographics

UNHEALTHY DIETS COULD CAUSE 7 TYPES OF CANCER

BEING PHYSICALLY INACTIVE COULD CAUSE 3 TYPES OF CANCER

ALCOHOL CAN CAUSE 7 TYPES OF CANCER

Drinking less alcohol could prevent 12,800 cancer cases per year in the UK.

- Mouth and upper throat
- Larynx
- Oesophagus
- Breast (in women)
- Liver
- Bowel

Larger circles indicate cancers with more cases linked to alcohol in the UK.

4 WAYS ALCOHOL CAUSES CANCER
- Damages cells
- Increases damage from tobacco
- Affects hormones linked to breast cancer
- Breaks down into cancer-causing chemicals

Let's beat cancer sooner
cruk.org

https://pbs.twimg.com/media/B2uE_6vCQAAB_pK.png last accessed 8.10.16
Cancer Cascade Workshop

New CRUK Stats/infographics

What difference does breast screening make?
Screening catches more cancers earlier
Cancer is unpredictable, so it's not possible to know how a woman's cancer would have grown had it not been caught and treated.

Some would grow quickly
Some would grow slowly
Some of these would go on to spread
If these spread to vital organs, they may cause death
Some women live healthy, full lives unaffected by and unaware of these cancers

If we look at 1,000 women over 20 years
If they were not screened, 58 would be diagnosed with breast cancer
21 die from breast cancer
57 are treated and survive their disease
17 live healthy lives not affected by their cancer

With screening, 75 are diagnosed with breast cancer
16 die from breast cancer
59 are treated and survive their disease

Lives saved by screening
This many women would have died if breast screening had not caught their cancer early
1,300 lives saved a year in the UK
For every one life saved, three women are overdiagnosed

Overdiagnosed due to screening
This many women are treated for breast cancers that are real, but would not have caused them any harm
4,000 women treated a year when there would have been no harm

So, breast screening saves lives, but causes some women to be treated who didn't need to be
On balance, Cancer Research UK recommend that women go for breast screening when invited.

http://www.cancerresearchuk.org/prod_consump/groups/cr_common/@cah/@gen/documents/image/cr_123923.png last accessed 6.5.17
Cancer Cascade Workshop

New CRUK Stats/infographics

What difference does breast screening make?

Screening catches more cancers earlier

Cancer is unpredictable, so it’s not possible to know how a woman’s cancer would have grown had it not been caught and treated.

Some would grow quickly.
Some would grow slowly.
Some could spread to vital organs, they may cause death.

If these spread to vital organs, they may cause death.

If we look at 1,000 women over 45...

If they were not screened, 58 would be diagnosed with breast cancer...
24 die from breast cancer.
57 are treated and survive their disease.

With screening, 75 are diagnosed with breast cancer.
16 die from breast cancer.
59 are treated and survive their disease.

Lives saved by screening:

1,300 lives saved in the UK. For every one life saved... three women would have died if breast screening had not caught their cancer early.

So, breast screening saves lives, but causes women to be treated who didn’t need to be.

On balance, Cancer Research UK recommend breast screening when invited.

bit.ly/screening-review

PSA screening in men without any symptoms

The evidence so far...

Without screening:

68 of 1,000 men aged 50-59 will get a prostate cancer diagnosis.

With screening:

69 of 1,000 men aged 45-59 who are screened at least once will get a prostate cancer diagnosis.

After at least 10 years, of the men diagnosed...

7 will die of prostate cancer.
61 will be treated and survive their cancer.

20 will be diagnosed with cancers that would not have caused any harm and no lives would be saved.

0 lives will be saved due to screening.

DUE TO SCREENING, around 20 men will be diagnosed with cancers that would not have caused any harm and no lives would be saved.

Some of these findings come from the Prostate Cancer Prevention Trial.

Reference: Screening for Prostate Cancer (Review), The Cochrane Library 2013

WE WILL BEAT CANCER SOONER.

CRUK.Org

http://publications.cancerresearchuk.org/downloads/Product/prostate_screening_info.pdf last accessed 6.5.17
Cancer Cascade Workshop

What’s new?
- Breast cancer presentation
- Know your lemons
- Very brief intervention
- Colorectal cancer – improving outcomes?
- Colorectal cancer – when to refer
- E-cigarettes
- New CRUK Stats/infographics
Cancer Cascade Workshop

What’s new?
• LOTS...!!!
Cancer Cascade Workshop

What’s new?
• LOTS...!!!
THANK YOU