Cancer Cascade Workshop

Park Plaza, Nottingham
7th March 2018

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
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What’s new?
Cancer Cascade Workshop

What’s new?

• Early NCDA findings
• E-cigarettes re-positioning statement
• Bowel cancer – screening etc
• Lung screening
• Structures, data and 28 day FDS
• Blood cancers
• Thrombocytosis – so what?
• Health Professional Obesity Campaign 2018
• Very brief advice
• New CRUK Stats/infographics
What’s new?
• Early NCDA findings
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Early NCDA findings

• Data was completed on 17,064 tumour records
• 439 practices submitted data
• Number of records per practice ranged from 1 to 156
• Median number of records was 34
• 139 CCGs had at least one practice that submitted data
• 6 CCGs have 10+ practices participating
## Early NCDA findings

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>NCDA</th>
<th>CRUK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>15.9%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>12.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>12.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>NHL</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>H+N</td>
<td>3.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>2.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2.7%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>2.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Uterus</td>
<td>2.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ovary</td>
<td>2.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>CNS</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Liver</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cervix</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>9.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>
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Early NCDA findings

![Bar chart showing proportion of patients in different cancer stages](chart.png)
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Early NCDA findings

All cancers
17045 patients

Proportion of patients (%)

Early (stages 0,1&2) | Late (stages 3&4) | Not known

England Stage at diagnosis 2010-2014

Stages 1 and 2 | Stages 3 and 4 | Unknown
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Early NCDA findings – all are “pre-NG12”

All cancers
17045 patients

Proportion of patients (%)

Early (stages 0, 1&2) 40%
Late (stages 3&4) 35%
Not known 25%

England Stage at diagnosis 2010-2014

Stages 1 and 2
Stages 3 and 4
Unknown
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Early NCDA findings: Consultations prior to referral
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Early NCDA findings:
Consultations prior to referral (where recorded)
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Early NCDA findings: Consultations prior to referral (where recorded)

Number of consultations prior to referral

- 78% <3
- 22% ≥3
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Early NCDA findings:
Presentation to referral time:
Early NCDA findings:
Presentation to referral time:

<table>
<thead>
<tr>
<th></th>
<th>5th centile</th>
<th>25th centile</th>
<th>Median</th>
<th>75th centile</th>
<th>95th centile</th>
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</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>159</td>
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<tr>
<td>Breast</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Colorectal</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>182</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>46</td>
<td>180</td>
</tr>
<tr>
<td>Prostate</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>32</td>
<td>234</td>
</tr>
</tbody>
</table>
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Early NCDA findings:
Presentation to referral time:

All cancers
Each dot represents one record

Days from presentation to referral
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Early NCDA findings: Place of presentation
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Early NCDA findings: Place of first presentation

Place of First Presentation

- GP Surgery: 68%
- A+E: 11%
- Screening: 5%
- Outpatients: 6%
- GP Home Visit: 5%
- Other places: 7%
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Early NCDA findings:
Types of referrals (of those recoded)
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Early NCDA findings:
Types of referrals (of those recoded)

- 54% 2 WW
- 17% Emergency
- 8% Routine
- 8% Screening
- 8% Urgent
- 6% Private
- 2% Other

Total: 100%
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Early NCDA findings:
Types of referrals (of those recoded): “Emergency”

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient self-referred - no prior consultation</td>
<td>4.2%</td>
</tr>
<tr>
<td>Referred as emergency by GP - no prior consultation</td>
<td>3.2%</td>
</tr>
<tr>
<td>Patient self-referred while waiting for tests</td>
<td>1.8%</td>
</tr>
<tr>
<td>Referred as emergency by GP while waiting for tests</td>
<td>1.4%</td>
</tr>
<tr>
<td>Patient self-referred - previously seen in same episode</td>
<td>1.7%</td>
</tr>
<tr>
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<tr>
<td>Other</td>
<td>0.7%</td>
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</tbody>
</table>
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Early NCDA findings:
Types of referrals (of those recoded): “Emergency”

Types of referrals

- Patient self-referred - no prior consultation: 4.2%
- Referred as emergency by GP - no prior consultation: 3.2%
- Patient self-referred while waiting for tests: 1.8%
- Referred as emergency by GP while waiting for tests: 1.4%
- Patient self-referred - previously seen in same episode: 1.7%
- Referred as emergency by GP - previously seen in same episode: 3.0%
- Other: 0.7%

Royal College of General Practitioners
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What’s new?
• E-cigarettes – RCGP re-position statement
What’s new?

• E-cigarettes
  • Compared to smoking is use of E-cigarettes:
    1. More harmful or equally harmful
    2. Less harmful
    3. A lot less harmful
    4. Harmless
    5. Don’t know
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What’s new?

• E-cigarettes

• Compared to smoking is use of E-cigarettes:
  1. More harmful or equally harmful
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  5. Don’t know

Discuss with neighbour...
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ASH (Action on smoking and health) 8.5.17

Perception of Harm

Adult population perception of harm from e-cigarettes relative to smoking (2013-2017)
Perception of Harm

Adult population perception of harm from e-cigarettes relative to smoking (2013-2017)
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ASH (Action on smoking and health) 8.5.17

Reality of Harm
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ASH (Action on smoking and health) 8.5.17

Reality of Harm

**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

Let’s Beat Cancer Sooner

cruk.org
What’s new?

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  • Compared to smoking is use of E-cigarettes:
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What’s new?
• E-cigarettes
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What’s new?

• E-cigarettes – re-position statement
• Smoking Prevalence (adults)
  • 1974: 45%
  • 2018: 17.1%

http://www.smokinginengland.info/latest-statistics/ last accessed 21.2.18
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What’s new?

• E-cigarettes – re-position statement
• Smoking Prevalence
  • 1974: 45%
  • 2018: 17.1% - still 9 million smokers
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What’s new?

• E-cigarettes – re-position statement
• Smoking Prevalence
  • 1974: 45%
  • 2016: 16.9% - still 9 million smokers
  • Average 284 per F/T GP
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What’s new?

- E-cigarettes – re-position statement
- Smoking Prevalence
  - 1974: 45%
  - 2016: 16.9% - still 9 million smokers
  - Average 284 per F/T GP
  - Still 122,000 deaths attributed to smoking
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What’s new?

• E-cigarettes – re-position statement
• Cessation medication + support=best results
What’s new?

- E-cigarettes – re-position statement
- Cessation medication + support=best results
- Since 2013 e-cigarettes have been most popular quitting aid
- In 2015 ECs contributed to 18,000 long term ex-smokers
Large national survey finds 2.9 million people now vape in Britain: For the first time over half don’t smoke

8 May 2017

Monday 8 May 2017

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ASH (Action on smoking and health) 8.5.17

• 2.9 million using e-cigarettes
• 1.5 million are ex-smokers (52% of vapers)
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ASH (Action on smoking and health) 8.5.17

- 9 million still smoke
- 3 million smokers have never tried vaping
  - Of these 23% (690,000) have not because of safety concerns (22 per FT GP)
- 1.3 million are “dual smoking”
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ASH (Action on smoking and health) 8.5.17

• 9 million still smoke
• 3 million smokers have never tried vaping
  • Of theses 23% (690,000) have not because of safety concerns (22 per FT GP)
• 1.3 million are “dual smoking” – now known to have NO reduction in risk...
What’s new?

• **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.
What’s new?

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What’s new?

• 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
What’s new?

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What’s new?
• Bowel Cancer
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What’s new?

• Bowel Cancer – survival improving:
What’s new?

• Bowel Cancer – survival improving:
  • “Early diagnosis is critical for bowel cancer survival. In my opinion GPs and patients are becoming more aware of bowel cancer symptoms and acting more quickly than in the past. The national screening programme, introduced in 2006, means some cancers can be cured before they have caused any symptoms at all. And in our hospitals, better standards of surgery, radiotherapy, chemotherapy, imaging and pathology are all improving patients' chance of cure.”

Professor Matt Seymour, Cancer Research UK’s bowel cancer expert based at the University of Leeds
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• Importance of bowel screening
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• Importance of bowel screening

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

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• Importance of bowel screening

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

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- Importance of bowel screening
- Screening presentations – hugely better outcomes
- Should be area of priority
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- Lung screening
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- Lung screening
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• Lung screening

TESCO'S CANCER CHECKS High-risk Brits to be offered lung cancer scans at supermarkets

The scheme comes as a trial found that one person in 33 had a tumour

By Nick McDermott, Health Editor
21st November 2017, 2:36 am

MORE Brits are to be offered NHS lung cancer scans at supermarkets after a trial found one in 33 had tumours.

People at high risk, such as smokers, were invited for CT scans in Manchester.
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• Lung screening
• Controversial
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- Lung screening
- Controversial
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- Lung screening
  - Controversial
    - More research needed
    - Also issue of £ per QALY
    - Smoking cessation QALY=£80

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- Lung screening
  - Controversial
    - More research needed
    - Also issue of £ per QALY
    - Smoking cessation QALY=£80
What’s new?

Output from the National Cancer Transformation Board

• **Delivery infrastructure**: National Cancer Vanguard and Cancer Alliances
• **Faster Diagnosis Standard**: 28 days to diagnosis - being piloted currently
• **Cancer Dashboard**: single, integrated Cancer Dashboard
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Alliances and Vanguards:

- Part of NHS England New Care Models Programme
- One of 13 Acute Care Collaboration vanguards
- The National Cancer Vanguard comprises 3 ‘delivery vehicles’, each is:
  - based on an established integrated cancer system
  - testing a different model of improvement for a population
  - System leadership by:
    - Christie (Greater Manchester)
    - Royal Marsden (NW and SW London)
    - UCLH (NC & NE London & W Essex)
- Total population served by the national cancer vanguard 10.8 mill
- Aim is to develop and test models that are replicable for the whole NHS
- Underpinning informatics strategy is mission critical
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What’s new?

• **Faster Diagnosis Standard:** 28 days to diagnosis - being piloted currently
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What’s new?

- **Faster Diagnosis Standard:** 28 days to diagnosis - being piloted currently
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What’s new?

• **Faster Diagnosis Standard: 28 days to diagnosis - being piloted currently**
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Cancer deaths in 2014:

- Lung 35,895
- Bowel 15,903
- Breast 11,433
- Prostate 11,287
- Pancreas 8,817
- Oesophagus 7,790
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Cancer deaths in 2014:

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Where do the combined blood cancer deaths come?
Cancer deaths in 2014:

- Lung: 35,895
- Bowel: 15,903
- Breast: 11,433
- Prostate: 11,287
- Pancreas: 8,817
- Oesophagus: 7,790

Where do the combined blood cancer deaths come from?

Discuss with neighbour...
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Cancer deaths in 2014:

- Lung 35,895 A
- Bowel 15,903
- **Blood cancers 12,668** B
- Breast 11,433 C
- Prostate 11,287 D
- Pancreas 8,817 E
- Oesophagus 7,790
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Blood cancer deaths in 2014

- Non-Hodgkins Lymphoma: 38%
- Leukaemia: 23%
- Myeloma: 36%
- Hodgkins Lymphoma: 3%
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Blood cancers – NG12:

- Pallor
- Persistent fatigue
- Unexplained fever
- Unexplained persistent or recurrent infection
- Generalised lymphadenopathy
- Unexplained bruising/bleeding/petechiae
- Unexplained bone pain
- Hepatosplenomegaly
  - Urgent FBC
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Blood cancers – NG12:
- Persistent bone pain/back pain/unexplained #/raised Ca++/low wbc/raised ESR in >60s
  - Urgent protein electrophoresis
  - BJP
Blood cancers – NG12:

- Unexplained lymphadenopathy/splenomegaly
- Esp if: night sweats, fever, SOB, pruritis, weight loss, alcohol induced LN pain
  - Urgent 2ww referral
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What’s new?
  • Raised platelet count
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What’s new?

• Thromobocytosis – so what?
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What’s new?

• Thrombocytosis – so what?
  • Clinical relevance of thrombocytosis in primary care: a prospective cohort study of cancer incidence using English electronic medical records and cancer registry data

Sarah ER Bailey, Obioha C Ukoumunne, Elizabeth A Shephard, Willie Hamilton
Br J Gen Pract 22 May 2017; bjgp17X691109. DOI: 10.3399/bjgp17X691109
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What’s new?

• Raised platelet count
  • If raised in two FBCs within 6/12:
  • 18.1% of males developed Ca within 1y
  • 10.1% of females developed Ca within 1y
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What’s new?
• Raised platelet count
What’s new?

- Raised platelet count
- Male: Lung+CRC = 41%
- Female: Lung+CRC = 35%

Sarah ER Bailey, Obioha C Ukoumunne, Elizabeth A Shephard, Willie Hamilton
Br J Gen Pract 22 May 2017; bjgp17X691109. DOI: 10.3399/bjgp17X691109
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What’s new?
Very brief advice
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What’s new?

Very brief advice

http://www.bbc.co.uk/news/health-37717594

Doctors who spend 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
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
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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
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What’s new?
RCGP and CRUK e-Learning VBA tool.
Launched April 2017
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What’s new?
RCGP and CRUK e-Learning VBA tool.

http://elearning.rcgp.org.uk/course/view.php?id=211
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Weight management:
PHE: “Let’s talk about weight”

Guidance
Adult weight management: a guide to brief interventions

From: Public Health England
Part of: Weight management: guidance for commissioners and providers
Published: 21 June 2017

Practical advice and tools to support health and care professionals make brief interventions in weight management for adults.

Documents

Let’s talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals
Ref: PHE publication gateway number: 2017052
PDF, 418KB, 11 pages
This file may not be suitable for users of assistive technology. Request an accessible format.

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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
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CRUK Health Professional Obesity Campaign
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CRUK Health Professional Obesity Campaign

Health Professionals Obesity Campaign 2018
Summary of Activity
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HEALTH PROFESSIONAL OBESITY CAMPAIGN

Insight shows that GPs and Practice Nurses see weight management as part of their role but...

- Only 32% gave weight management advice to patients in the last year.
- Fewer than half are aware that obesity is the 2nd biggest preventable risk factor.
- 1/3 of GPs and 1/4 of practice nurses don’t feel comfortable discussing weight with patients.
- Almost 1/3 don’t feel they have the right skills to address the issue.
- Fear of damaging the relationship is a key barrier to initiating conversations.
- 38% feel patients are unreceptive and doubt the impact of their advice.

CAMPAIGN OBJECTIVES

- Increase depth of knowledge
- Positively influence GPs’ belief that they can have an impact
- Raise awareness of available resources and training
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2018 CAMPAIGN ACTIVITY

Cancer Insight
Highlights the link and why it’s important that health professionals talk about weight as part of the whole system approach. Provides useful resources and training.

GP Opinion Piece
Two GPs debate the role of primary care in tackling obesity, discussing the challenges and opportunities. Final word by Linda Bauld.

Emails
Explains why we’re running a public campaign and directs them to the FAQ document to help them answer questions patients may have about the campaign.

Adverts in Pulse and Practice Nursing
Promoting the public campaign and signposting to useful resources.
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### CRUK Health Professional Obesity Campaign

### 2018 CAMPAIGN TIMELINE

<table>
<thead>
<tr>
<th>Channel</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/02</td>
<td>12/02</td>
<td>19/02</td>
</tr>
<tr>
<td>26/02</td>
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<td>12/03</td>
</tr>
<tr>
<td>19/03</td>
<td>26/03</td>
<td></td>
</tr>
</tbody>
</table>

**Campaign Landing Page**

**Full page advertorial in Pulse (GP)**

**Full page advertorial in Practice Nursing**

**Cancer Insight Emails**

**Cancer Insight printed guides**

**GP Opinion Piece in Pulse (and online)**
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New CRUK Stats/infographics

WHAT’S THE MOST SUCCESSFUL WAY TO STOP SMOKING?
SUCCESS OF POPULAR METHODS COMPARED WITH GOING COLD TURKEY

<table>
<thead>
<tr>
<th>Method</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Turkey</td>
<td>60% More successful</td>
</tr>
<tr>
<td>Nicotine Replacement Therapy</td>
<td>225% More successful</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td></td>
</tr>
<tr>
<td>Support and Medication</td>
<td></td>
</tr>
</tbody>
</table>

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


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New CRUK Stats/infographics

Diet...

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New CRUK Stats/Infographics

Inactivity...

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New CRUK Stats/infographics

Alcohol...
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New CRUK Stats/infographics

Breast Screening DST

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

Some would grow slowly
Some of these would go on to spread.

Some of these would never cause harm
Some women live healthy, full lives unharmed 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
67 are treated and survive their disease
17 live healthy lives not affected by their cancer

With screening, 75 are diagnosed with breast cancer
10 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

PSA Screening DST

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

What’s new?
Cancer Cascade Workshop

What’s new?

• Early NCDA findings
• E-cigarettes re-positioning statement
• Bowel cancer – screening etc
• Lung screening
• Structures, data and 28 day FDS
• Blood cancers
• Thrombocytosis – so what?
• Health Professional Obesity Campaign 2018
• Very brief advice
• New CRUK Stats/infographics
Cancer Cascade Workshop

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

What’s new?
• LOTS...!!!

KEEP CALM EXCITING TIMES AHEAD!!
THANK YOU