The disease / worried well / our grandad

The performance team / NHSE

The valiant hero - your the manager!

# Facts

## Cancer Statistics for the UK

| Cases | Deaths | Survival | Preventable cases |
|---|---|---|---|
| 385,477 | 167,142 | 50% | 38% |
| New cases of cancer, 2017-2019, UK. | Deaths from cancer, 2017-2019, UK. | Survive cancer for 10 or more years, 2010-11, England and Wales | Cancer cases are preventable, UK, 2015 |
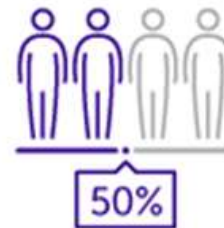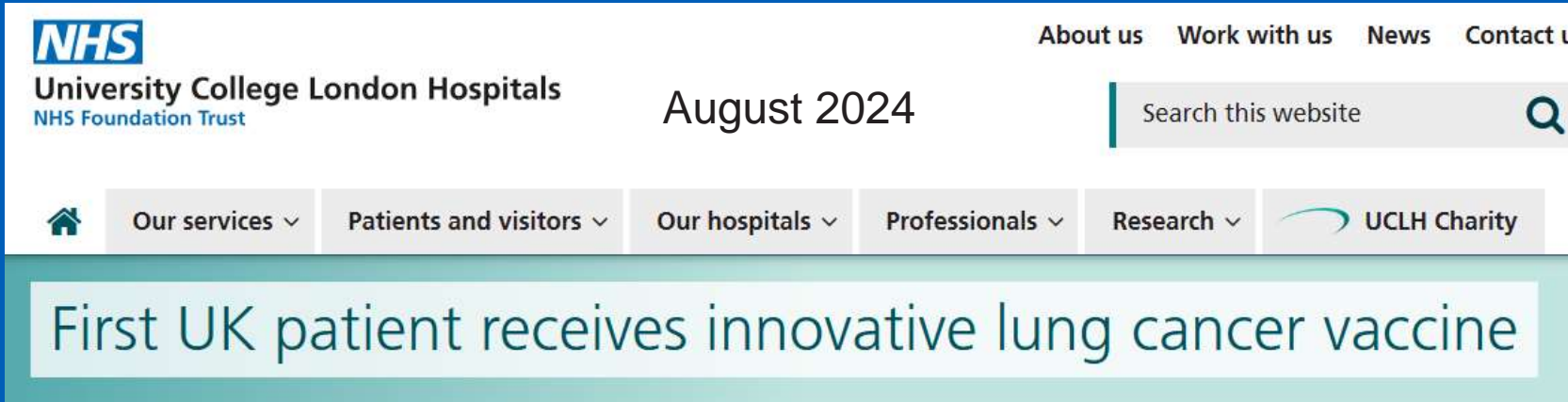
https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk

# The Vaccine



**NHS**
University College London Hospitals
NHS Foundation Trust

August 2024

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First UK patient receives innovative lung cancer vaccine

OXFORD CENTRE FOR
CANCER EARLY
DETECTION AND
PREVENTION

HOME   ABOUT US   RESEARCH SHOWCASE   NEWS & EVENTS   CONTACT

News & Events / Funding to create world's first ovarian cancer prevention vaccine

Funding to create world's first ovarian cancer prevention vaccine

Preventive cancer vaccine

4 October 2024

Lorentzen CL, Haanen JB, Met Ö, Svane IM. Clinical advances and ongoing trials on mRNA vaccines for cancer treatment. Lancet Oncol. 2022

# Terminology

- 6-week diagnostic wait
- Faster Diagnostic Standards – 2021 / 23
- Screening

# 6-week diagnostic wait

NHS
**Humber Health**
Partnership

- The six-week diagnostic wait was initially introduced as a 'milestone' in March 2008 to support the achievement of the 18-week referral to treatment (RTT) target.

- Diagnostic waiting times are now part of the NHS Constitution, which pledges that patients should wait less than 6 weeks for a diagnostic test from the time that the request has been sent

# 6-week diagnostic wait

**NHS**
**Humber Health**
**Partnership**

- In February 2022, NHSE England proposed an increase in 9 million more diagnostic tests p.a. and that 160 community diagnostic centres will be rolled out by 2025.

- As of March 2024, 155 centres opened in England to deliver more than 7 million diagnostic tests, *which puts the government on track to meet its target for the following year.*

# 6-week diagnostic wait

- Regarding this achievement as a success would be premature as the expansion of diagnostic centres has to be accompanied by sufficient funding in diagnostic equipment and in workforce recruitment and retention

- Diagnostic test waiting times | Nuffield Trust

# Faster Diagnostic Standards – 2021 / 23

- 28-day faster diagnostic standard – have cancer diagnosed/ruled out within 28 days of suspicion

- 31-day decision to treat standard – patients receive treatment within 1 month of deciding to treat

- 62-day referral to treatment standard – patients who receive a cancer diagnosis should receive treatment within 62 days of their initial referral

# Screening

- Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition.

- The aim is to offer screening to the people who are most likely to benefit from it.

# Screening

The purpose of a screening test is to:

- Detect potential health disorders or diseases in people who do not have symptoms.

- Achieve early detection to reduce the risk of disease or to treat it most effectively.

- Identify individuals who could benefit from treatment and reduce the risk of death or future ill health

# How are we doing?

*Figure 2*: Probability of dying from a cancer between birth and age 80 years in 314 local authority districts in England in 2019, and change in probabilities of dying from 2002 to 2019, in women and men
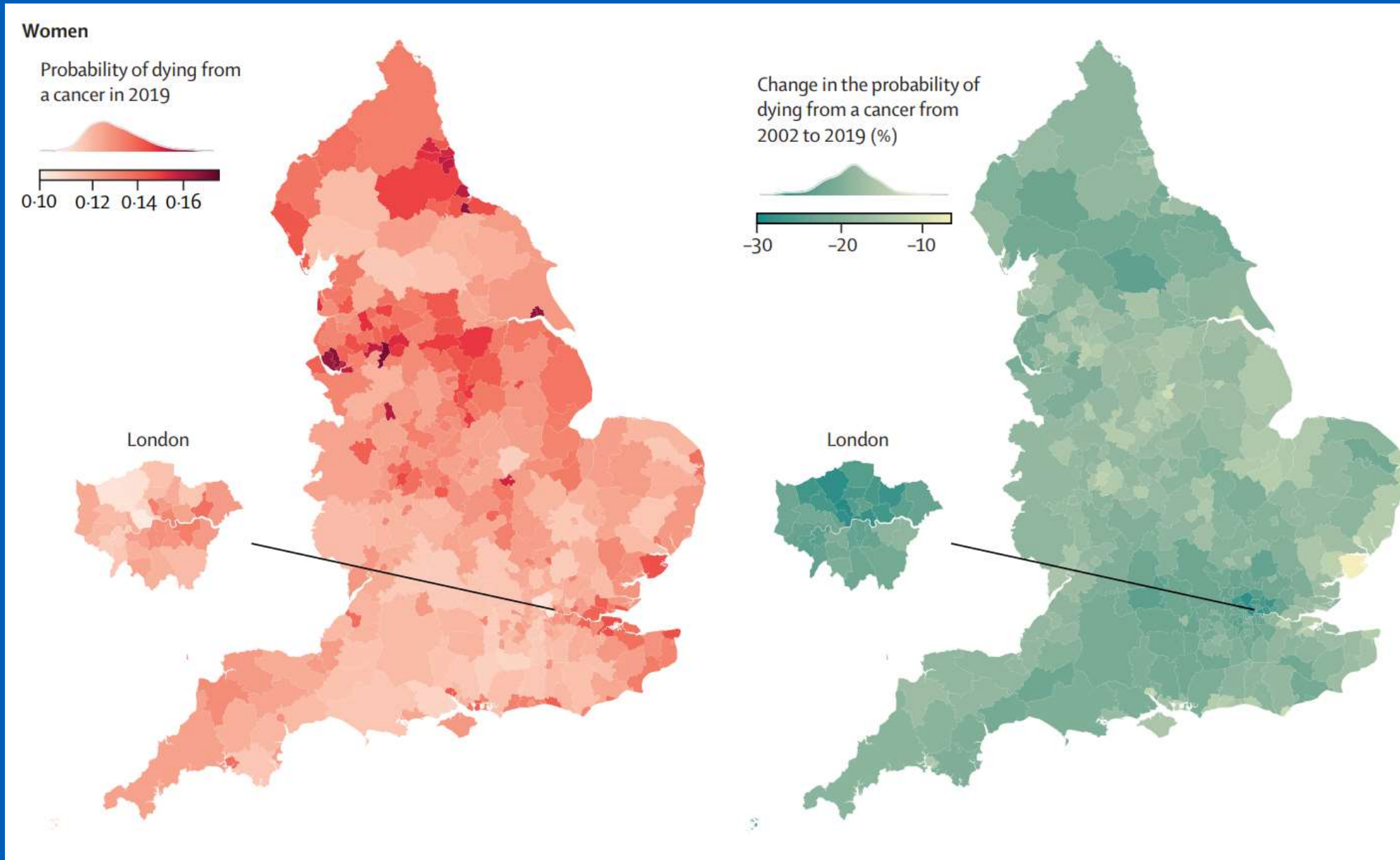
Rashid T, Bennett JE, Muller DC, et al, (2024) Mortality from leading cancers in districts of England from 2002 to 2019: a population-based, spatiotemporal study, The Lancet Oncology, 25:1 https://doi.org/10.1016/S1470-2045(23)00530-2.

# NHS 10 Year plan

## NHS LONG TERM PLAN AMBITIONS FOR CANCER

"

## WE REMAIN AMBITIOUS.

By 2028, **55,000 MORE PEOPLE EACH YEAR WILL SURVIVE** their cancer for at least five years after diagnosis.

By 2028, **THREE QUARTERS OF CANCER PATIENTS WILL BE DIAGNOSED AT STAGE ONE AND TWO**, rising from the current proportion of just over half.

"

**The Spending Review in October committed £325 million in new capital funding for 2021/22 to support diagnostics. Although broader than cancer, this will further help to speed up diagnostics and improve patient outcomes.**

## EARLIER AND FASTER DIAGNOSIS

Diagnosing people earlier and faster is one of the most effective ways to improve cancer survival. It means that patients can get more treatments and start sooner, making it more likely that cancer can be cured.

The NHS Cancer Programme is working with partners to modernise screening and prevention services, introduce new approaches for referring and diagnosing cancer more quickly and prioritising the rapid adoption of new techniques and treatments.

# Cancer survival by stage at diagnosis

Proportion of people surviving their cancer for five years or more

**Diagnosed at earliest stage**
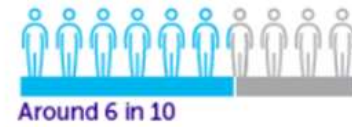
**Diagnosed at latest stage**

### Lung

Around 6 in 10

Less than 1 in 10

### Bowel

More than 9 in 10

1 in 10

### Breast

Almost all

Around 3 in 10

### Prostate

All

Around 5 in 10
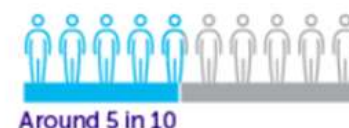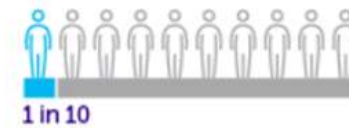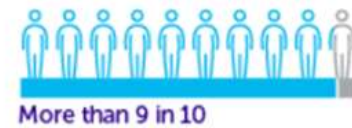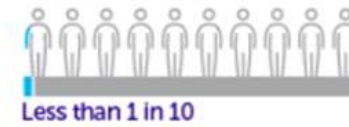
Earliest stage = stage 1; latest stage = stage 4.
Data for lung, bowel and breast cancer is age-standardised net survival for adults (aged 15 to 99 years) in England in 2015–2019 followed up to 2020. Data for prostate cancer is age-standardised net survival for adults (aged 15 to 99 years) in England in 2013–2017 followed up to 2018. Breast cancer data is for females only.
Source: Cancer survival in England, NHS Digital 2022.

**cruk.org**
**Together we will beat cancer**

CANCER
RESEARCH
UK

# Cancer Diagnostic Facts

- Almost half (45.5%) of all cancer cases were diagnosed at stage 3 & 4 (out of those with a known stage at diagnosis) in England in 2018

- So – what is happening with diagnostics & screening? Can this battle be won?

Cancer Statistics for the UK

Chart 6: Percentage of patients waiting 6+ weeks, by test – September 2024
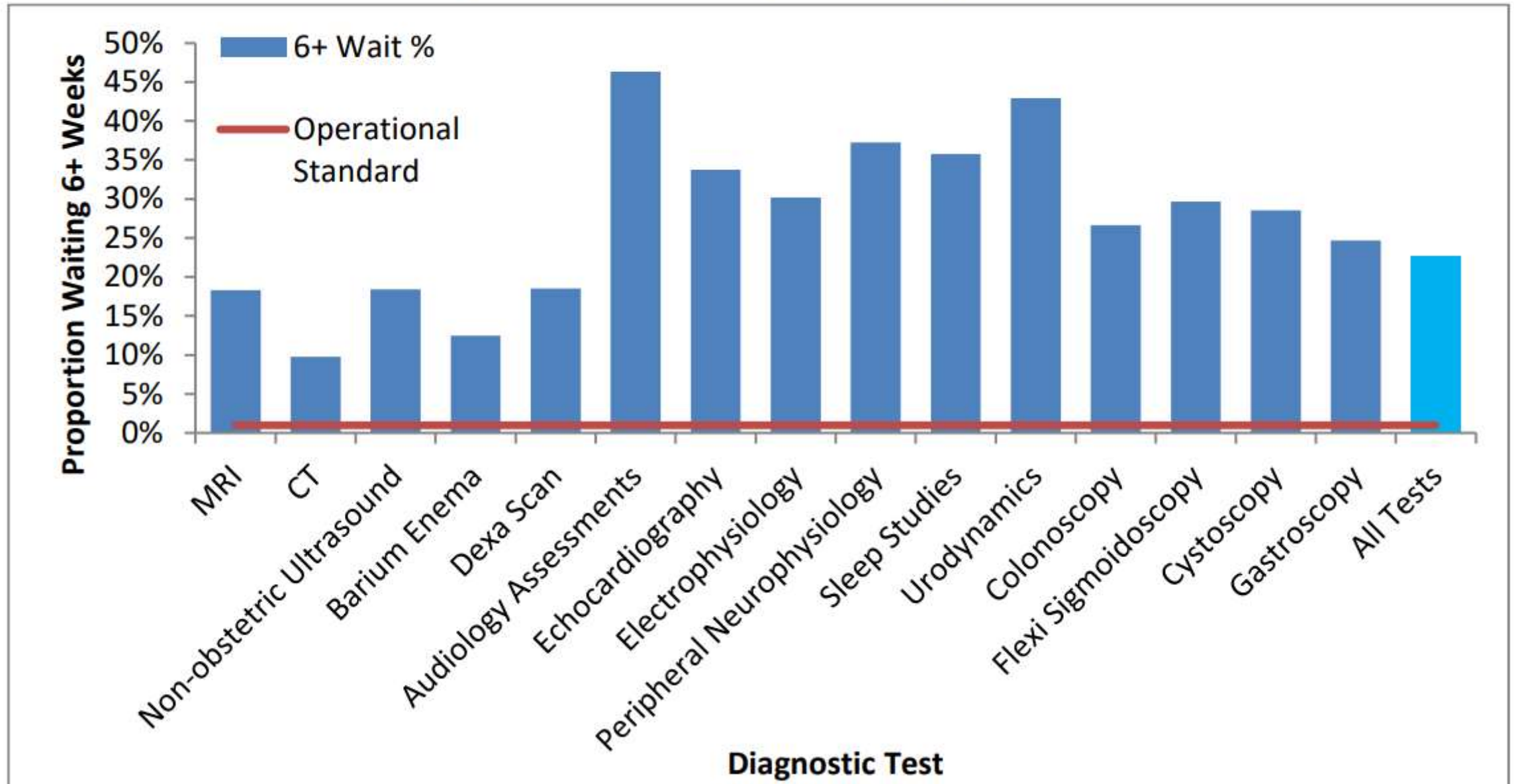
# USC / RDS Performance

**Prostate cancer performance Sept 23 – Sept 24:**


**Diagnosis or cancer ruled out within 28 days of referral**

88.1% (75%) informed by day 28


**One month (31-day) wait from diagnosis to first definitive treatment:**

80.9% (96%) of people treated for prosate cancer began first definitive treatment within 31 days of receiving their diagnosis


**Two month (62-day) wait from urgent referral to first definitive treatment:**

68.1% (85%) of people treated for prostate cancer received first definitive treatment within 62 days of being referred

# Action needed to diagnose 75% of cancer patients at an early stage

**Action is needed on all fronts to address early-stage cancer diagnosis.**

These steps must be supported by the provision of optimal treatment options as well as increases in workforce and diagnostic kit. Additionally, elimination of sociodemographic inequalities could result in a 4% increase in early-stage diagnosis across 10 cancer sites.*

Optimisation of cancer screening programmes

Targeted lung cancer screening

Increased awareness and timely public presentation

Cancer referral guideline compliance

Improved pathways

Early diagnosis research and innovation

55%    60%    65%    70%    75%

Baseline: 54% (England, 2018)

Percentage of patients diagnosed at stage 1 and 2
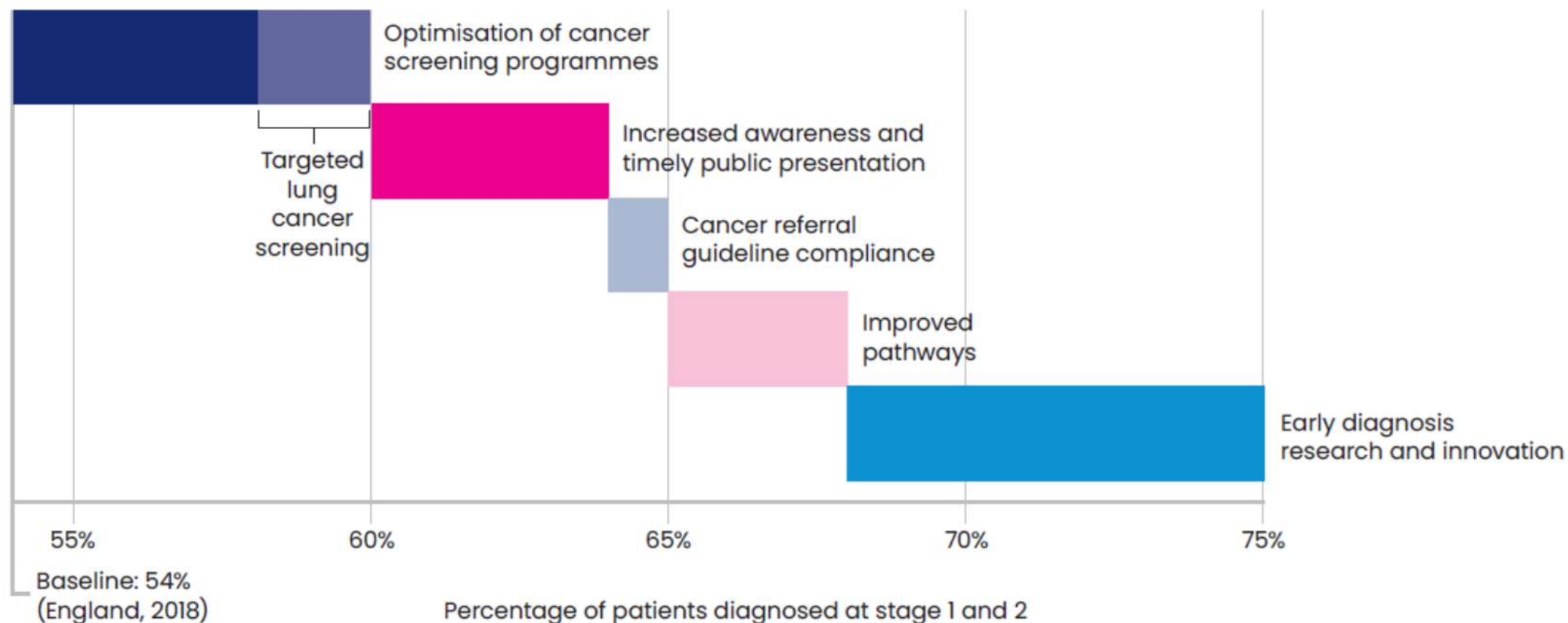
*Barclay, M. E., et al. British Journal of Cancer, 2021

# Pros and Cons of Screening

- All screening programmes must weigh benefits against the harms of 'overdiagnosis, overtreatment, false positives, false reassurance, uncertain findings and complications.'

- Moreover, patients should have a choice of whether to have the scan, and making a personal informed choice requires accurate information on the 'risks, limitations, benefits and uncertainties' of the test

Detection rates of a national fetal anomaly screening programme: A national cohort study - Aldridge - 2023 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library

# What are the benefits and harms of the NHS Breast Screening Programme?

**Benefits of breast screening include**:

- Early detection of breast cancer.
- Reduction in breast cancer mortality.

**Harms of breast screening include:**

- Over-diagnosis, leading to unnecessary treatment.
- False-positive mammograms, leading to unnecessary further investigations.
- False reassurance, due to missed cancer and incorrect diagnosis.
- Pain and discomfort, due to mammography.
- Psychological distress, such as anxiety following a false-positive result.

# Screening performance

- Bowel screening uptake within 6 months of invitation has increased slightly in all UK nations in recent years.
- More than 7 in 10 (72.3%) of people aged 25-64 were screened for cervical cancer within the previous 3.5 years or 5 years in 2017/18.

- Age-appropriate cervical screening coverage has fallen slightly in England and Scotland in recent years.
- Breast screening uptake within 6 months of invitation has fallen slightly in England in recent years.

Cancer Statistics for the UK

# Routes to diagnosis

| Route | Definition |
|-------|------------|
| **GP referral** | Routine and urgent referrals where the patient was not referred under the USC referral route |
| **Urgent Suspected Cancer (USC)** | Urgent GP referrals with a suspicion of cancer (previously known as Two-week wait/TWW) |
| **Emergency presentation** | An emergency route via accident and emergency (A&E), emergency GP referral, emergency transfer, emergency admission or attendance |
| **Other outpatient** | An elective route starting with an outpatient appointment that is either a self-referral, consultant to consultant referral, other or unknown referral (excludes patients originally referred under the USC referral route) |
| **Screen-detected** | Flagged by the cancer registry as detected via the breast, bowel or cervical screening programmes |
| **Inpatient elective** | No earlier information can be found prior to admission from a waiting list, booked or planned |
| **DCO** | Diagnosis by death certificate only |
| **Unknown route** | No relevant data available from Inpatient or Outpatient HES, National Cancer Waiting Times or National Screening Programmes |

# Routes to diagnosis
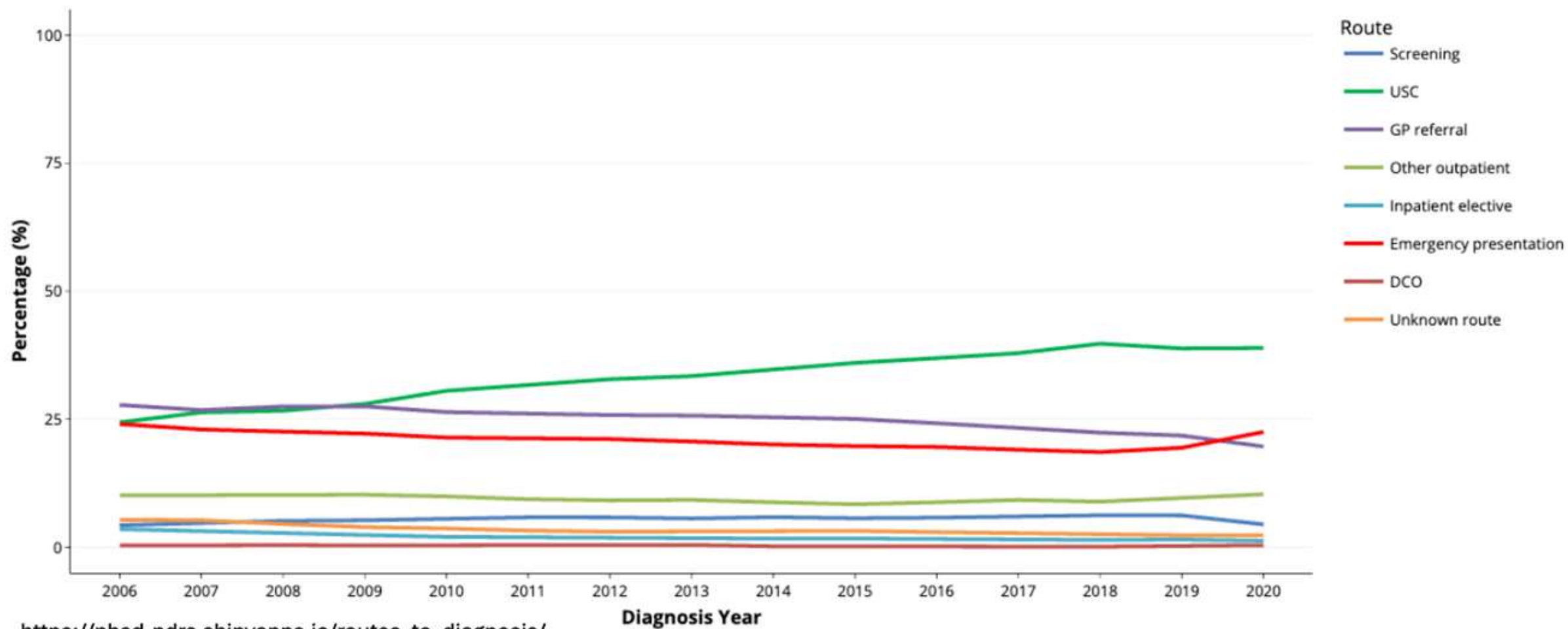


https://nhsd-ndrs.shinyapps.io/routes_to_diagnosis/

| Site | Year | Screening (%) | USC (%) | GP referral (%) | Other outpatient (%) | Inpatient elective (%) | Emergency presentation (%) | DCO (%) | Unknown route (%) |
|---|---|---|---|---|---|---|---|---|---|
| All Malignant Neoplasms (excl. NMSC) | 2006 | 4.3 | 24.4 | 27.8 | 10.1 | 3.5 | 24.1 | 0.4 | 5.4 |
| All Malignant Neoplasms (excl. NMSC) | 2007 | 4.7 | 26.3 | 26.8 | 10.2 | 3.2 | 23.0 | 0.4 | 5.3 |
| All Malignant Neoplasms (excl. NMSC) | 2008 | 5.2 | 26.7 | 27.5 | 10.2 | 2.9 | 22.6 | 0.4 | 4.6 |
| All Malignant Neoplasms (excl. NMSC) | 2009 | 5.3 | 28.0 | 27.5 | 10.3 | 2.4 | 22.2 | 0.4 | 4.0 |
| All Malignant Neoplasms (excl. NMSC) | 2010 | 5.6 | 30.6 | 26.4 | 9.9 | 2.1 | 21.4 | 0.4 | 3.7 |
| All Malignant Neoplasms (excl. NMSC) | 2011 | 5.9 | 31.8 | 26.1 | 9.4 | 1.9 | 21.3 | 0.4 | 3.3 |
| All Malignant Neoplasms (excl. NMSC) | 2012 | 5.8 | 32.8 | 25.8 | 9.2 | 1.8 | 21.1 | 0.4 | 3.1 |
| All Malignant Neoplasms (excl. NMSC) | 2013 | 5.6 | 33.4 | 25.7 | 9.3 | 1.8 | 20.7 | 0.5 | 3.1 |
| All Malignant Neoplasms (excl. NMSC) | 2014 | 5.9 | 34.7 | 25.4 | 8.8 | 1.7 | 20.1 | 0.2 | 3.3 |
| All Malignant Neoplasms (excl. NMSC) | 2015 | 5.7 | 36.0 | 25.1 | 8.4 | 1.7 | 19.8 | 0.1 | 3.2 |
| All Malignant Neoplasms (excl. NMSC) | 2016 | 5.8 | 36.9 | 24.2 | 8.8 | 1.6 | 19.6 | 0.1 | 3.0 |
| All Malignant Neoplasms (excl. NMSC) | 2017 | 6.1 | 37.9 | 23.4 | 9.2 | 1.5 | 19.1 | 0.1 | 2.7 |
| All Malignant Neoplasms (excl. NMSC) | 2018 | 6.3 | 39.8 | 22.4 | 8.9 | 1.4 | 18.6 | 0.1 | 2.5 |
| All Malignant Neoplasms (excl. NMSC) | 2019 | 6.2 | 38.8 | 21.8 | 9.6 | 1.5 | 19.4 | 0.3 | 2.4 |
| All Malignant Neoplasms (excl. NMSC) | 2020 | 4.5 | 38.9 | 19.7 | 10.4 | 1.3 | 22.5 | 0.4 | 2.4 |

Produced by the National Disease Registration Service.
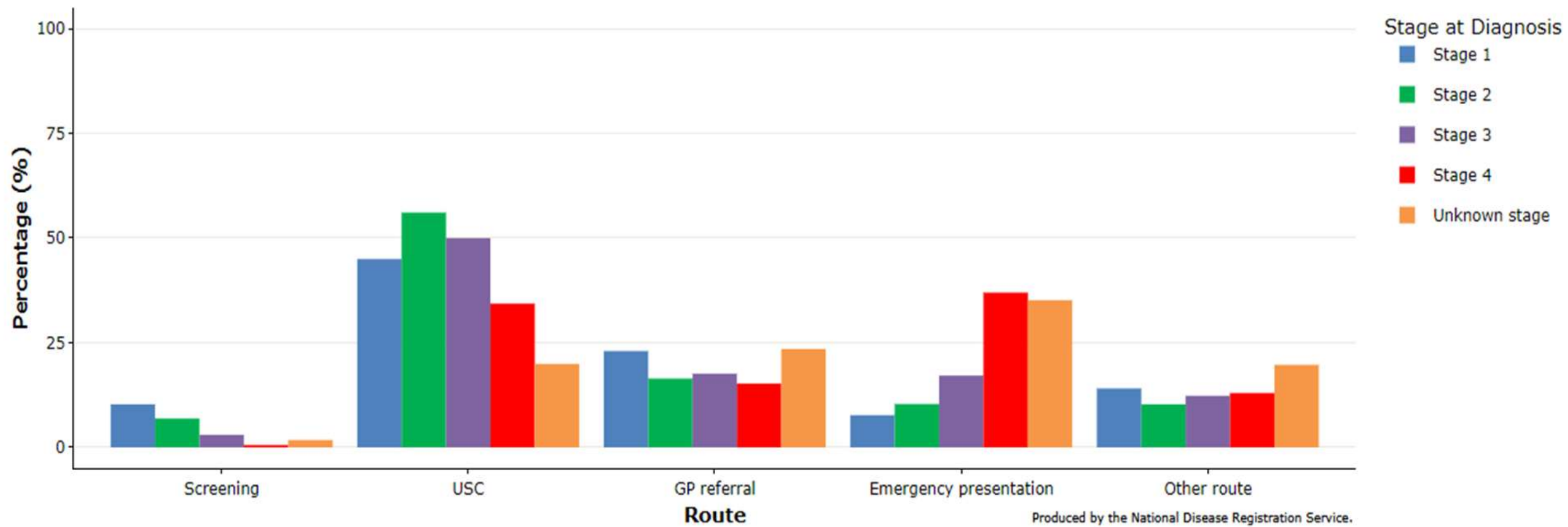
# Cancer Diagnostic Facts

- Almost 4 in 10 (37.8%) of all cancer cases were diagnosed through an urgent suspected cancer referral (two-week wait) in England in 2016.

- Almost 6 in 10 (58%) of all cancer cases diagnosed through an emergency route were at the latest stage, compared with around 2 in 10 (22%) of cases diagnosed though an urgent suspected cancer referral (two-week wait) in England in 2015-16.

Cancer Statistics for the UK

**Obstetrics……..**

# Obstetric screening

**NHS Humber Health Partnership**

Data from 11 European countries gives the birth prevalence of congenital anomalies at 26.9 per 1000 births.

England was first country worldwide to introduce an obstetric screening programme.

The national guidance includes expected condition-specific detection rates based on a review of 20 years of published literature. These range between 50 and 98% and remain unchanged.

Detection rates of a national fetal anomaly screening programme: A national cohort study - Aldridge - 2023 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library

# Obstetric screening

Prevalence of congenital anomalies at 26.9 per 1000 births

Positive scan rate of between

1.35 – 2.6%

TABLE 1. Conditions audited and FASP expected detection rates

| Condition | FASP expected detection rate (%) |
|---|---|
| Anencephaly | 98 |
| Atrioventricular septal defect | 50 |
| Bilateral renal agenesis | 84 |
| Cleft lip ± palate | 75 |
| Congenital diaphragmatic hernia | 60 |
| Edwards syndrome | 95 |
| Exomphalos | 80 |
| Gastroschisis | 98 |
| Hypoplastic left heart syndrome | 50 |
| Lethal skeletal dysplasia | 60 |
| Patau syndrome | 95 |
| Spina bifida | 90 |
| Tetralogy of Fallot | 50 |
| Transposition of the great arteries | 50 |

# Summary

- NHS has not met 6WW target since Sept 2009 but remains an essential route to diagnosis.

- Urgent suspected cancer pathways (FDS) detect the highest proportion of cancer.

- ED detects 20.9% of cancer but over half are at stage 3 or 4.

- Screening detects, at best ,6% of all cancers but greatest proportion of those at stage 1 or 2.



## When key NHS targets were last hit

| | Four-hour A&E | 62-day cancer | Hospital treatment |
|---|---|---|---|
| England | July 2015 | December 2015 | February 2016 |
| Northern Ireland | Never reached | March 2009 | March 2013 |
| Scotland | July 2020 | December 2012 | June 2014 |
| Wales | Never reached | August 2010 | August 2010 |

Source: NHS

BBC

# Summary

- The battle for capacity is finely balanced

- There is no one ideal route to diagnosis

- Patients must be educated and informed

- Do NOT underestimate your role and importance in cancer diagnosis – YOU and your team can make a difference

Thank you for your attention and consideration