Early diagnosis to improve cancer outcomes

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 Barely a week goes by without cancer grabbing one or more national headlines. Some quarters feel that the news should move on to other less well reported areas of health. However, cancer is becoming one of the greatest challenges facing healthcare systems both in the UK and further afield. On the positive side, we recently passed a significant milestone: over 50 per cent of patients diagnosed with cancer will now live for 10 years or more.

In many cases this will represent complete cure.

 In contrast to this “good news story”, in the UK, cancer is responsible for 44 per cent of all premature deaths (under the age of 75). This is nearly double the number of premature deaths from coronary heart disease and cerebrovascular disease combined. Further to this, in the last few weeks came the news that the UK lifetime risk of cancer has now surpassed 50 per cent – more than one in two of us will develop one or more cancers in our lifetime. In the next 15 years the annual number of cancer cases is set to increase by 30 per cent in the UK, and by as much as 67 per cent globally.

Addressing the challenge

How will health systems best address this challenge which, if unchecked, will bring with it a huge burden of both misery and financial liability? Last year the WHO identified that: “prevention offers the most cost-effective long-term strategy for the control of cancer.” In the UK, it is now felt that 42 per cent of all cancer cases are preventable. Smoking still accounts for 19 per cent of all cancer cases, and a similar number fall at the feet of a poor diet and lack of exercise. We in primary care have the potential to influence our patients – “making every contact count.”

In addition to addressing the prevention agenda, we also need to “step up to the plate” with regard to early diagnosis. Most GPs will be aware that, compared to the average cancer outcomes in similar health landscapes across Europe, our performance in early diagnosis is poor. The UK brings up the rear rates have been used as a proxy measure for early diagnosis, and if we were to match the best in Europe we would prevent 50,000 cancer deaths a year, and if we were to match the best in Europe we would prevent 10,000 cancer deaths per year. If this was achieved and maintained, it would equate to a full time GP, in an average length career, overseeing 12 fewer cancer deaths. One-year survival rates have been used as a proxy measure for early diagnosis, in the historical absence of stage of cancer at diagnosis. The UK has seen a significant improvement in one-year survival rates across a number of cancers between 2004 and 2012, suggesting that patient and GP awareness has improved over this period – but there is still room for improvement.

The new draft NICE guidance for early diagnosis of cancer has proposed lowering the threshold for referring patients with symptoms that could be caused by a cancer. Current guidance and the current two week referral criteria work on a positive predictive value of 5 per cent – and the two week wait referral conversion rate is around the 10 per cent mark, suggesting even with the existing guidance, we as GPs have set our threshold for referral higher than recommended. There is good data suggesting that those GPs who have a greater “readiness to refer” diagnose patients at an earlier stage.

So although there has been a lot of concern voiced that the new guidance would result in the diagnostic services being swamped, there is an argument that our diagnostic capacity will only grow when the demand grows. Only by lowering our threshold for referral will we close the gap between the UK and our neighbours. The NHS has a long history of reacting to change. Looking back to 1947, it is remarkable to see the developments and improvement in both health and treatments over this period, and what we have achieved is remarkable with one of the smallest health spends in terms of percentage of GDP spent on healthcare. We have a lot to be proud of, but we have no room for complacency.

We can always learn, and always become better GPs practicing better medicine. So in election year, it would be good to acknowledge the successes of both the NHS in general and general practice, in particular – but also to acknowledge that we can do even better, and become the best in the world, and lead the way in addressing one of the greatest health challenges of the day – cancer.

References


Declaration of interests

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