



Early Diagnosis of Cancer

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East Midlands

WHAT WE WILL COVER...

- What do we mean by early diagnosis?
- Why is it important?
- How is the UK doing?
- The local picture
- What is CRUK doing?
- How can we work together?
- Summary



**WHAT DO WE
MEAN BY EARLY
DIAGNOSIS?**

Cancer? What is it?

Karkinos – Greek

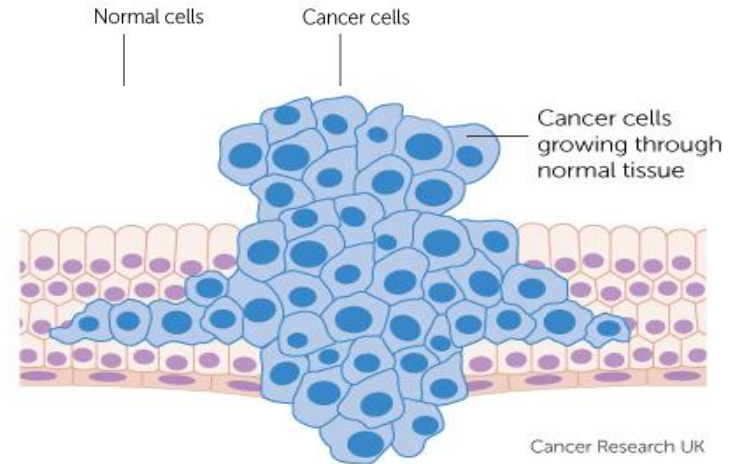


ABOUT CANCER

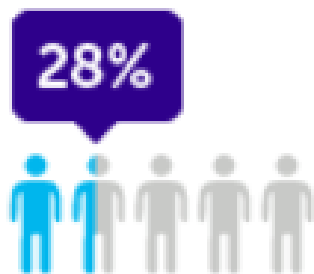
Most cancers develop because of DNA damage that can happen because of things in our lifestyle and environment.

The biggest risk factor for cancer is age – half of cases in the UK are diagnosed in people aged 70 and over.

Risk factors in our environment (tobacco, alcohol, UV) can damage our DNA, increasing our risk.



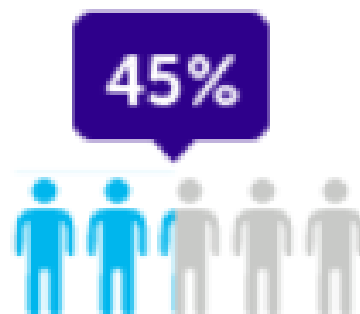
Proportion of UK deaths



Deaths

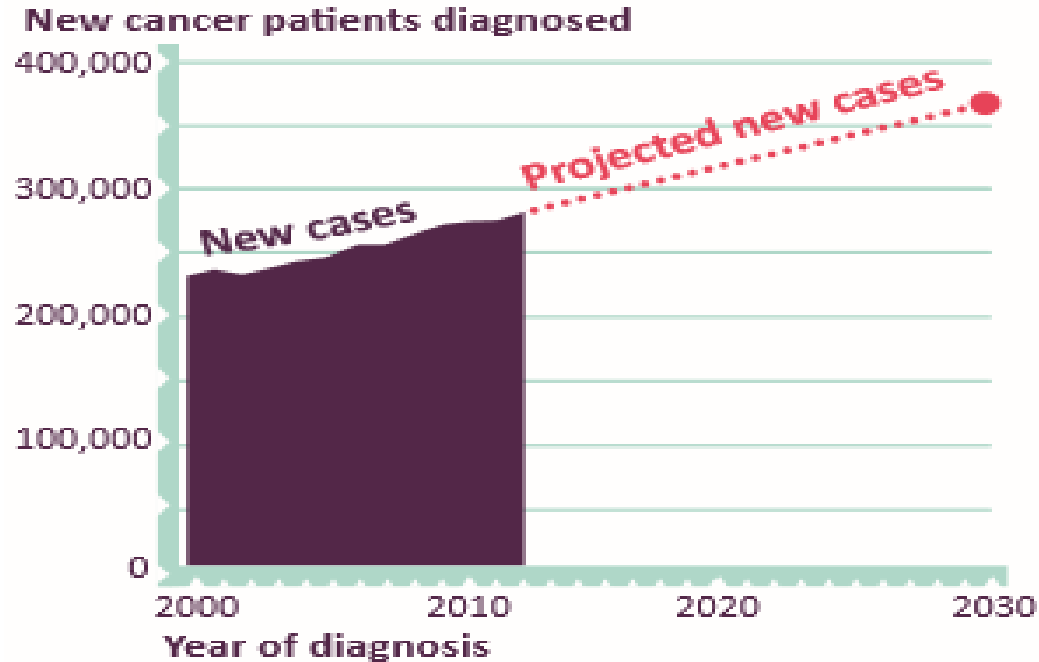


Common cancers



The scale of the cancer challenge:

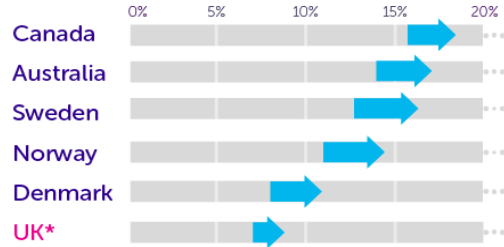
New cancer cases will increase



WHEN IT COMES TO SURVIVAL, WE'RE LAGGING BEHIND OTHER COUNTRIES

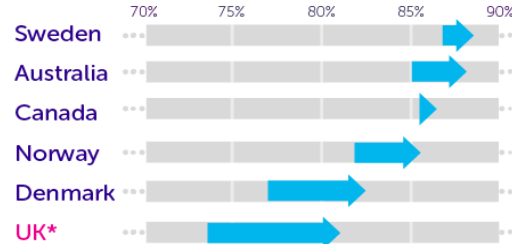
Lung cancer

5-year survival changes, 1995-1999 to 2005-2007



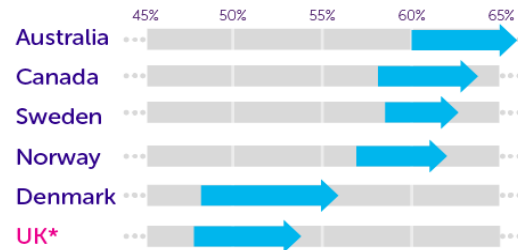
Breast cancer

5-year survival changes, 1995-1999 to 2005-2007



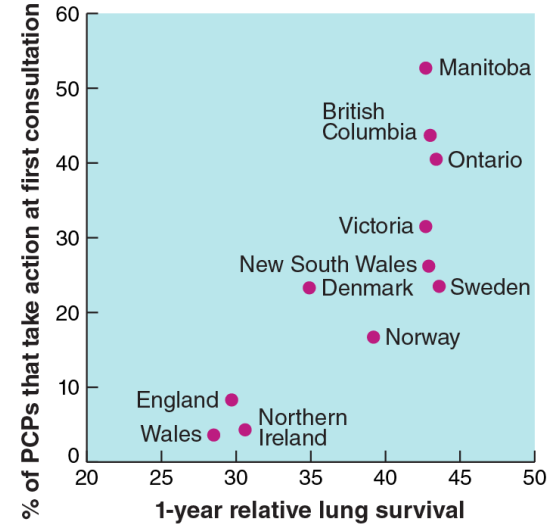
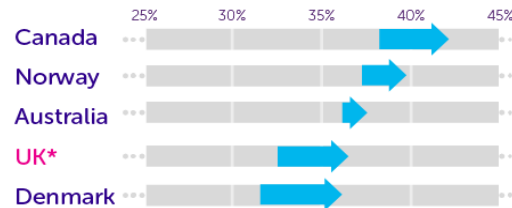
Bowel cancer

5-year survival changes, 1995-1999 to 2005-2007



Ovarian cancer

5-year survival changes, 1995-1999 to 2005-2007



Readiness of PCPs to investigate low risk symptoms that could be indicative of lung cancer and 1-year relative survival.

For 4 types of cancer, survival was lower in Denmark and the UK

UK GPs were less likely to refer at first consultation

The good news is that overall more than twice as many people survive cancer as in the 1970s.



TWICE AS MANY PEOPLE survive their cancer for at least 10 years today compared to the 1970s

MORE REASONS FOR HOPE

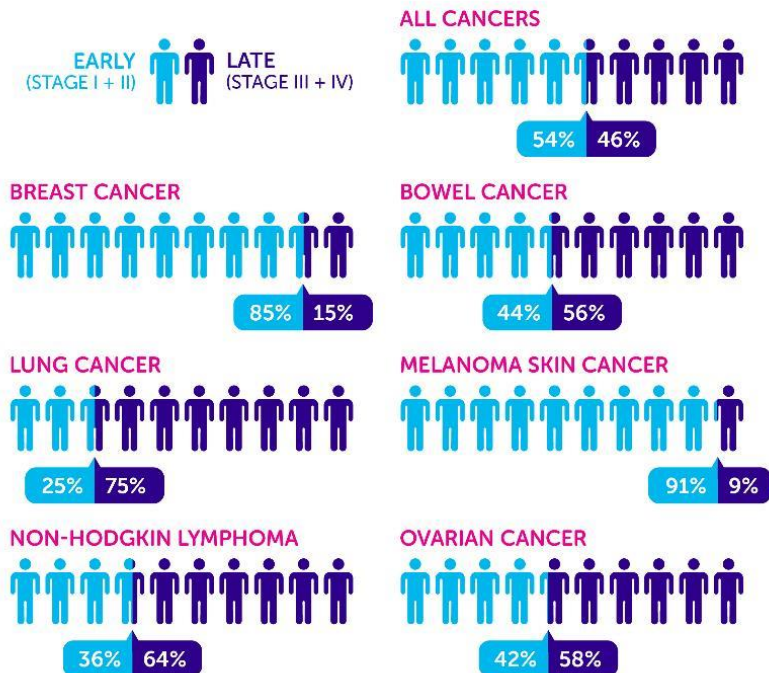
- Better targeted drugs
- More advanced treatments
- More ways to spot cancer early



IT SAVES LIVES

EARLY AND LATE CANCER DIAGNOSIS

STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2014



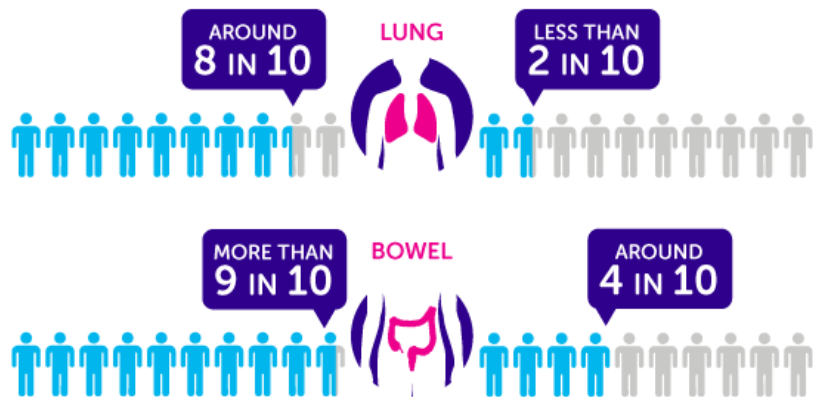
SURVIVAL BY STAGE AT DIAGNOSIS



= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED EARLIER
AT STAGE I

DIAGNOSED LATER
AT STAGE IV

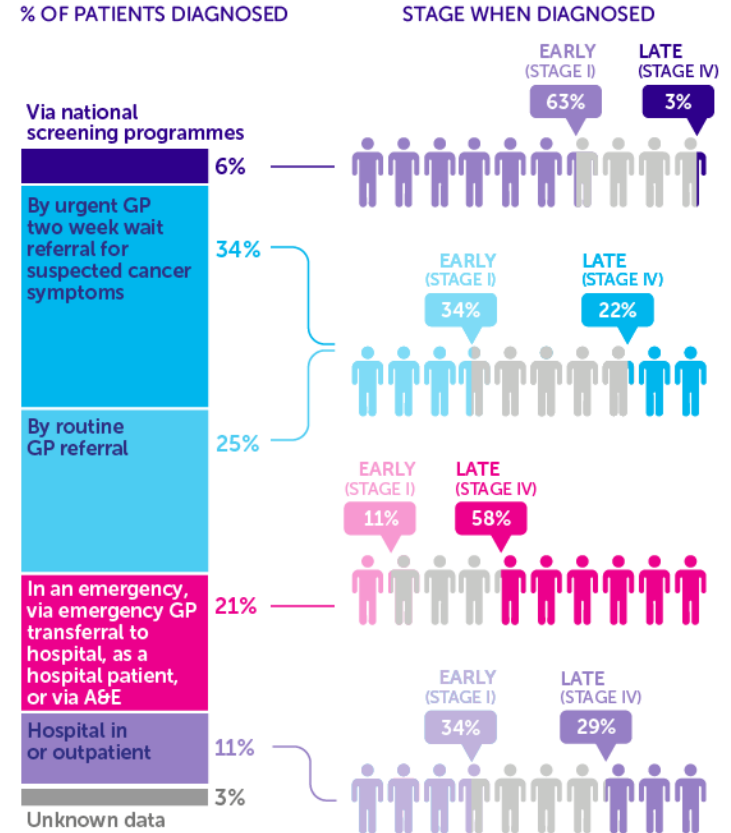


Data for people diagnosed in England in 2014

Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)

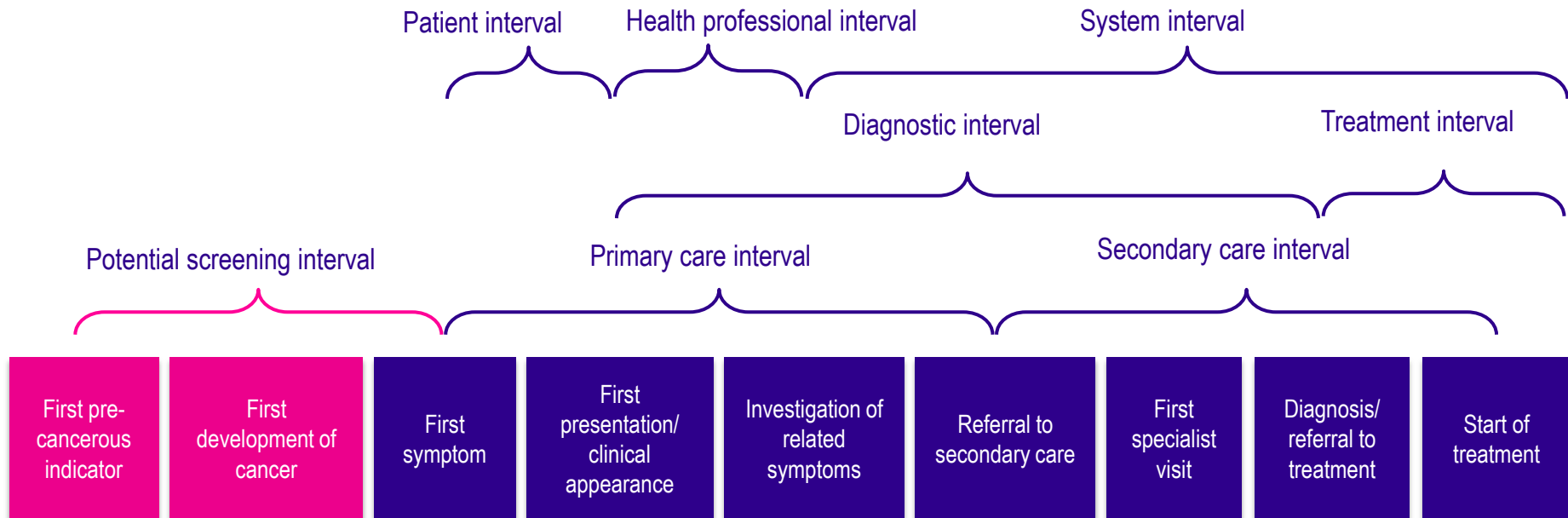
AND A FIFTH OF PATIENTS ARE STILL BEING DIAGNOSED BY AN EMERGENCY ROUTE

The majority of people diagnosed through an emergency route are diagnosed at a late stage (stage IV) when the prognosis is poorer



Source: National Cancer Intelligence Network, data for England 2012-2013

THERE ARE MANY OPPORTUNITIES TO IMPROVE THE TIME TO DIAGNOSIS



Cancer diagnosis and treatment

- 'Two-week wait' is the most common route to diagnosing cancer.
- Screening is the route with the highest proportion of cases diagnosed at an early stage, for all cancers combined.
- 'Two-week wait' standards are met by all countries, '31-day wait' is met by all but Northern Ireland and Wales, and '62-day wait' is not met by any country for all cancers combined.
- Around 9 in 10 patients had a 'very good' or 'excellent' patient experience.
- Almost 9 in 10 patients are given the name of their Clinical Nurse Specialist.
- 45% of patients diagnosed with cancer have surgery to remove the tumor as part of their primary cancer treatment. 27% of patients have radiotherapy, and 28% have chemotherapy.



CANCER
RESEARCH
UK

Bowel Cancer

- **Stage 1** – almost 100% of people will survive 5 years or more after diagnosis
- **Stage 4** – only about 7 out of every person diagnosed will survive for 5 years or more



CANCER
RESEARCH
UK

Breast Cancer

- **Stage 1** - Around all women (99%) will survive for 5 years or more after diagnosis.

- **Stage 4** - 15 out of 100 women (15%) will survive for 5 years or more. The cancer is not curable at this point, but may be controlled with treatment for some years.



CANCER
RESEARCH
UK

Cervical Cancer

- **Stage 1** – overall around 95 % of women with stage 1 cervical cancer will survive 5 years or more after diagnosis.
- **Stage 4** – overall around 5% of women will survive for 5 years or more after diagnosis

AND COULD CUT THE COST OF TREATMENT

The average cost of Stage 1 lung cancer is estimated at **£7,952**

The average cost of Stage 1 colon cancer is estimated at **£3,373**

The average cost of Stage 1 rectal cancer is estimated at **£4,449**

The average cost of Stage 4 lung cancer is estimated at **£13,078**

The average cost of Stage 4 colon cancer is estimated at **£12,519**

The average cost of Stage 4 rectal cancer is estimated at **£11,815**

IN A NUTSHELL....

“Cancer that’s diagnosed at an early stage, before it’s had the chance to get too big or spread is more likely to be treated successfully. If the cancer has spread, treatment becomes more difficult, and generally a person’s chances of surviving are much lower”



**HOW IS THE
UK DOING?**

WE'RE TAKING STEPS IN THE RIGHT DIRECTION

More cancer patients with a known stage are now diagnosed at an early stage than a late stage

Cancer Alliances, Vanguard and STPs have been set up to drive improvement and help implement the recommendations from the Cancer Strategy, which included early diagnosis as one of its six priorities.

NHS Planning Guidance for 2017-2019:

- Improve the % of cancers diagnosed at stage I and II
- Reduce the % of cancers diagnosed following an emergency admission



**WHAT IS
CRUK DOING?**

WE HAVE CLEAR AIMS FOR EARLY DIAGNOSIS

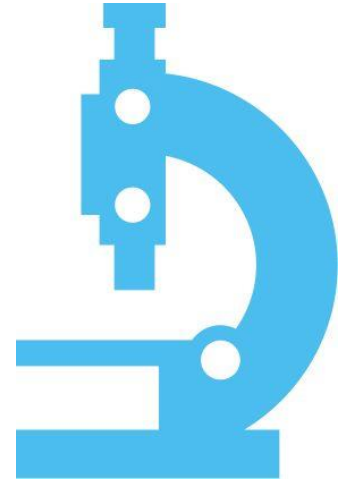
At the moment:

- 50% of cancer patients survive for 10 years
- By 2034 we want to see this increase to 75%
- Diagnosing people earlier will help achieve this
 - Aim to have 3 in 4 people diagnosed at stage I and II by 2034



OUR RESEARCH

- **Basic research** – to understand tumour biology
- **Early detection and diagnosis research** – ensuring early stage cancers are accurately and swiftly detected
- **Research to inform policy and practice**
 - International Cancer Benchmarking Partnership
 - Early Diagnosis Advisory Group
 - CanTest



TRANSLATING RESEARCH INTO PRACTICE

- Facilitator Programme
- Early Diagnosis Team
- RCGP Cascade and Faculty events
- ACE Programme
- Resources for health professionals





THE LOCAL PICTURE

EARLY DIAGNOSIS – THE LOCAL PICTURE

Early diagnosis of cancer gives patients more effective treatment options and improves their chance of survival. By 2020 we want to see 62% of cancer patients diagnosed early.



Stage at diagnosis



The percentage of staged cancers that are diagnosed at an early stage (stage 1 and 2) in this CCG (56.7%) is higher than the England average (54%).

Taskforce
ambition: 75%
1 year survival
by 2020

4. URGENT REFERRAL RATE

Two-week wait referrals for suspected cancer (Number per 100,000 population)

East of England CCGs 2016/2017

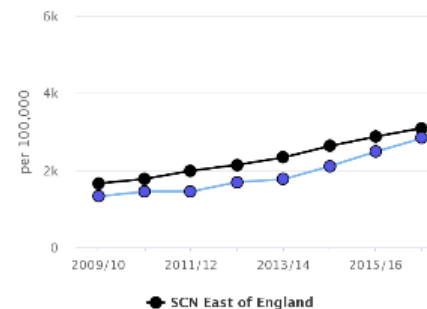
Area	Value	Lower CI	Upper CI
England	3,164	3,159	3,168
SCN East of England	3,101*	-	-
NHS North Norfolk CCG	4,521	4,421	4,623
NHS West Essex CCG	3,812	3,743	3,881
NHS West Norfolk CCG	3,616	3,527	3,706
NHS West Suffolk CCG	3,593	3,519	3,669
NHS Basildon And Brentw...	3,531	3,461	3,601
NHS South Norfolk CCG	3,377*	-	-
NHS Southend CCG	3,313	3,231	3,397
NHS Great Yarmouth And...	3,121	3,052	3,191
NHS North East Essex CC...	3,113	3,055	3,172
NHS Ipswich And East Su...	3,063	3,009	3,118
NHS Mid Essex CCG	3,051	2,997	3,107
NHS Cambridgeshire and...	3,006	2,972	3,041
NHS Castle Point And Ro...	2,996	2,917	3,076
NHS Bedfordshire CCG	2,959	2,911	3,008
NHS Herts Valleys CCG	2,916	2,874	2,958
NHS Norwich CCG	2,876*	-	-
NHS East And North Hert...	2,838	2,795	2,881
NHS Thurrock CCG	2,616	2,577	2,656
NHS Luton CCG	1,717	1,664	1,772

Source: NHS England Cancer Waiting Times Database

Compared with benchmark ● Lower ● Similar ○ Higher ○ Not Compared

Recent trend

Two-week wait referrals for suspected cancer (Number per 100,000 population) – NHS East And North Hertfordshire CCG



Recent trend: ▲

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	●	7,416	1,330	1,300	1,361	1,664*
2010/11	●	8,118	1,454	1,422	1,486	1,783*
2011/12	●	8,227	1,454	1,423	1,486	1,994*
2012/13	●	9,731	1,701	1,667	1,735	2,148*
2013/14	●	10,222	1,772	1,738	1,807	2,339*
2014/15	●	12,298	2,112	2,075	2,150	2,636*
2015/16	●	14,639	2,490	2,450	2,531	2,880*
2016/17	●	16,811	2,838	2,795	2,881	3,101*

Source: NHS England Cancer Waiting Times Database

5. CONVERSION RATE

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals).

Recommended maximum:

8.2%

East of England CCGs 2016/2017

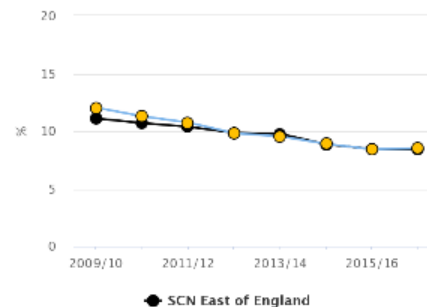
Area	Value	Lower CI	Upper CI
England	7.6*	7.6	7.6
SCN East of England	8.4*	-	-
NHS North East Essex CC...	11.2*	10.6	11.8
NHS Ipswich And East Su...	10.9*	10.3	11.4
NHS Great Yarmouth And...	10.4*	9.7	11.1
NHS Castle Point And Ro...	9.7*	9.0	10.5
NHS West Norfolk CCG	9.4*	8.8	10.2
NHS Mid Essex CCG	9.2*	8.7	9.8
NHS Luton CCG	8.8*	8.0	9.7
NHS Bedfordshire CCG	8.6*	8.1	9.0
NHS North Norfolk CCG	8.6*	8.0	9.2
NHS East And North Hert...	8.5*	8.1	8.9
NHS South Norfolk CCG	8.2*	-	-
NHS West Suffolk CCG	8.0*	7.4	8.6
NHS Cambridgeshire and...	7.9*	7.6	8.2
NHS Norwich CCG	7.7*	-	-
NHS Southend CCG	7.4*	6.8	8.1
NHS Thurrock CCG	7.0*	6.3	7.8
NHS Herts Valleys CCG	6.7*	6.4	7.1
NHS Basildon And Brentw...	6.7*	6.2	7.2
NHS West Essex CCG	6.3*	5.9	6.7

Source: NHS England Cancer Waiting Times Database

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

Recent trend

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). - NHS East And North Hertfordshire CCG



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	892	12.0*	11.3	12.8	11.1*	10.8*
2010/11	915	11.3*	10.6	12.0	10.7*	10.3*
2011/12	883	10.7*	10.1	11.4	10.4*	10.0*
2012/13	954	9.8*	9.2	10.4	9.8*	9.4*
2013/14	974	9.5*	9.0	10.1	9.7*	9.0*
2014/15	1,091	8.9*	8.4	9.4	8.8*	8.2*
2015/16	1,231	8.4*	8.0	8.9	8.4*	7.8*
2016/17	1,428	8.5*	8.1	8.9	8.4*	7.6*

Source: NHS England Cancer Waiting Times Database

6. DETECTION RATE

Number of new cancer cases treated (Detection rate: % of which resulted from a TWW referral)

Recommended
minimum:

50%

East of England CCGs 2016/2017

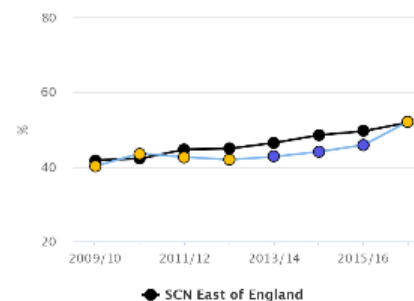
Area	Value	Lower CI	Upper CI
England	51.0*	50.8	51.2
SCN East of England	51.9*	-	-
NHS Cambridgeshire and...	59.2*	57.6	60.7
NHS North East Essex CC...	55.3*	53.2	57.3
NHS Mid Essex CCG	55.0*	52.9	57.2
NHS Ipswich And East Su...	54.4*	52.4	56.3
NHS Bedfordshire CCG	54.3*	52.3	56.4
NHS West Norfolk CCG	53.5*	50.6	56.4
NHS East And North Hert...	52.2*	50.4	54.0
NHS Basildon And Brentw...	50.4*	47.8	53.0
NHS North Norfolk CCG	50.4*	47.6	53.1
NHS West Suffolk CCG	49.9*	47.3	52.5
NHS Great Yarmouth And...	49.4*	46.9	51.8
NHS Thurrock CCG	49.2*	45.6	52.8
NHS Southend CCG	49.2*	46.1	52.3
NHS Herts Valleys CCG	48.8*	47.0	50.7
NHS Luton CCG	48.4*	44.8	52.0
NHS West Essex CCG	47.8*	45.3	50.3
NHS Castle Point And Ro...	46.4*	43.6	49.3
NHS South Norfolk CCG	46.0*	-	-
NHS Norwich CCG	45.0*	-	-

Source: NHS England Cancer Waiting Times Database

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

Recent trend

Number of new cancer cases treated (Detection rate: % of which resulted from a TWW referral) - NHS East And North Hertfordshire CCG



Recent trend: ↑

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	909	40.2*	38.2	42.3	41.8*	42.4*
2010/11	971	43.6*	41.6	45.7	42.2*	43.7*
2011/12	930	42.6*	40.6	44.7	44.7*	45.0*
2012/13	1,009	41.9*	40.0	43.9	44.9*	46.3*
2013/14	1,003	42.8*	40.8	44.8	46.5*	47.4*
2014/15	1,140	44.1*	42.2	46.0	48.5*	48.4*
2015/16	1,223	45.9*	44.0	47.8	49.6*	49.7*
2016/17	1,468	52.2*	50.4	54.0	51.9*	51.0*

Source: NHS England Cancer Waiting Times Database

7. EMERGENCY PRESENTATIONS

Number of emergency presentations (Number per 100,000 population)

Recommendation:



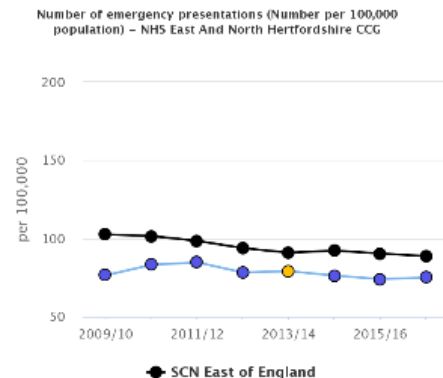
East of England CCGs 2016/2017

Area	Value	Lower Ci	Upper Ci
England	88*	87	89
SCN East of England	89*	-	-
NHS West Norfolk CCG	135*	118	153
NHS North Norfolk CCG	123*	107	140
NHS Great Yarmouth And...	122*	109	137
NHS West Suffolk CCG	105*	93	119
NHS Basildon And Brentw...	101*	89	113
NHS North East Essex CC...	99*	89	110
NHS South Norfolk CCG	96*	-	-
NHS Ipswich And East Su...	94*	85	104
NHS Castle Point And Ro...	87*	74	101
NHS Mid Essex CCG	87*	78	96
NHS Thurrock CCG	86*	73	102
NHS Herts Valleys CCG	86*	79	94
NHS Norwich CCG	86*	-	-
NHS West Essex CCG	86*	75	97
NHS Luton CCG	76*	65	88
NHS Bedfordshire CCG	76*	68	84
NHS Cambridgeshire and	75*	70	81
NHS East And North Hert...	75*	68	82
NHS Southend CCG	74*	64	87

Source: Hospital Episode Statistics, NHS Digital

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared

Recent trend



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009/10	426	76*	69	84	103*	100*
2010/11	464	83*	76	91	102*	97*
2011/12	466	85*	77	93	98*	96*
2012/13	444	78*	71	86	94*	94*
2013/14	441	79*	72	87	91*	92*
2014/15	431	76*	69	84	92*	91*
2015/16	433	74*	67	81	90*	91*
2016/17	444	75*	68	82	89*	88*

Source: Hospital Episode Statistics, NHS Digital



**HOW CAN WE
WORK TOGETHER
TO IMPROVE
EARLY DIAGNOSIS?**

Facilitator Support:

- Bespoke training in a range of topics
- Screening
- Prevention and Health Promotion
- Brief Interventions/very brief advice
- Toolkits
- Safety Netting
- Understanding More about Cancer
- Referral Pathways
- Visit your Practice for discussions about tailored support to meet your needs
- A range of free resources



WE CAN PROVIDE YOU WITH THE LATEST CANCER DATA

At:

- Alliance level
- CCG/ Health board/ Trust level
- Practice level (England only)

We have a local stats website:

<http://www.cancerresearchuk.org/health-professional/local-cancer-statistics-service>

And can help you interpret your Fingertips profile

Waiting times

Cancer waiting times exist to promote swift diagnosis and prompt treatment for patients, so missing the 62 day wait target is unacceptable.

Variation in access to appropriate treatment contributes to UK cancer outcomes lagging behind other comparable countries. Radiotherapy is one type of treatment a cancer patient could receive.



Referral to treatment



TARGET: 85% (NOT being met nationally)

The percentage of patients receiving their first cancer treatment within 62 days of an urgent GP referral in this CCG (76.5%) is lower than the England average (82.0%).



Wait for radiotherapy

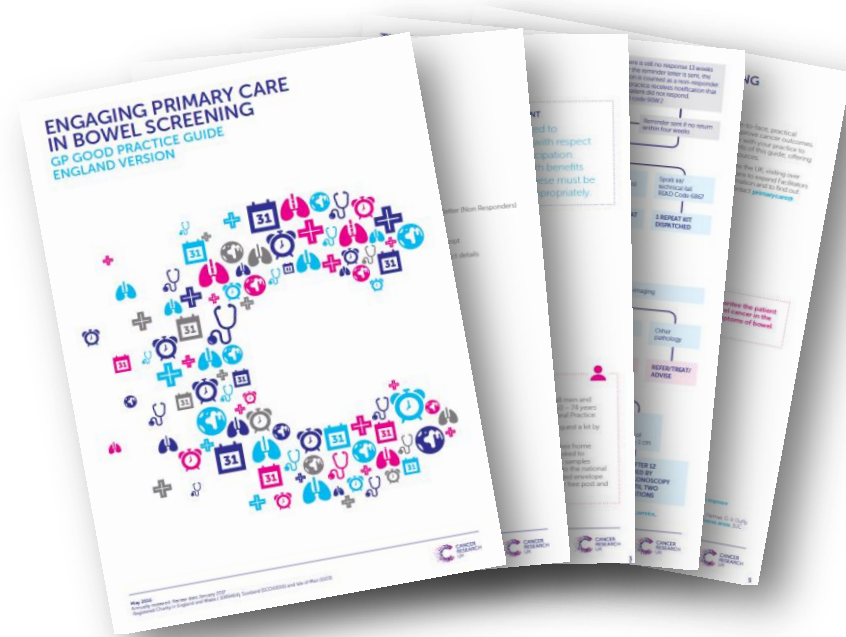


TARGET: 94% (being met nationally)

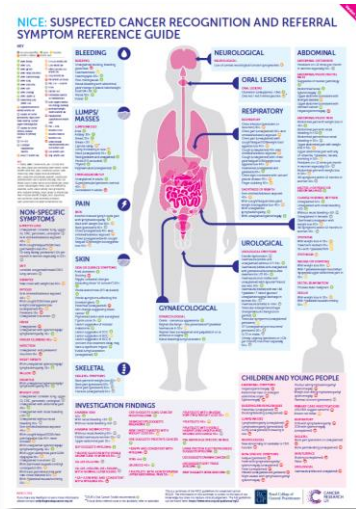
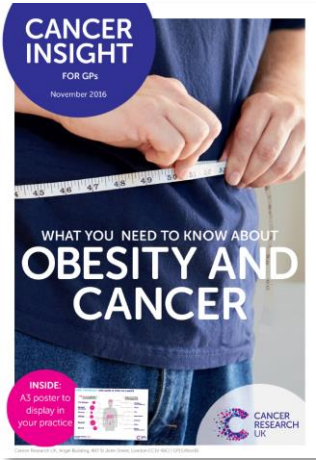
The percentage of patients receiving radiotherapy within 31 days of first treatment for cancer in this CCG (93.9%) is lower than the England average (97.3%).

SCREENING ADVICE AND RESOURCES

- Advice on **increasing uptake and overcoming barriers** to screening
- Bowel screening **resources**
 - GP Good Practice Guide
 - Bowel screening information cards
 - How to do the kit: animation video



RECOGNITION AND REFERRAL TOOLS



- Referral guideline summaries
- Doctors.net resources
- Cancer Insight newsletters
- Oral Cancer Recognition Toolkit
- Talk Cancer training
- Advice on CDS tools

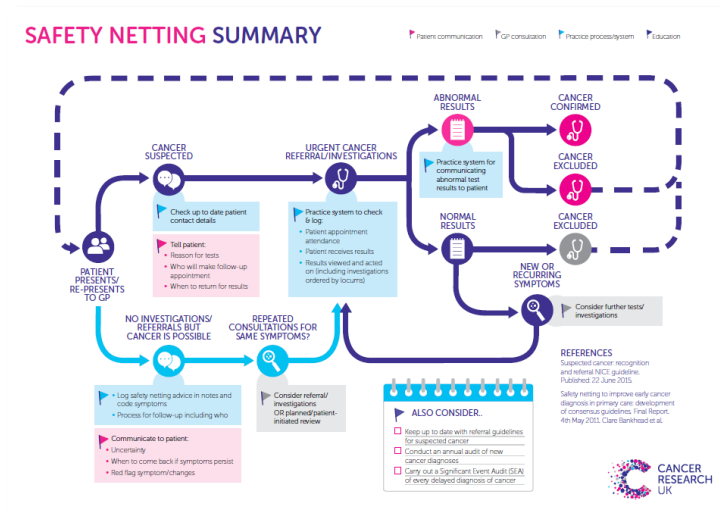
Safety-netting: Definition

- Safety netting is a ‘diagnostic strategy¹’ or ‘consultation technique²’ and requires effective systems and processes to ensure timely re-appraisal of a patient’s condition.
- NICE definition³: ‘A process where people at low risk, but not no risk, of having cancer are actively monitored in primary care to see if the risk of cancer changes’

SAFETY NETTING TRAINING

Safety netting module for GP practices:

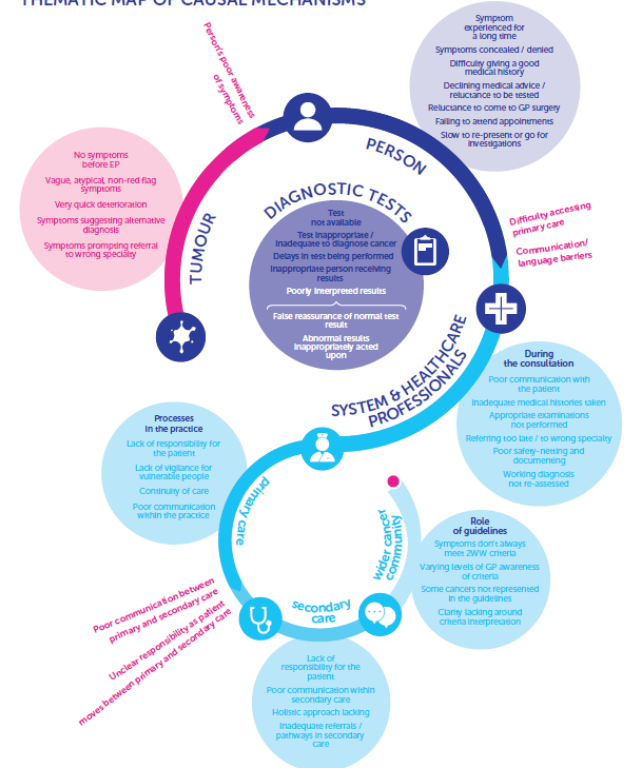
- Practical training
- Workbook with safety netting guidance and examples of best practice



AUDIT SUPPORT

- Cancer audits
- Significant Event Audits (SEAs)
- National Cancer Diagnosis Audit (NCDA)

DIAGNOSIS OF CANCER THROUGH AN EMERGENCY PRESENTATION* THEMATIC MAP OF CAUSAL MECHANISMS





SUMMARY

KEY POINTS

- Diagnosing cancer earlier will give more treatment options and an improved experience
- Progress has been made, but we still lag behind other countries when it comes to cancer survival
- We need a multifaceted approach to have the maximum impact
- We all have a role to play in making this happen

Thank you and any questions?

Your Facilitator is:

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M: 07854 937 969

cruk.org/facilitators

