Cancer Cascade Workshop

DoubleTree by Hilton, Bristol
11th May 2017

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

CASCADe
Cancer Cascade Workshop

What’s new?
Cancer Cascade Workshop

What’s new?

- Child Cancer Awareness Month
- E-cigarettes re-positioning statement
- Bowel cancer – screening etc
- Colorectal cancer – when to refer
- Know your lemons – (nearly new)
- Thrombocytosis – so what?
- Very brief advice
- New CRUK Stats/infographics
Cancer Cascade Workshop

What’s new?
• Child Cancer Awareness Month
Cancer Cascade Workshop

What’s new?
• Child Cancer Awareness Month
Cancer Cascade Workshop

What’s new?

• Child Cancer Awareness Month - Headsmart

https://assets.headsmart.org.uk/live/media/filer_public/a8/06/a806a964-9a58-4c25-974e-1ab9adc3b487/headsmart_symptoms_card.pdf Last accessed 10.9.17
Cancer Cascade Workshop

What’s new?

• Child Cancer Awareness Month - Headsmart

[Image of symptom cards for Babies, Children, and Teens]

If your child has one of these, see your doctor, if two or more, ask for an ‘urgent referral’

[Links and access details]

https://assets.headsmart.org.uk/live/media/filer_public/a8/06/a806a964-9a58-4c25-974e-1ab9adc3b487/headsmart_symptoms_card.pdf Last accessed 10.9.17
Neuroblastoma: any abdominal mass or enlarged abdominal organ: refer within 48 hours.

Retinoblastoma: absent red reflex: refer within 2 weeks.

Wilm's tumour: any abdominal mass, enlarged abdominal organ, unexplained visible haematuria: refer within 48 hours.
Neuroblastoma: any abdominal mass or enlarged abdominal organ: refer within 48 hours.
Retinoblastoma: absent red reflex: refer within 2 weeks.
Wilm’s tumour: any abdominal mass, enlarged abdominal organ, unexplained visible haematuria: refer within 48 hours.
Cancer Cascade Workshop

NICE NG12 2015

• Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.
Cancer Cascade Workshop

NICE NG12 2015

• Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.

• Three strikes and you’re out
Cancer Cascade Workshop

What’s new?

• E-cigarettes – RCGP re-position statement
Cancer Cascade Workshop

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
Perception of Harm

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

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

Reality of Harm
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
Cancer Cascade Workshop

What’s new?
• E-cigarettes
Cancer Cascade Workshop

What’s new?

• E-cigarettes – re-position statement
• Smoking Prevalence (adults)
  • 1974: 45%
  • 2017: 16.9%

http://www.smokinginengland.info/latest-statistics/ last accessed 10.9.17
What’s new?

- E-cigarettes – re-position statement
- Smoking Prevalence
  - 1974: 45%
  - 2016: 16.9% - still 9 million smokers
Cancer Cascade Workshop

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
Cancer Cascade Workshop

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
Cancer Cascade Workshop

What’s new?

• E-cigarettes – re-position statement
• Cessation medication + support=best results
Cancer Cascade Workshop

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

Monday 8 May 2017
Cancer Update
ASH (Action on smoking and health) 8.5.17

- 2.9 million using e-cigarettes
- 1.5 million are ex-smokers (52% of vapers)
Cancer Update

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”
Cancer Cascade Workshop

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?

• 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
Cancer Cascade Workshop

What’s new?
• Bowel Cancer
Cancer Cascade Workshop

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

Bowel Cancer Mortality Rates Have Fallen 31% Over 20 Years

Bowel Cancer Mortality Rates per 100,000 Population
European Age-Standardised Rates, UK 1995–2015

Let’s Beat Cancer Sooner
cruk.org
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
Cancer Cascade Workshop

• Importance of bowel screening
Cancer Cascade Workshop

• Importance of bowel screening

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

Cancer Cascade Workshop

• Importance of bowel screening

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

Cancer Cascade Workshop

- Importance of bowel screening

- Screening presentations – hugely better outcomes
- Should be area of priority
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></th>
<th>30 days pre-Δ</th>
<th>12 months - 30 days pre-Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abdominal pain</td>
<td>15.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>2. Anaemia</td>
<td>6.2%</td>
<td>19.2%</td>
</tr>
<tr>
<td>3. Rectal bleeding</td>
<td>4.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>4. Change in bowel habit</td>
<td>2.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>5. 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?

Frequency of symptoms in colon 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?

![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?

![Graph showing frequency of symptoms in rectal cancer]

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

Frequency of symptoms in rectal cancer

- 30 days pre-Δ
- 12 months - 30 days pre-Δ
- 30 days post-Δ

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 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
Cancer Cascade Workshop

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

Royal College of General Practitioners

Cancer Research UK
Cancer Cascade Workshop
Cancer Cascade Workshop

What’s new?
• Raised platelet count
Cancer Cascade Workshop

What’s new?
  • Thromobocytosis – so what?
Cancer Cascade Workshop

What’s new?

• Thromobocytosis – 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 Ukomunne, Elizabeth A Shephard, Willie Hamilton
Br J Gen Pract 22 May 2017; bjgp17X691109. DOI: 10.3399/bjgp17X691109
Cancer Cascade Workshop

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
Cancer Cascade Workshop

What’s new?

• Raised platelet count
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

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
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
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

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

Cancer Cascade Workshop

New CRUK Stats/infographics

Diet...

Cancer Cascade Workshop

New CRUK Stats/infographics

Inactivity...

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**

**4 WAYS ALCOHOL CAUSES CANCER**

- Damages cells
- Increases damage from tobacco
- Affects hormones linked to breast cancer
- Breaks down into cancer-causing chemicals

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

Let's beat cancer sooner

cruk.org

---

https://pbs.twimg.com/media/B2uE_6vCQAAB_pK.png last accessed 6.5.17
Cancer Cascade Workshop

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

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

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.

bit.ly/screening-review

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

[Infographic showing PSA screening in men without any symptoms]

PSA screening in men without any symptoms

The evidence so far...

**WITHOUT SCREENING**

- Of 1,000 men aged 50-69
- 58 will get a prostate cancer diagnosis

**WITH SCREENING**

- Of 1,000 men aged 50-69 who are screened at least once
- 88 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

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

Due to screening, around 20 men will be
diagnosed with cancer that would not have caused any harm and no lives would be saved.

Reference: Screening for Prostate Cancer (Review), The Cochrane Library 2015

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

What’s new?

• Child Cancer Awareness Month
• E-cigarettes re-positioning statement
• Bowel cancer – screening etc
• Colorectal cancer – when to refer
• Know your lemons – (nearly new)
• Thrombocytosis – so what?
• Very brief advice
• New CRUK Stats/infographics
Cancer Cascade Workshop

What’s new?
Cancer Cascade Workshop

What’s new?

• LOTS...!!!
Cancer Cascade Workshop

What’s new?
• LOTS...!!!

KEEP CALM
EXCITING TIMES AHEAD!!
THANK YOU