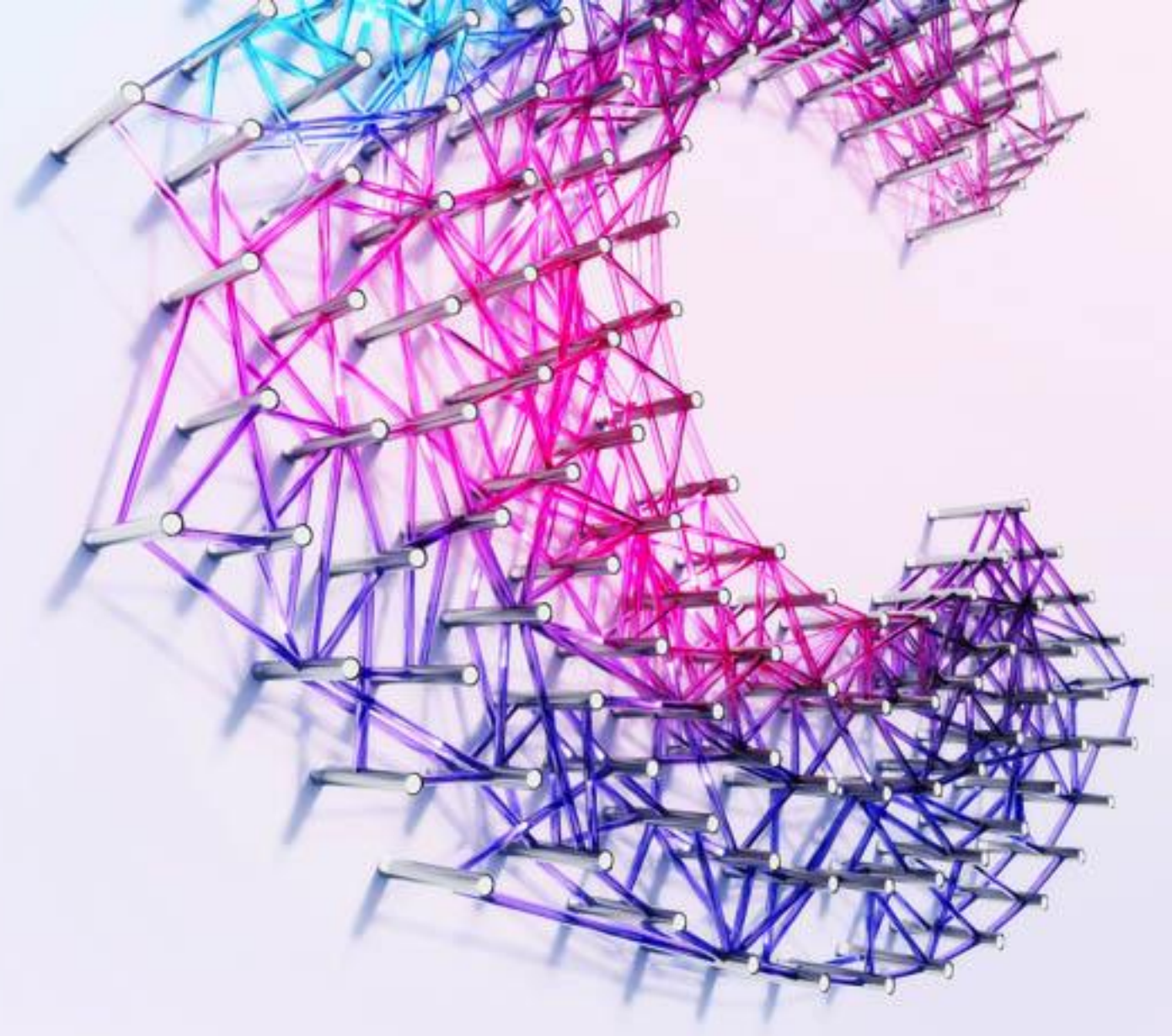


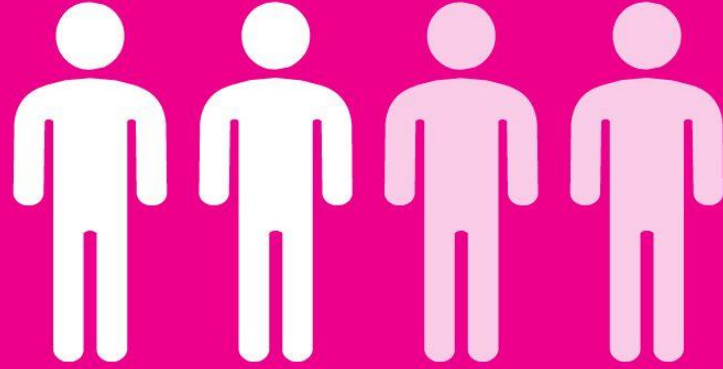
EARLY DIAGNOSIS AND PREVENTION

BEN TOWLER

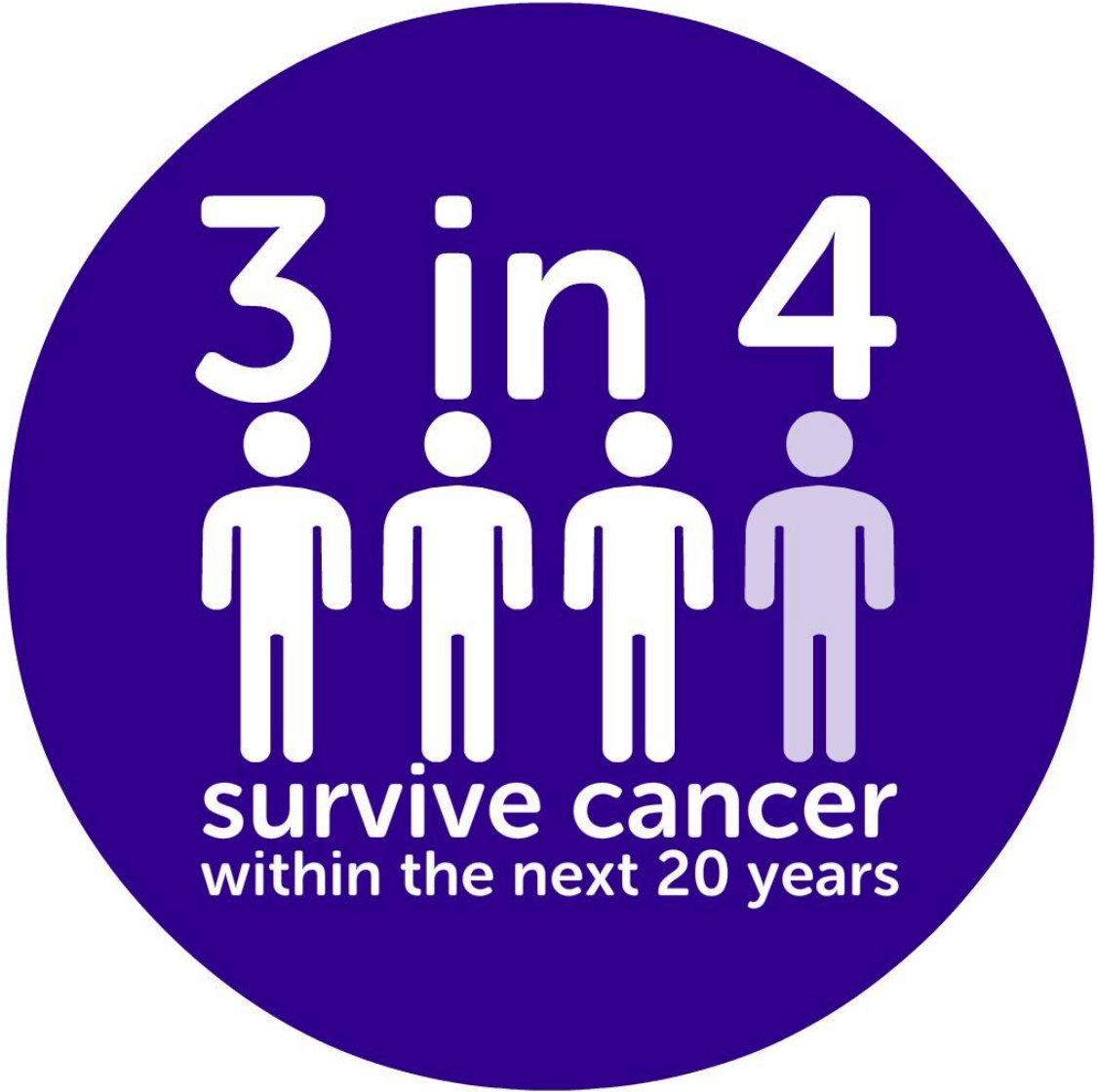
January 2018



2 in 4

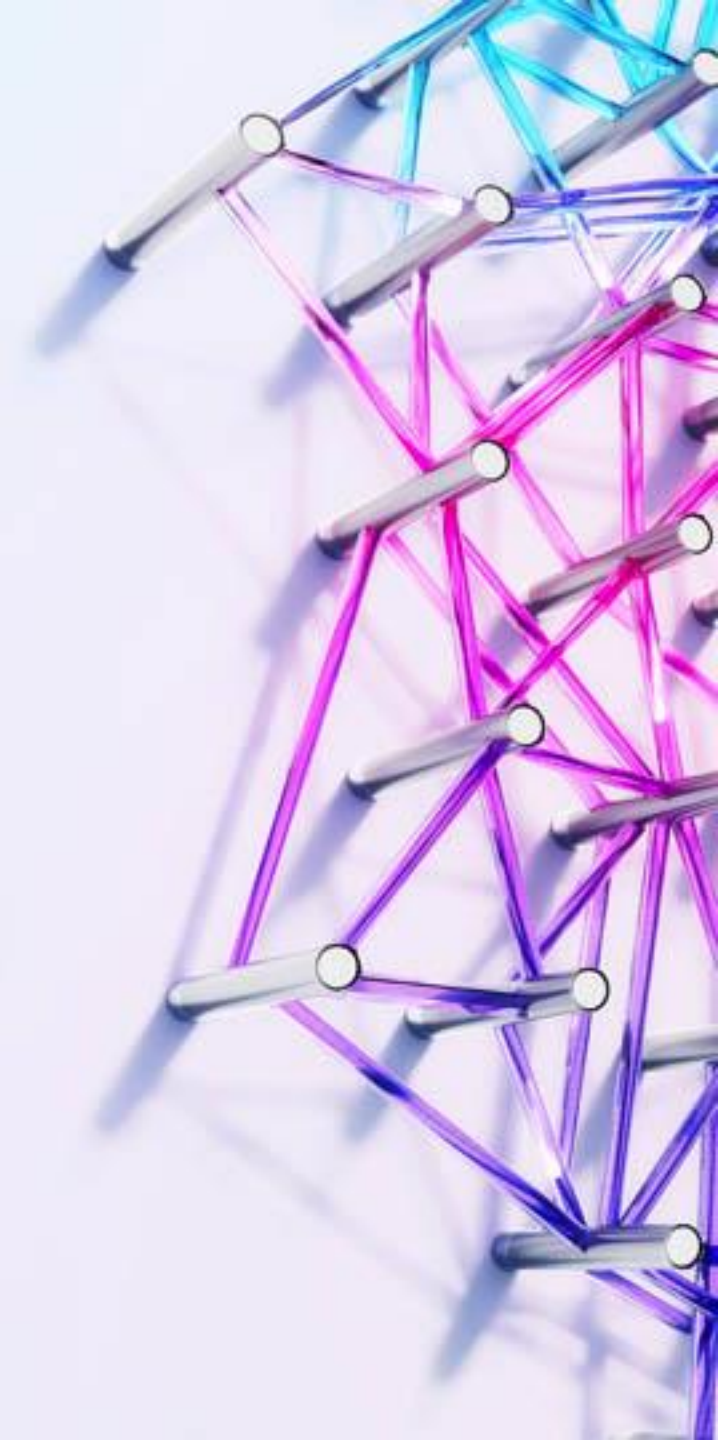


today's survival rate



What we will cover...

- A look at early diagnosis
- We will look at preventable causes of cancer and the impact they have
- Cancer Research UK support



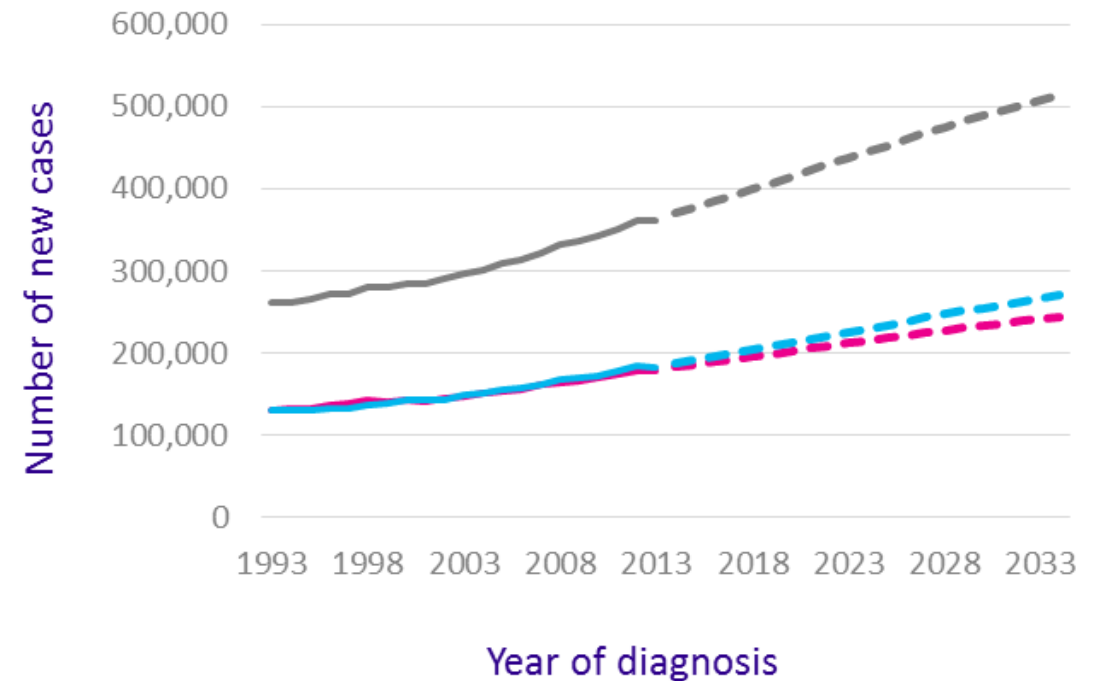


WHY IS IT
IMPORTANT?

CANCER CASES ARE RISING

As our population ages, the number of cancer cases are expected to rise:

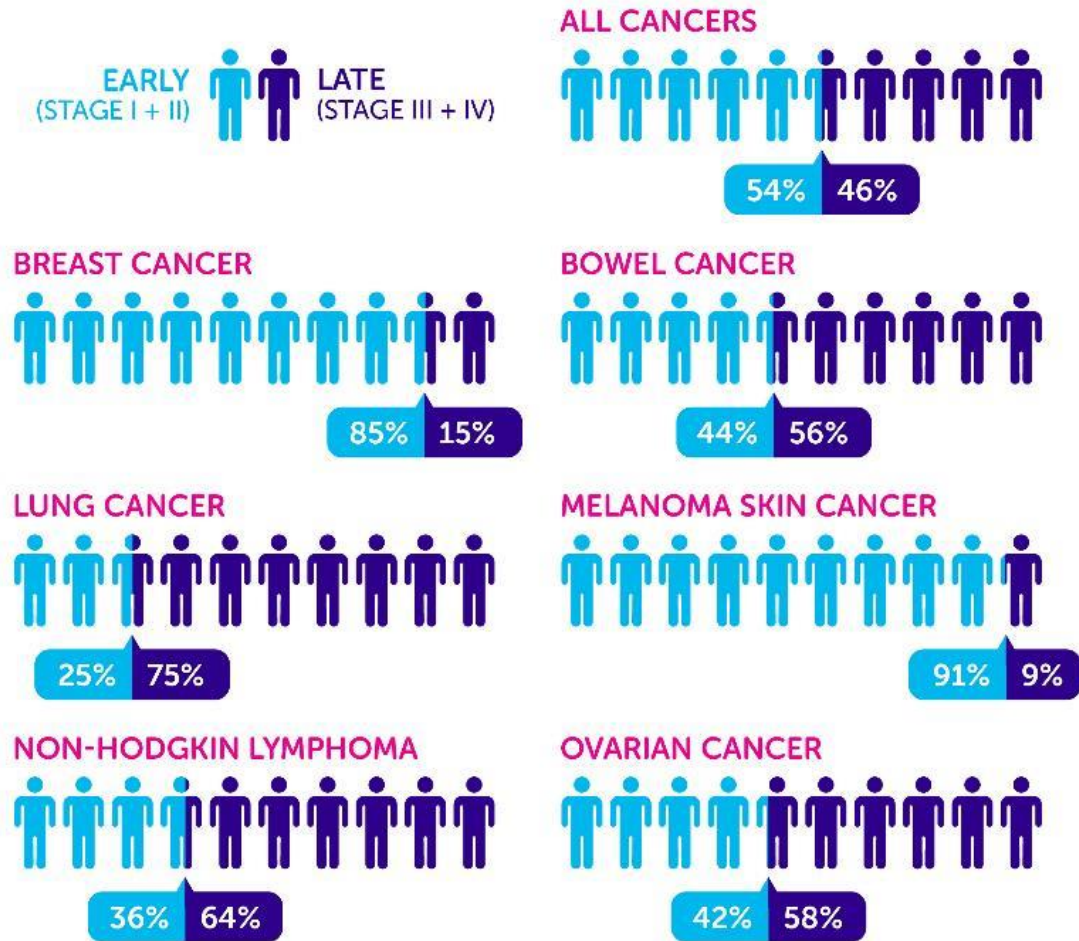
- 2% increase in the incident rate between now and 2035
- In 2035 over 500,000 cases of cancer will be diagnosed every year



MALES FEMALES PERSONS
OBSERVED CASES = SOLID
PROJECTION = DASH

EARLY AND LATE CANCER DIAGNOSIS

STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2014



ONLY **54%** OF CANCERS ARE DIAGNOSED AT AN EARLY STAGE

THERE IS VARIATION IN STAGE DISTRIBUTION BY CANCER TYPE

DIAGNOSING CANCERS EARLY COULD MAKE A REAL DIFFERENCE TO SURVIVAL

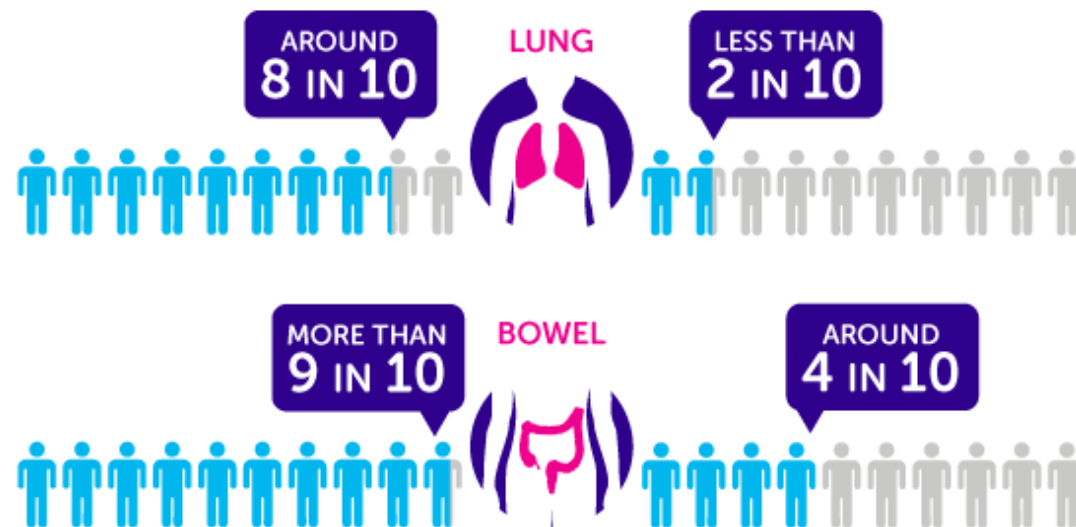
SURVIVAL BY STAGE AT DIAGNOSIS



= 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)

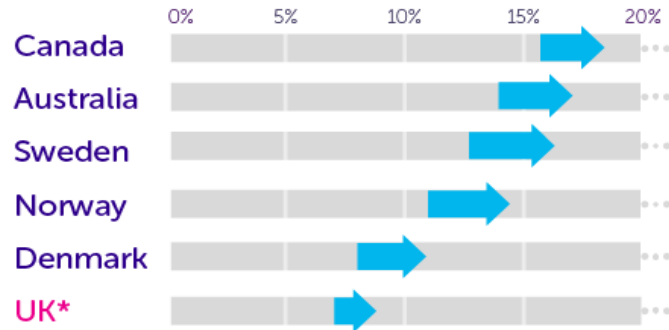


HOW IS THE
UK DOING?

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

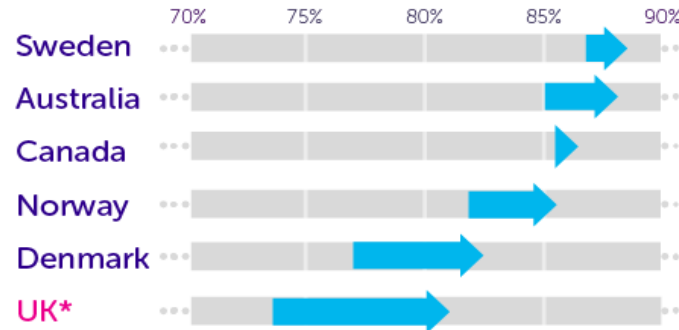
Lung cancer

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



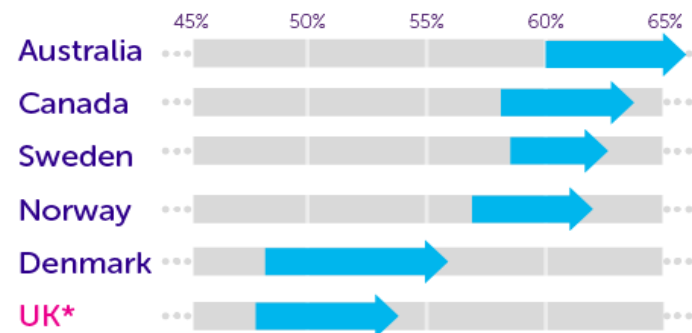
Breast cancer

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



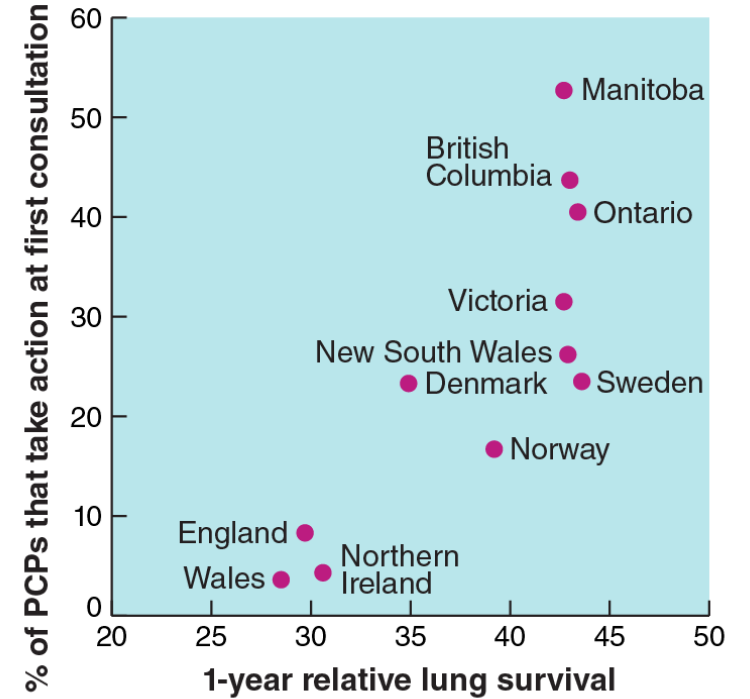
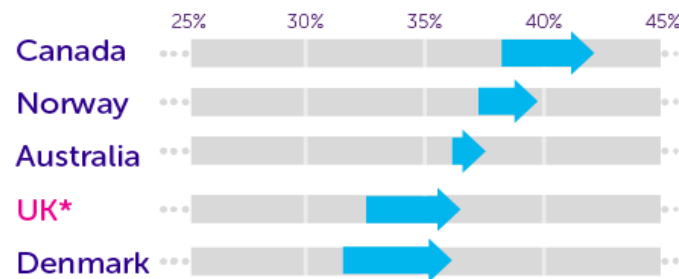
Bowel cancer

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.

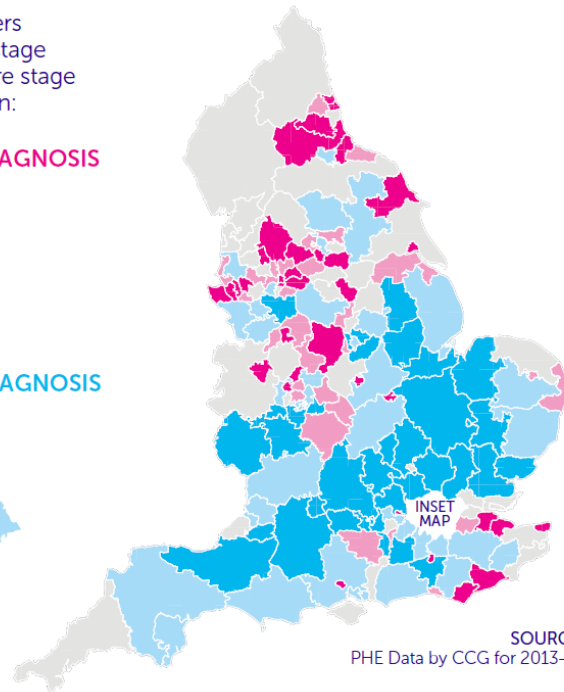
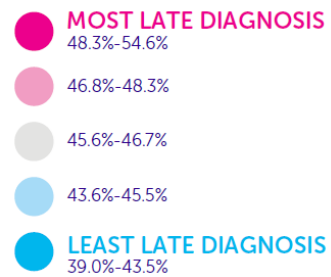
For 4 types of cancer, survival was lower in Denmark and the UK

UK GPs were less likely to refer at first consultation

THERE'S ALSO REGIONAL VARIATION IN STAGE AT DIAGNOSIS

UNADJUSTED

Percentage of cancers diagnosed at a late stage (Stage 3 and 4) where stage at diagnosis is known:

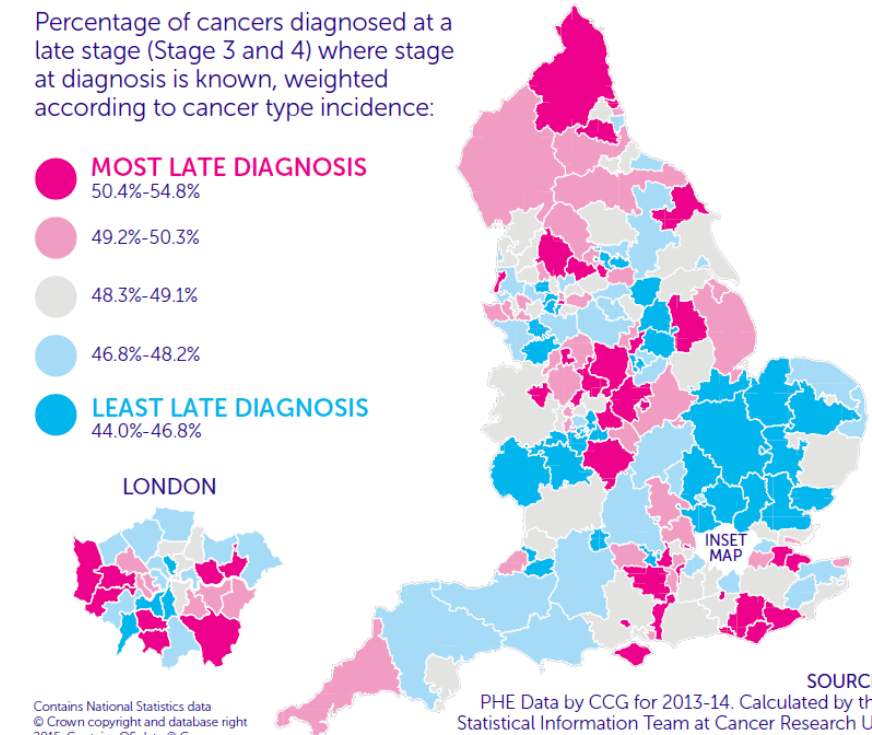
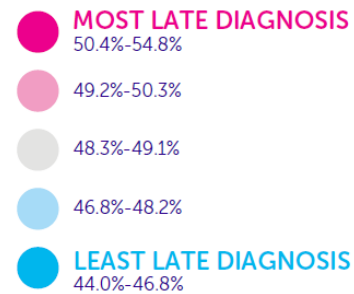


SOURCE:
PHE Data by CCG for 2013-14

Contains National Statistics data © Crown copyright and database right 2015. Contains OS data © Crown copyright and database right 2015.

ADJUSTED FOR CANCER TYPE

Percentage of cancers diagnosed at a late stage (Stage 3 and 4) where stage at diagnosis is known, weighted according to cancer type incidence:



SOURCE:
PHE Data by CCG for 2013-14. Calculated by the Statistical Information Team at Cancer Research UK

Contains National Statistics data © Crown copyright and database right 2015. Contains OS data © Crown copyright and database right 2015.

ADDITIONAL DRIVERS OF VARIATION

- GENDER
- AGE
- SOCIOECONOMIC FACTORS
- ETHNICITY

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



TALK AB

PREVENTION QUIZ

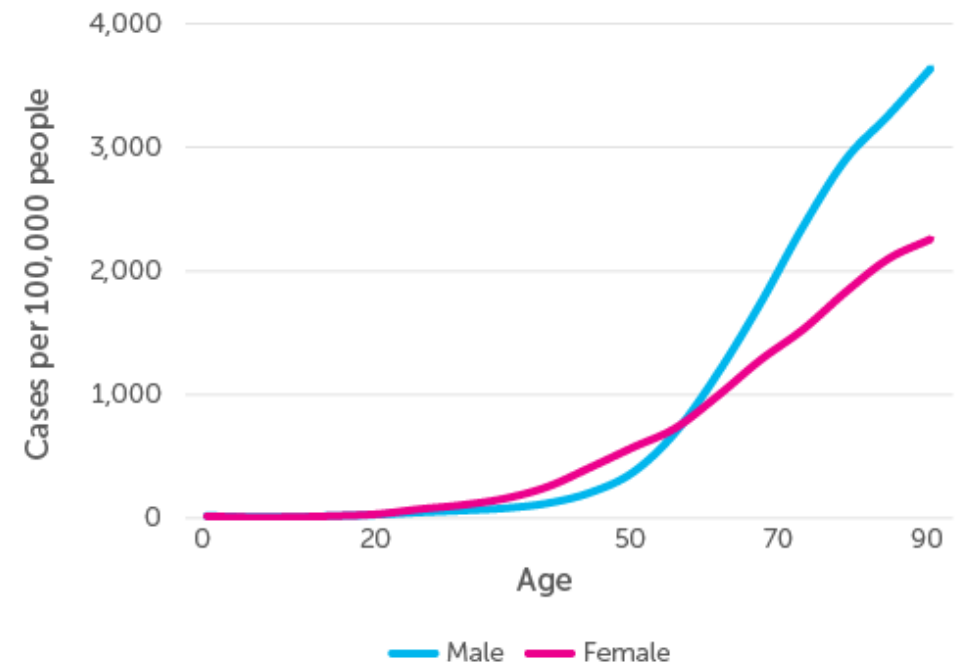
QUIZ

What is the **main risk factor** for cancer?

- A: Smoking
- B: Being older
- C: Family history
- D: Drinking alcohol
- E: Using deodorants

CANCER IS MORE COMMON IN OLDER PEOPLE

Half of all cancers are in people over the age of 70, but living healthily can reduce the risk whatever your age. Get to know your body and tell your doctor about any unusual or persistent changes.



All Cancers Excluding Non-Melanoma Skin Cancer (C00-97 Excl. C44): 2012-2014
Age-Specific Incidence Rates per 100,000 Population, UK
Source: cruk.org/cancerstats

LET'S BEAT CANCER SOONER
cruk.org



QUIZ

How many cases of cancer in the UK could be prevented through changes to lifestyle and other factors?

- A: Cancer can't be prevented
- B: About 1 in 10
- C: Over 9 in 10
- D: More than 4 in 10

QUIZ

Which, out of the following, does not cause cancer?

- A: Being overweight
- B: Drinking alcohol
- C: Being stressed
- D: Being unsafe in the sun
- E: Smoking
- F: Eating an unhealthy diet

QUIZ

What is the **main preventable cause** of cancer?

- A: Being unsafe in the sun
- B: Smoking
- C: A lack of physical activity
- D: Eating an unhealthy diet
- E: Drinking alcohol
- F: Being overweight



4 IN 10 CANCERS CAN BE PREVENTED

These are proven ways to reduce the risk of cancer. Larger circles indicate greater impact on cancer risk.



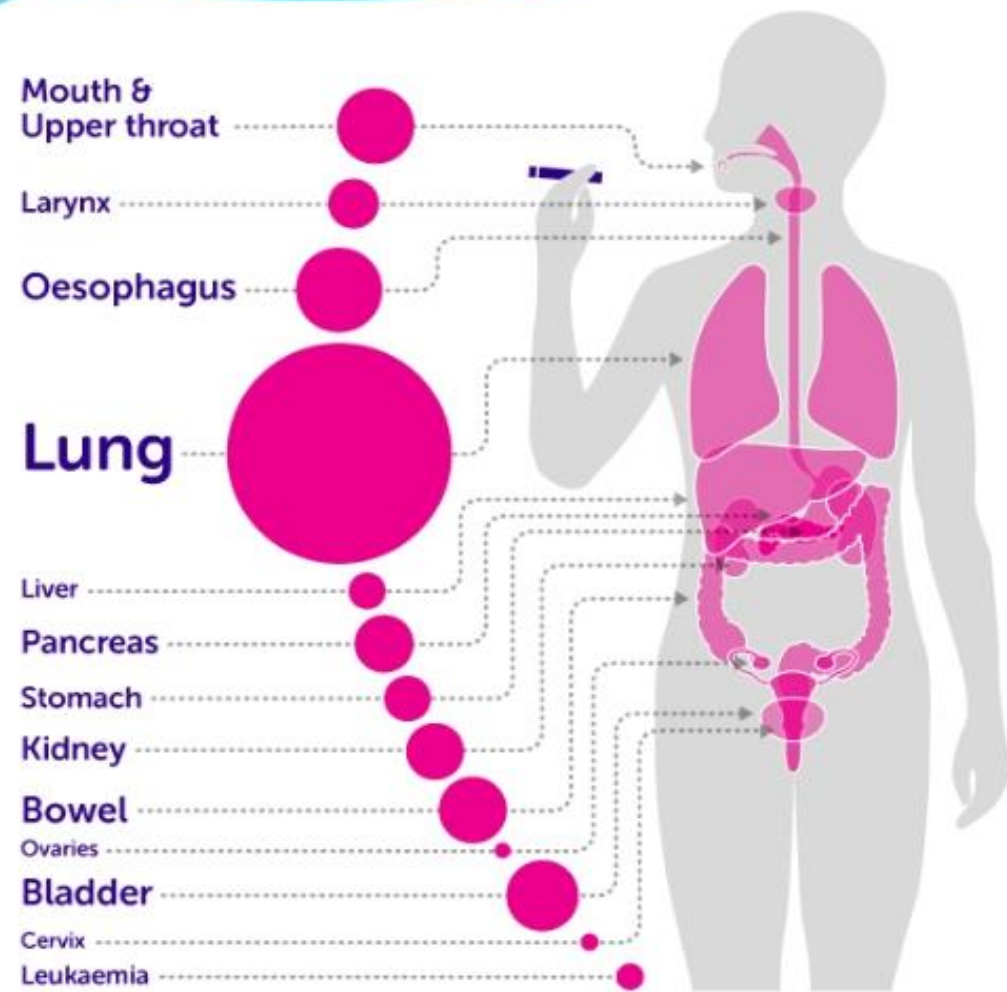


TOBACCO

Not smoking could prevent **64,500** cancers every year in the UK



**SMOKING
CAN CAUSE AT LEAST
14 TYPES OF CANCER**



 Larger circles indicate cancers with more UK cancer cases linked to smoking

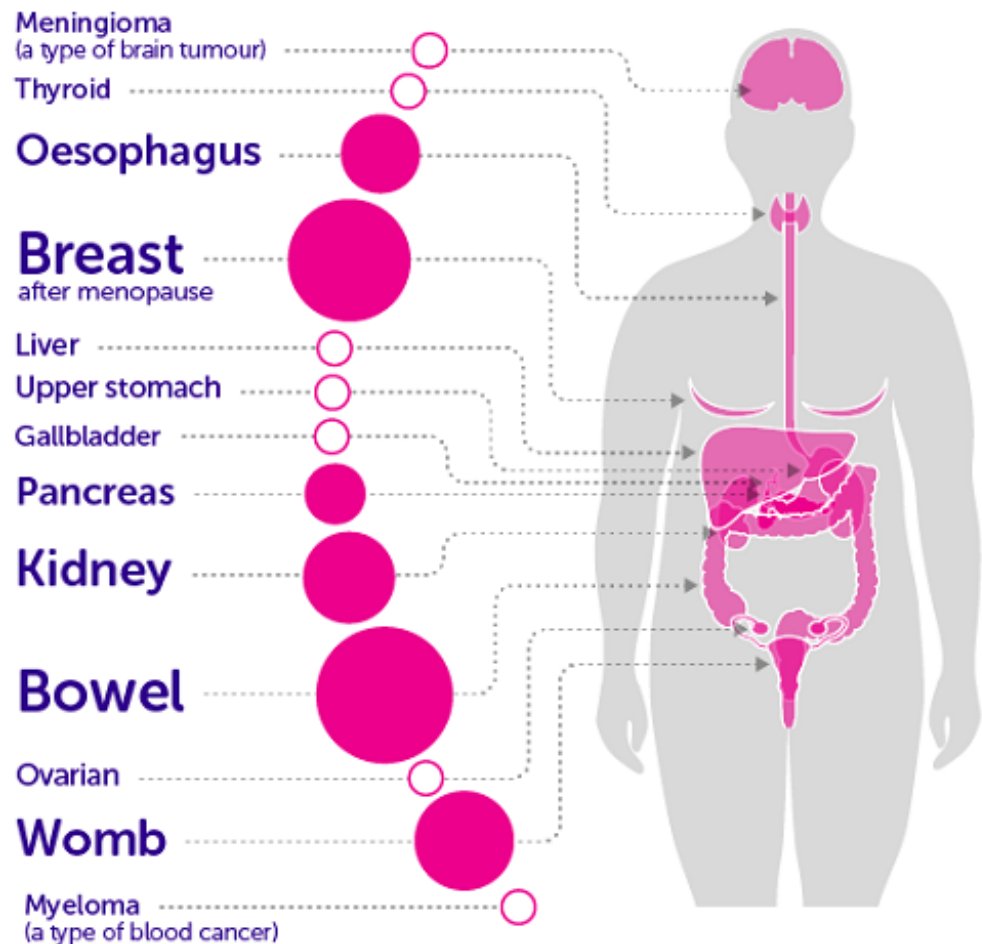


**OVERWEIGHT
AND OBESITY**

BEING OVERWEIGHT CAN CAUSE 13 TYPES OF CANCER

●●● Larger circles indicate cancers with more UK cases linked to being overweight or obese

○ Number of linked cases are currently being calculated and will be available in 2017



At least **18,000** cancer cases in the UK each year could be linked to excess bodyweight



ALCOHOL



ALCOHOL CAN CAUSE 7 TYPES OF CANCER

Mouth &
Upper throat



Larynx



Oesophagus



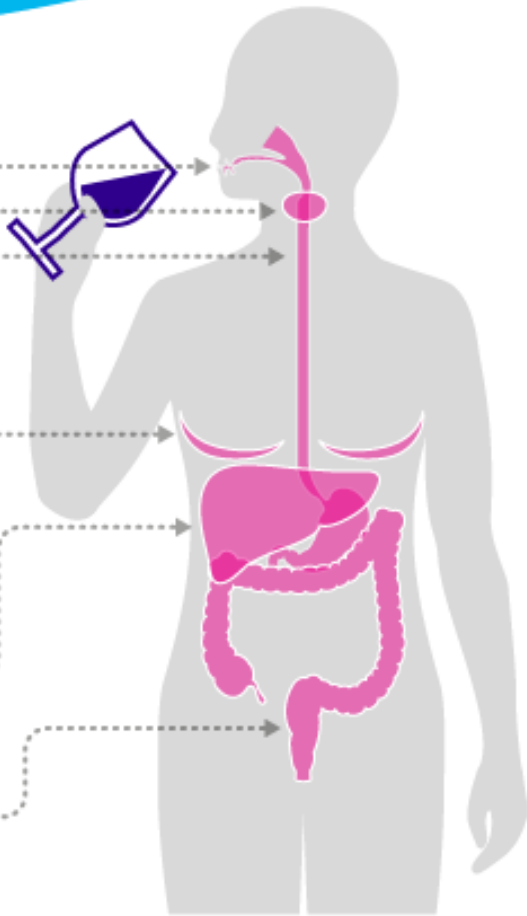
Breast
in women



Liver



Bowel



An estimated
12,800 of cancer
cases in the UK
are linked to
alcohol
consumption

 Larger circles indicate cancers with more UK cancer cases linked to drinking alcohol



**PHYSICAL
ACTIVITY**



BEING PHYSICALLY INACTIVE
COULD CAUSE 3 TYPES
OF CANCER

An estimated **3,400 cancer cases** in the UK are linked to being physically inactive

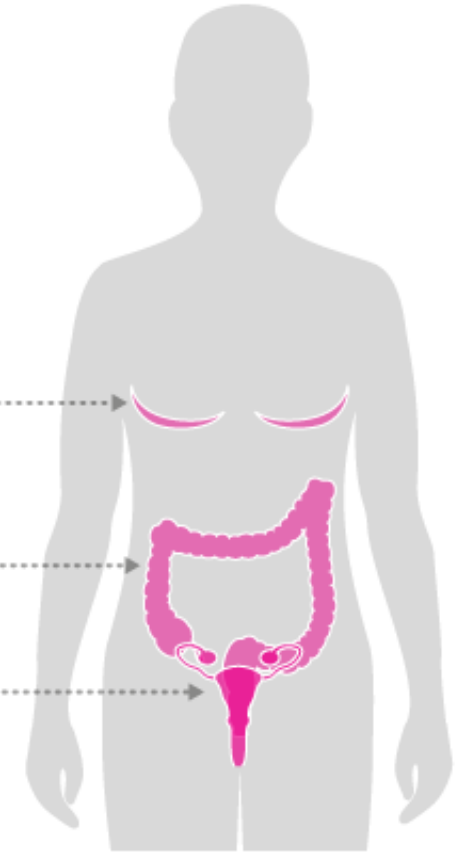
Breast
after menopause



Bowel



Womb



 Larger circles indicate cancers with more UK cancer cases linked to being physically inactive

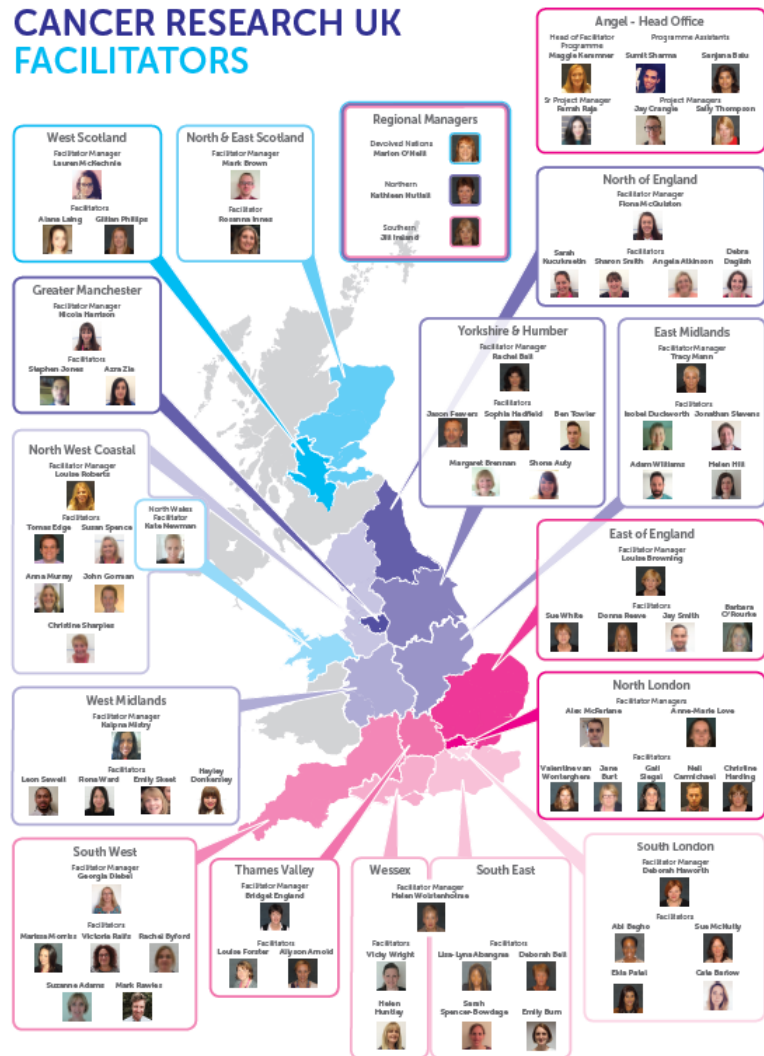
WE WILL BEAT CANCER SOONER
cruk.org





HOW CAN WE
SUPPORT YOUR
PRACTICE?

CANCER RESEARCH UK FACILITATORS



CRUK'S FACILITATOR PROGRAMME

WE CAN PROVIDE YOU WITH CANCER DATA

At:

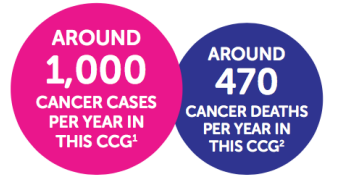
- Alliance level
- CCG/ Health board/ Trust level
- Practice level

And can help you interpret your Fingertips profile

OVERVIEW OF CANCER IN NHS AIREDALE, WHARFEDALE AND CRAVEN CCG

We have used the most relevant data for your CCG
 LA refers to **Bradford Local Authority**
 Upper tier LA refers to **Bradford Local Authority**

We have used a selection of data to demonstrate a snapshot of information for your area



LOCAL CONTEXT

This CCG spends an estimated £62 per head on cancer.³ This CCG is ranked the 121st most deprived CCG (out of 209).⁴ The percentage of the population who are 65 years or over in this CCG (20.6%) is higher than the England average (17.1%).⁵

Compared to average:



Measures are referred to as 'similar' when the difference from the average is not statistically significant.

RISK FACTORS



Smoking⁶



The percentage of adults smoking cigarettes in this LA (20.9%) is higher than the England average (16.9%).

Smoking (routine and manual)⁷



The percentage of routine and manual workers smoking cigarettes in this LA (30.1%) is similar to the England average (26.5%).

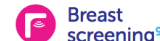


Obesity⁸



The percentage of adults who are overweight or obese in this LA (69.7%) is higher than the England average (64.6%).

CANCER DIAGNOSIS AND SERVICES



Breast screening⁹



Breast screening uptake among 53-70 year olds in this upper tier LA (69.9%) is lower than the England average (75.4%).



Clinical nurse specialist¹³



The percentage of patients with cancer who said they were given the name of a clinical nurse specialist who would support them through their treatment in this CCG (85.0%) is lower than the England average (89.9%).



Bowel screening¹⁰



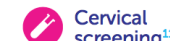
Bowel screening coverage among 60-69 year olds in this CCG (63.2%) is higher than the England average (57.9%).



Stage at diagnosis¹⁴



The percentage of staged cancers that are diagnosed early (at stage 1 and 2) in this CCG (54.1%) is similar to the England average (54.3%).



Cervical screening¹¹



Cervical screening uptake among 25-49 year olds in this upper tier LA (69.2%) is lower than the England average (71.2%).



Referral to treatment¹²



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 (89.9%) is higher than the England average (82.4%).



Urgent GP referral¹²



TARGET: 93% (being met nationally)
 The percentage of patients seen by a specialist within two weeks of an urgent GP referral for suspected cancer in this CCG (96.3%) is higher than the England average (94.1%).



Overall patient rating of care¹³



The rating patients gave for their overall cancer care in this CCG (8.8 out of 10) is similar to the England average (8.7 out of 10).

CANCER OUTCOMES



Survival¹⁵



One year cancer survival in this CCG (71.6%) is higher than the England average (70.2%).



Premature death¹⁶



The rate of people under 75 dying of cancer in this LA (149.2 per 100,000) is similar to the England average (141.5).

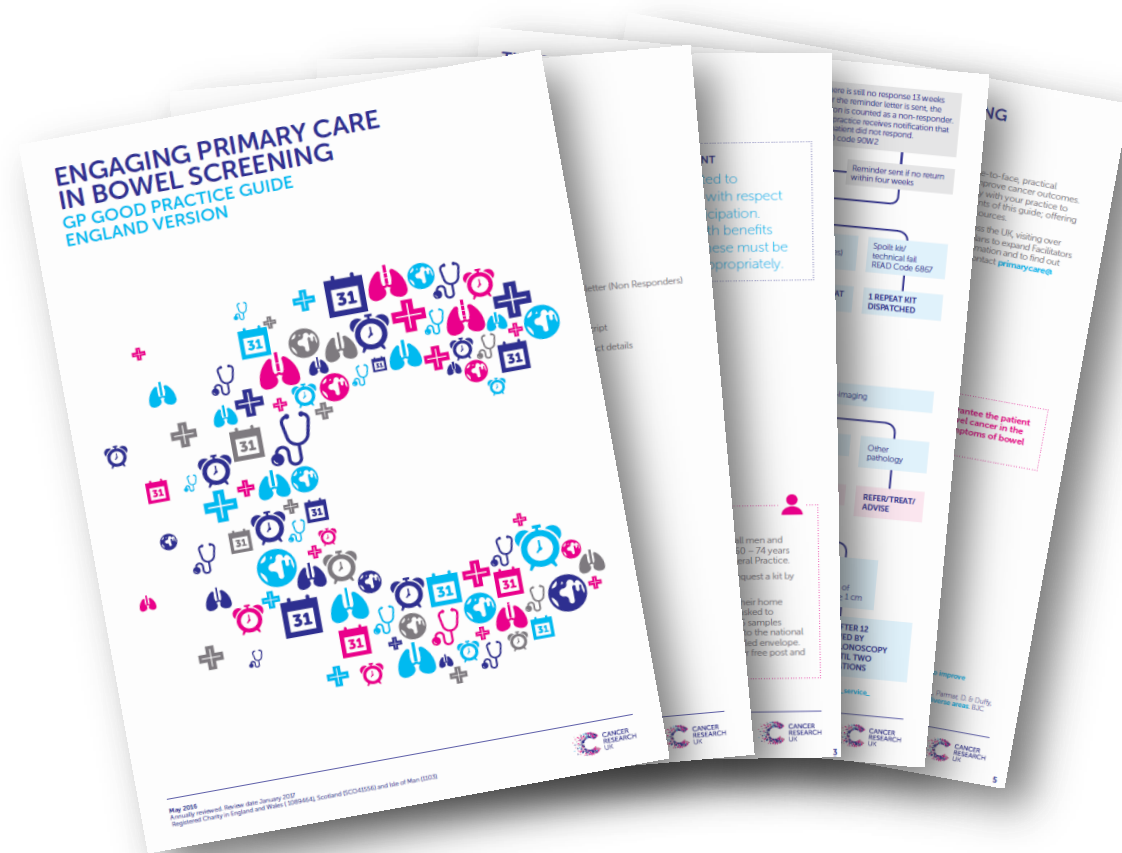
LET'S BEAT CANCER SOONER
cruk.org/localstats

Nov 2016



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

Oral Cancer Recognition Toolkit

HOME REFERRAL DECISION GUIDE LESION RECOGNITION RESOURCE EXAMINATION VIDEO

Improve your knowledge of the prevention and detection of oral cancer, including what to look out for and when and how to respond. This toolkit covers oral and oropharyngeal cancers including lip cancer.

Referral decision guide

This practical tool illustrates the red flags which should prompt referral to secondary care via a suspected cancer pathway.

View referral decision guide

Patient case studies

To learn more about diagnosing and referring oral cancer, read case studies from Richard Shaw, Professor of Head and Neck Surgery, University of Liverpool and James University Hospital NHS Trust.

View patient case studies

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE

KEY

BLEEDING

NEUROLOGICAL

ABDOMINAL

ORAL LESIONS

RESPIRATORY

LUMPS/MASSES

PAIN

NON-SPECIFIC SYMPTOMS

SKIN

GYNAECOLOGICAL

CHILDREN AND YOUNG PEOPLE

INVESTIGATION FINDINGS

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

CANCER INSIGHT

FOR GPs

November 2016

WHAT YOU NEED TO KNOW ABOUT OBESITY AND CANCER

INSIDE: A3 poster to display in your practice

CANCER RESEARCH UK

CANCER RESEARCH UK

SPOTTING THE SIGNS OF CANCER FOR WOMEN

YOUR CANCER GUIDE

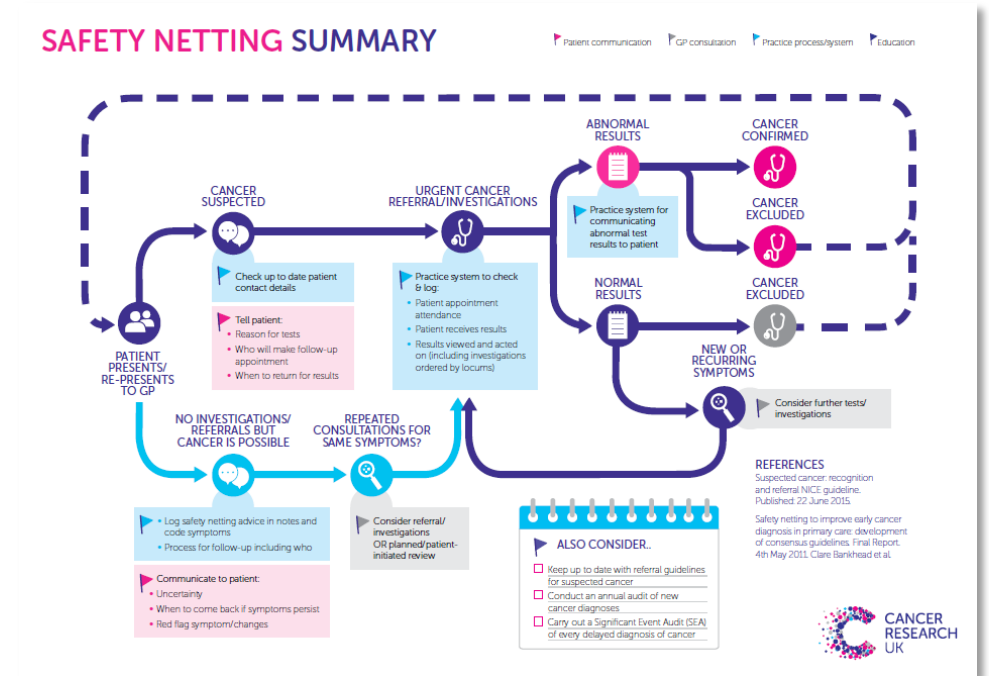
YOUR URGENT REFERRAL EXPLAINED

CANCER RESEARCH UK

SAFETY NETTING TRAINING

Safety netting module for GP practices:

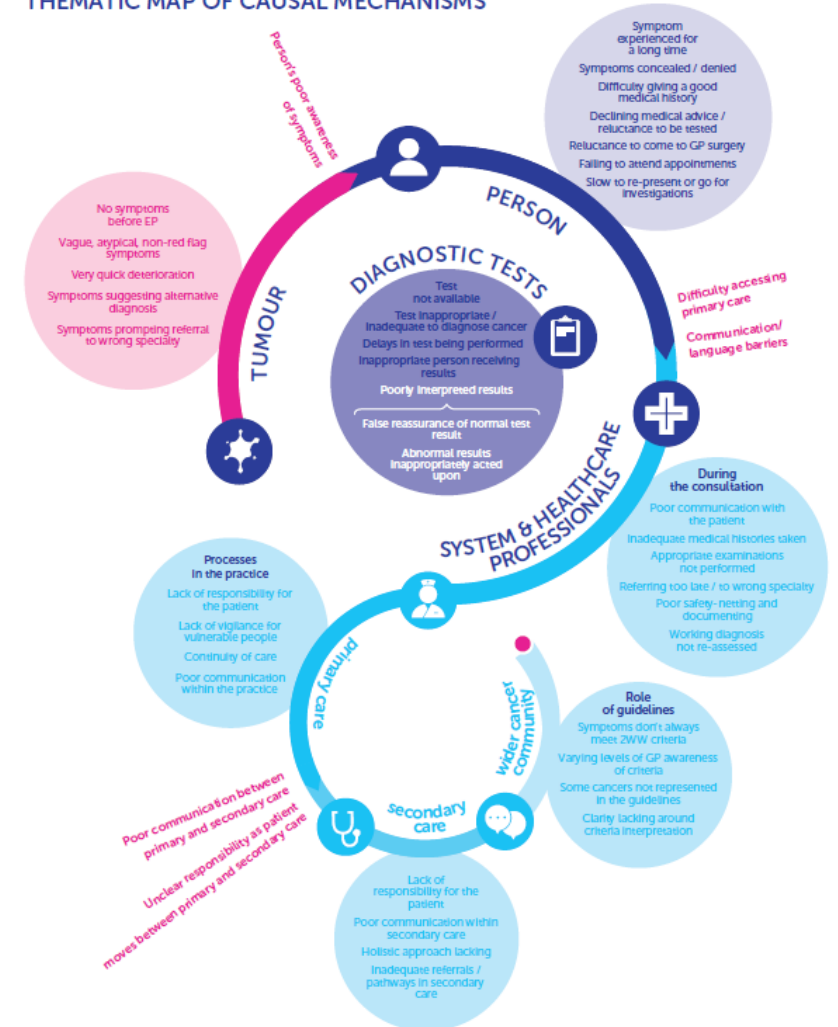
- Practical training
- Workbook with safety netting guidance and examples of best practice



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



YOUR LOCAL FACILITATOR

Ben Towler

Ben.towler@cancer.org.uk

Tel: 07899 279952



ANY QUESTIONS?