Cancer Cascade Workshop

DoubleTree by Hilton, London Victoria
13th December 2017

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

CASCADe
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What’s new?
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What’s new?

• Early NCDA findings
• E-cigarettes re-positioning statement
• Bowel cancer – screening etc
• Lung screening
• Structures, data and 28 day FDS
• Know your lemons – (nearly new)
• Thrombocytosis – so what?
• Very brief advice
• New CRUK Stats/infographics
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What’s new?
• Early NCDA findings
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
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Early NCDA findings

NCDA 2014 - Incidence

Breast, Lung, Prostate, Colorectal, Melanoma, NHL, Kidney, H+N, Bladder, Leukaemia, Pancreas, Oesophagus, Uterus, Ovary, Stomach, CNS, Liver, Myeloma, Cervix, Hodgkins, Other
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Early NCDA findings

NCDA 2014 - Cancer %incidence

- Breast: 16%
- Lung: 13%
- Prostate: 12%
- Colorectal: 12%
- Melanoma: 5%
- NHL: 4%
- Kidney: 4%
- H+N: 4%
- Bladder: 3%
- Leukaemia: 3%
- Pancreas: 3%
- Oesophagus: 2%
Early NCDA findings

<table>
<thead>
<tr>
<th>Cancer Site</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>
Early NCDA findings

All cancers
17045 patients

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

Proportion of patients (%)
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Early NCDA findings

All cancers
17045 patients

Proportion of patients (%)

<table>
<thead>
<tr>
<th>Cancer stage</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (stages 0,1&amp;2)</td>
<td>40</td>
</tr>
<tr>
<td>Late (stages 3&amp;4)</td>
<td>35</td>
</tr>
<tr>
<td>Not known</td>
<td>25</td>
</tr>
</tbody>
</table>

England Stage at diagnosis 2010-2014

<table>
<thead>
<tr>
<th>Stage</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages 1 and 2</td>
<td>45</td>
</tr>
<tr>
<td>Stages 3 and 4</td>
<td>35</td>
</tr>
<tr>
<td>Unknown</td>
<td>25</td>
</tr>
</tbody>
</table>
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Early NCDA findings – all are “pre-NG12”

![Image of bar chart showing cancer stages and proportions of patients in England between 2010 and 2014]
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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

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

<table>
<thead>
<tr>
<th>Days from presentation to referral</th>
<th>5th centile</th>
<th>25th centile</th>
<th>Median</th>
<th>75th centile</th>
<th>95th centile</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>27</td>
<td>159</td>
</tr>
<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: 7%
- Screening: 5%
- Outpatients: 5%
- GP Home Visit: 6%
- Other places: 11%
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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)

![Pie chart showing types of referrals](image)
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Early NCDA findings:
Types of referrals (of those recoded)

<table>
<thead>
<tr>
<th>Types of referrals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WW</td>
<td>54%</td>
</tr>
<tr>
<td>Emergency</td>
<td>17%</td>
</tr>
<tr>
<td>Routine</td>
<td>8%</td>
</tr>
<tr>
<td>Screening</td>
<td>8%</td>
</tr>
<tr>
<td>Urgent</td>
<td>6%</td>
</tr>
<tr>
<td>Private</td>
<td>2%</td>
</tr>
</tbody>
</table>

- 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%
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Early NCDA findings:
Types of referrals (of those recoded)

### Types of referrals

- 2 WW: 54%
- Emergency: 17%
- Routine: 8%
- Screening: 8%
- Urgent: 5%
- Private: 2%
- Other: 6%

<table>
<thead>
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What’s new?
• E-cigarettes – RCGP re-position statement
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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
What’s new?

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    3. A lot less harmful
    4. Harmless
    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)
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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)
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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

Over 100,000 deaths per year = 10,000

LET'S BEAT CANCER SOONER
CRUK.org

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What’s new?

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  • Compared to smoking is use of E-cigarettes:
    1. More harmful or equally harmful
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    5. Don’t know
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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%
  • 2017: 16.9%

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

• E-cigarettes – re-position statement
• Smoking Prevalence
  • 1974: 45%
  • 2016: 16.9% - 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
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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
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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)
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 these 23% (690,000) have not because of safety concerns (22 per FT GP)
- 1.3 million are “dual smoking”
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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
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What’s new?
• Bowel Cancer
What’s new?

• Bowel Cancer – survival improving:

Let’s beat cancer sooner.

Cancer Research UK
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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

1-month  3-month  6-month  9-month  12-month  24-month  36-month

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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

Cancer tests in supermarket carparks in bid to boost detection rates
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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
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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 mil**
- 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?

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What’s new?

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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
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know your lemons
sit down and feel around

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

worldwide breast cancer
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WHAT BREAST CANCER CAN LOOK & FEEL LIKE
Recognize something? Don’t panic, some changes are normal. But if it stays around be smart—show a doctor.

- Thick mass
- Indentation
- Skin sores
- Redness or heat
- Unusual or new fluid
- Dimpling
- Bump
- Growing vein
- Retracted nipple
- New shape/size
- Orange peel skin

If you find new changes like this that stay around, show your doctor. knowyourlemons.com

"A cancerous lump is often hard and immovable, like a lemon seed."

https://www.worldwidebreastcancer.org/
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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
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%
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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
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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
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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.
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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

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

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

225% More successful
60% More successful

*Available 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

http://www.cancerresearchuk.org/prod_consump/groups/cr_common/@cah/@gen/documents/image/cr_123923.png last accessed 6.5.17
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New CRUK Stats/infographics

PSA Screening DST

http://publications.cancerresearchuk.org/downloads/Product/prostate_screening_info.pdf last accessed 6.5.17
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• LOTS...!!!
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What’s new?
• LOTS...!!!

KEEP CALM EXCITING TIMES AHEAD !!

RCGP Royal College of General Practitioners

Cancer Research UK
THANK YOU