



Info box

With unparalleled NHS expertise and outstanding industry knowledge, Wilmington Healthcare offers data, data visualisation, insight and analysis on a variety of UK healthcare fields. We deliver sustainable outcomes for NHS suppliers and ultimately patients.

To see more of our data and insights on cancer staging, visit wilmingtonhealthcare.com/oncology or contact:

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A late stage killer: why early diagnosis is so important

The NHS' Long Term Plan places cancer at the heart of its agenda. Local systems have been given ambitious targets to improve screening, diagnosis and survival rates and their forthcoming operational plans must demonstrate how they will achieve this.

Two key targets in the Long Term Plan are: by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half to three-quarters of cancer patients; and from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.

These two targets should be thought of as interlinked, as all the evidence suggests that early diagnosis leads to greater chances of survival.

To make this a reality, the Long Term Plan has proposed developing transformative workstreams: rolling out lung MOTs to detect lung cancer earlier in at-risk populations, and introducing a nationwide network of rapid diagnostic centres for people with serious but not specific symptoms that could be cancer.

Why single out lung cancer, and why might the rapid diagnostic centres be such an important part of this?

Wilmington Healthcare has carried out an analysis of cancer staging data, and it begins to tell a compelling story about problems in lung cancer diagnosis.

If your lung cancer is diagnosed at stage 4, your survival is already heavily compromised. The five-year rate for such patients is less than 10%. At stage 3, survival is between 25% and 35%.

Yet our first data visualisation (Figure 1) indicates that you are more likely to receive a lung cancer diagnosis at stage 4 than

at any other stage. It also shows that lung cancer in particular, is susceptible to late diagnosis, compared with, for example, colorectal cancer, which has seen improvements in screening via the provision of home bowel kits and a major public awareness campaign.

This highlights a fundamental challenge for the systems: how to find the patients that need early treatment?

This is where the lung MOTs and rapid diagnostic centres (RDCs) can come into their own. Proactive and preventive lung health checks are likely to catch more cases at stages 1, 2 and 3; whereas the RDCs can fast-track primary care referrals where there is GP uncertainty – early signs of lung cancer, for example, can involve symptoms that resemble a common cold - and rule out or confirm cases at the earliest possible stage.

Our second visualisation (Figure 2), shows national trends in diagnosing cancer at various stages. Here you can see that there has been little to no progress in reducing the number of lung cancers detected at stage 4, and it has remained the most common diagnostic stage over the past decade.

Thirdly and finally, Figure 3 shows variation of diagnostic stage by regional cancer alliances. From the data here we can build a regional picture on cancer stage. You can see that there is almost a ten percentage point gap between the area where

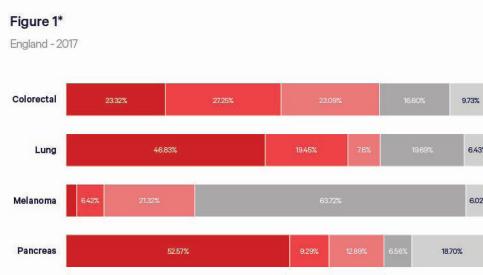
you are most likely to be diagnosed at stage 4 – East of England, South – and least likely – Greater Manchester.

This postcode lottery of staging diagnosis should have cancer policymakers concerned when we know survival is so dependent upon it. It is also a fair question to ask – what is Greater Manchester doing differently? It may come as no surprise that rapid diagnosis has made a leap forward in the devolved authority there.

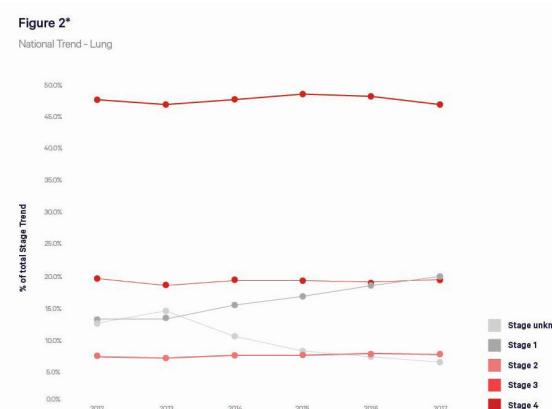
The Greater Manchester lung cancer pathway has used a £1.3 million transformation fund investment secured in autumn 2018 to run accelerated pathways performing complex diagnostic and staging work through high volume diagnostic hubs. The programme won a prestigious HSJ award last year.

Local decision makers will need to show ambition like this if the targets of the Long Term Plan are to be met, and if we are to make progress in reaching and treating patients with cancer before their likelihood of survival is diminished. ■

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