2015 NATIONAL AWARENESS AND EARLY DIAGNOSIS INITIATIVE RESEARCH CONFERENCE

NAEDI
National Awareness and Early Diagnosis Initiative

CANCER RESEARCH UK

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3rd NAEDI Research Conference Programme
Day 2 – Friday 27th March 2015

8:00	**Registration, refreshments and poster viewing**
9:00	**Research across the NAEDI pathway** **Chair: Professor David Weller, University of Edinburgh** **Dr Julie Walabyeki, University of Hull** *Understanding of cancer symptoms and healthcare interactions among smokers* **Dr Debra Howell, University of York** *Referral routes and time to diagnosis in haematological malignancies: Population-based findings from the Haematological Malignancy Research Network* **Professor Richard Neal, Bangor University** *A feasibility randomised controlled trial looking at the effect on lung cancer diagnosis of giving a Chest X-Ray to smokers aged over 60 with new chest symptoms (ELCID)* **Dr Christina Renzi, University College London** *A previous 'all-clear' following diagnostic investigation can influence appraisal and help-seeking for recurrent or new potential cancer symptoms* **Dr Mark Rutherford, University of Leicester** *How much of the deprivation gap in cancer survival can be explained by variation in stage at diagnosis: An example from breast cancer and melanoma in the East of England* **Chaired panel discussion**
10:45	**Refreshment break**

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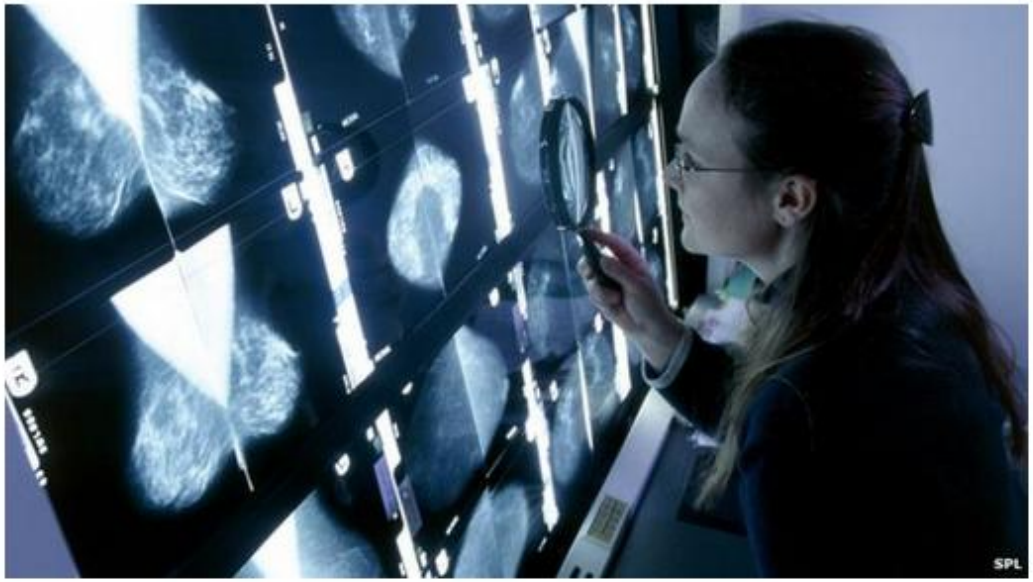
Health

'Half of UK people' will get cancer

By James Gallagher
Health editor, BBC News website

4 February 2015 | Health

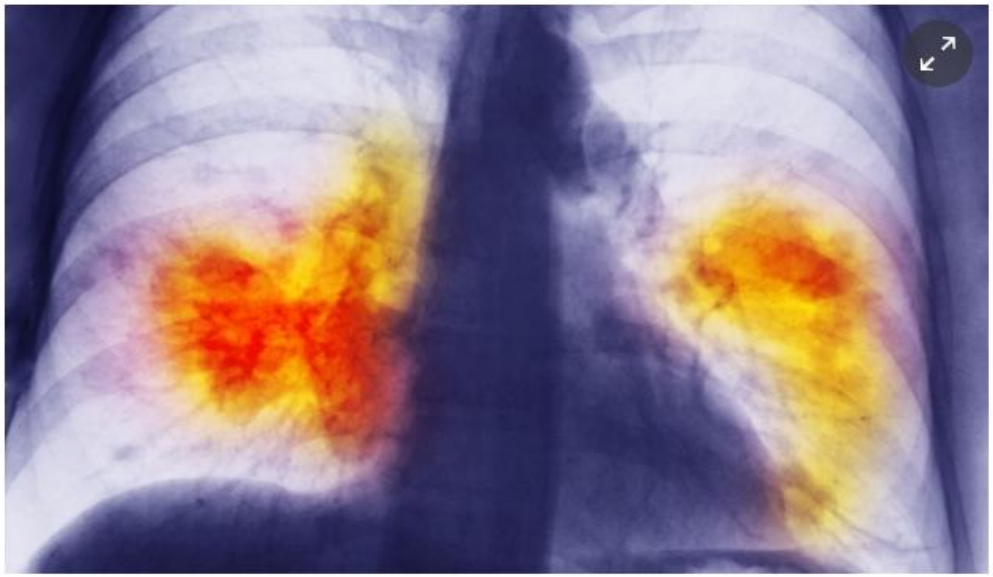


One in two people in the UK will be diagnosed with cancer at some point in their lives, analysis suggests.

Cancer Research UK said this estimate, using a new calculation method, replaced a forecast of more than one in three people developing the disease.

UK cancer survival rates trail 10 years behind other European countries

Study by Macmillan Cancer Support acknowledges improvement in UK, but not enough to catch up with levels achieved in countries such as Italy and Austria



Chest x-ray showing lung cancer. In the 2000s, 18% of patients diagnosed with lung cancer in Austria survived – almost twice the rate in the UK. Photograph: SMC Images/Getty Images

Cancer survival rates in the UK are still lagging more than two decades behind those achieved in many European countries , according to new analysis by campaigners.

Macmillan Cancer Support, which conducted the study, said it was "shameful" that "people were dying needlessly" as it revealed the chances of surviving five of

Public messages about cancer survival in the UK

INTRODUCTION

BJC

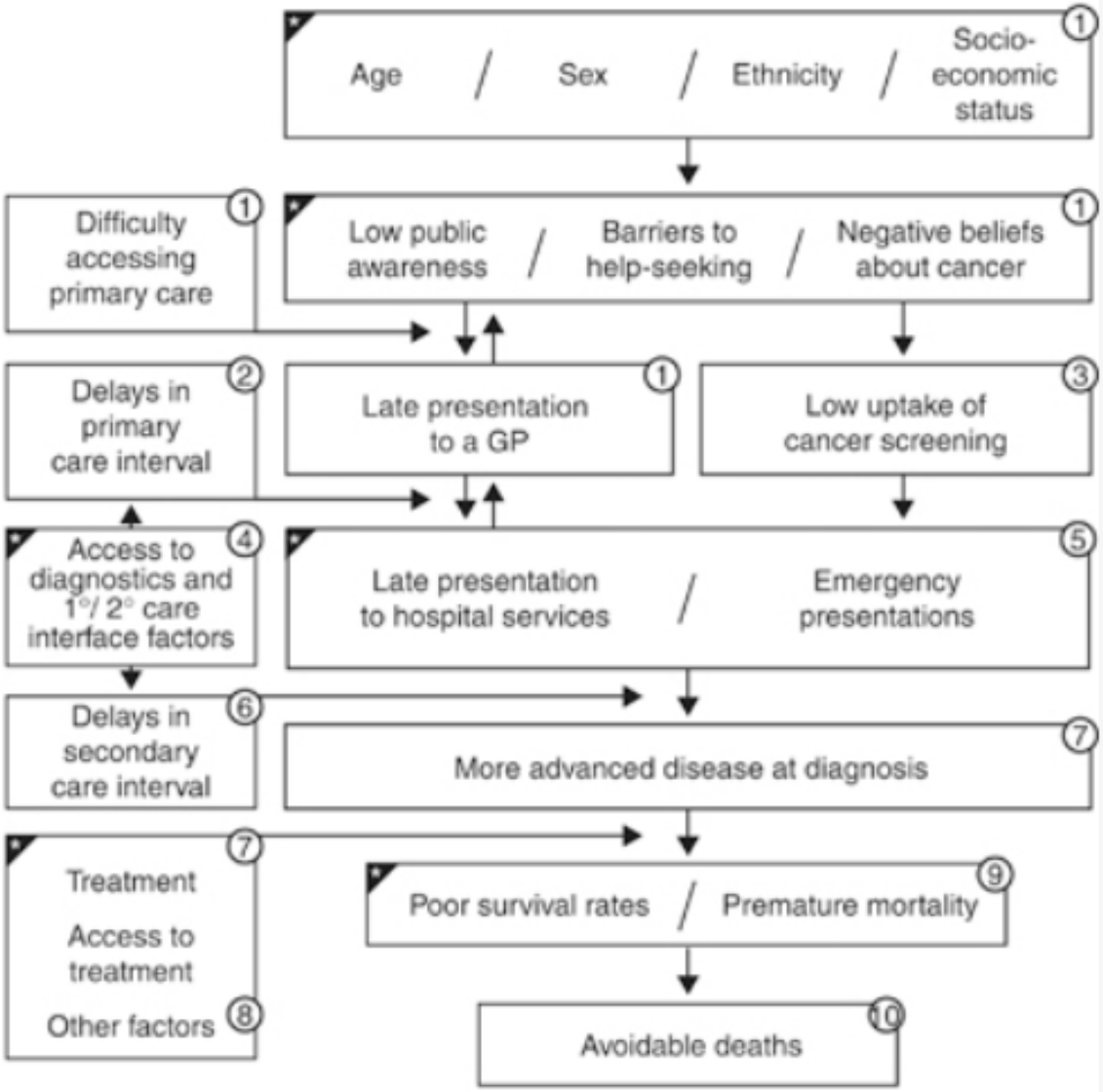
British Journal of Cancer (2015), 1–5 | doi: 10.1038/bjc.2015.23

Diagnosing cancer earlier: reviewing the evidence for improving cancer survival

The National Awareness and Early Diagnosis Initiative in England: assessing the evidence 5 years on

S C Hiom*,1

Updated NAEDI hypothesis
Factors influencing cancer survival and premature mortality



ICBP: Examining survival differences

Module 1: Epidemiological benchmarking study

Module 2: Public awareness, attitudes and beliefs

Module 3: The role of primary care and healthcare systems

Module 4: Variation in patient, diagnostic and treatment time intervals and routes to diagnosis

Module 5: Data comparability; plus co-morbidities and early deaths (with an initial focus on lung cancer)

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ICBP International Cancer Benchmarking Partnership

Betabetic

Thoughts about being a patient, version 0.9

HOME ABOUT

The myth of the rational patient

1 Reply

(and the rational doctor).

https://betabetic.wordpress.com/2015/03/19/the-myth-of-the-rational-patient/

NHS

Over 60 and feeling under the weather? A minor illness can get worse quickly.

This winter, pop into your
local pharmacy for quick health advice
or visit www.nhs.uk/asap

Early advice is the best advice.

Dewis doeth Choose well

Find Your Local Services

Postcode Postcode Go

GIG CYMRU NHS WALES

Emergency Department (A&E) or 999
Suspected Stroke. Choking. Chest Pain. Blacking Out. Blood Loss. Serious Injury.

Minor Injuries Unit
Cuts. Bites. Sprains.

GP or Out of Hours Services
Vomiting. Ear Pain. Painful Cough.

Eye Care or Dentists
Eye Problem. Toothache.

Pharmacists
Diarrhoea. Runny Nose. Upset Stomach. Headache.

Sexual Health Services
Sexual Health Clinics. Early Pregnancy Units

NHS Direct Wales
Flu-like symptoms? Unwell? Unsure? Need Help?

Self Care
Hangover. Grazed Knee. Sore Throat. Cough.

Choosing the right NHS Wales service if you become ill or are injured

Choose Well will help you decide if you need medical attention if you get sick. It explains what each NHS service does, and when it should be used.
Choosing Well means that you and your family will get the best treatment. It also allows busy NHS services to help the people who need them most.
If you don't know which option to choose, please contact NHS Direct Wales on 0845 46 47

Symptom Checker

Check your symptoms with the NHS Direct Wales Symptom Checker
www.nhsdirect.wales.nhs.uk/selfassessments/

Choose Well Quiz

Quiz Cwis

Do you know what NHS service to use if ill or injured? Take the NHS Direct Choose Well quiz to test your knowledge

Free download - Choose Well app

Choose well Dewis doeth

Download for iPhone and iPad
Download for Android

Latest tweets

If you have a minor injury and live in Bridgend or Neath Port Talbot use Neath Port Talbot Minor Injury Unit, open 24/7. #ChooseWell
Tue, 24 Mar 2015 at 16:30

Share: g+1

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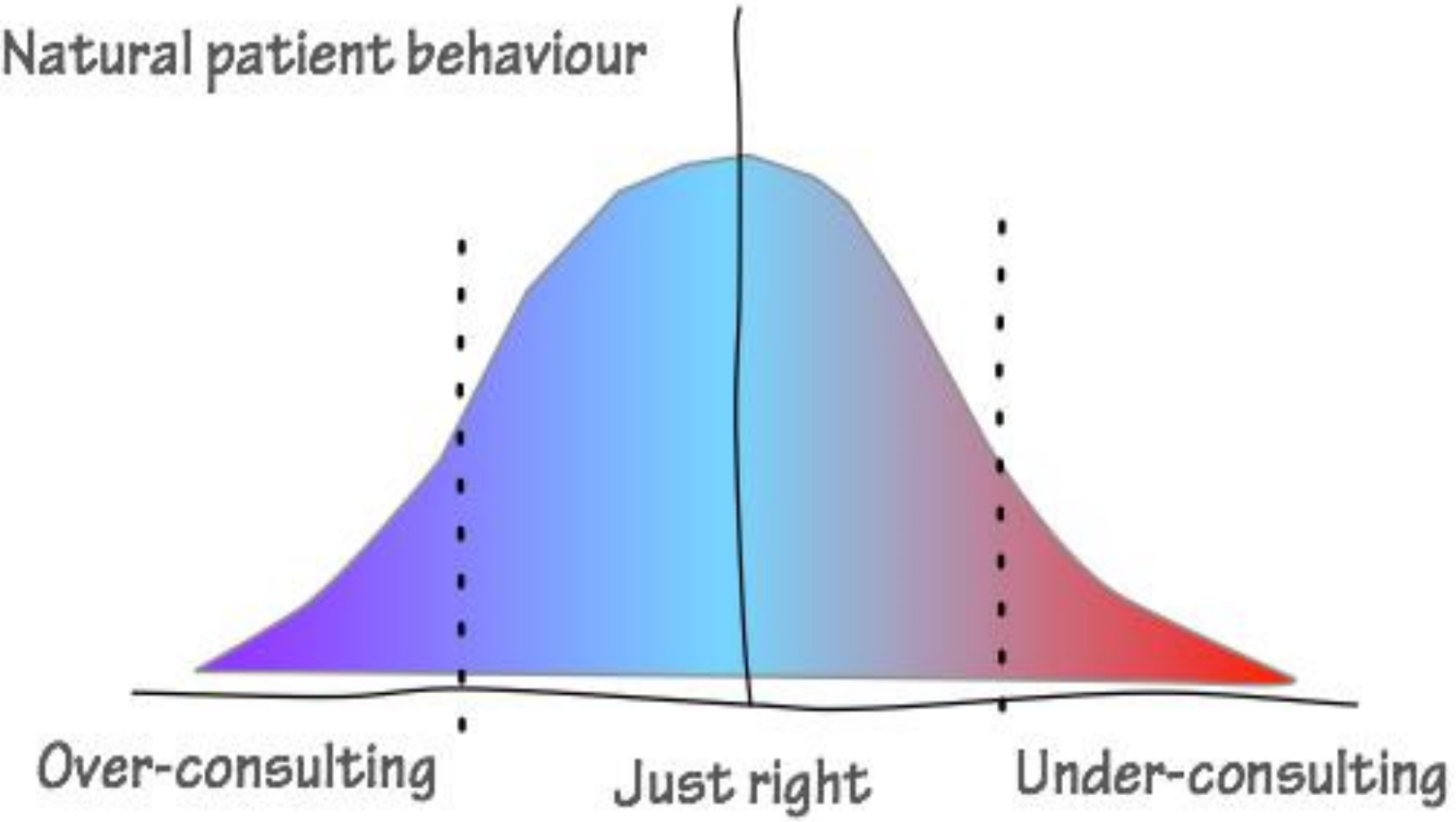

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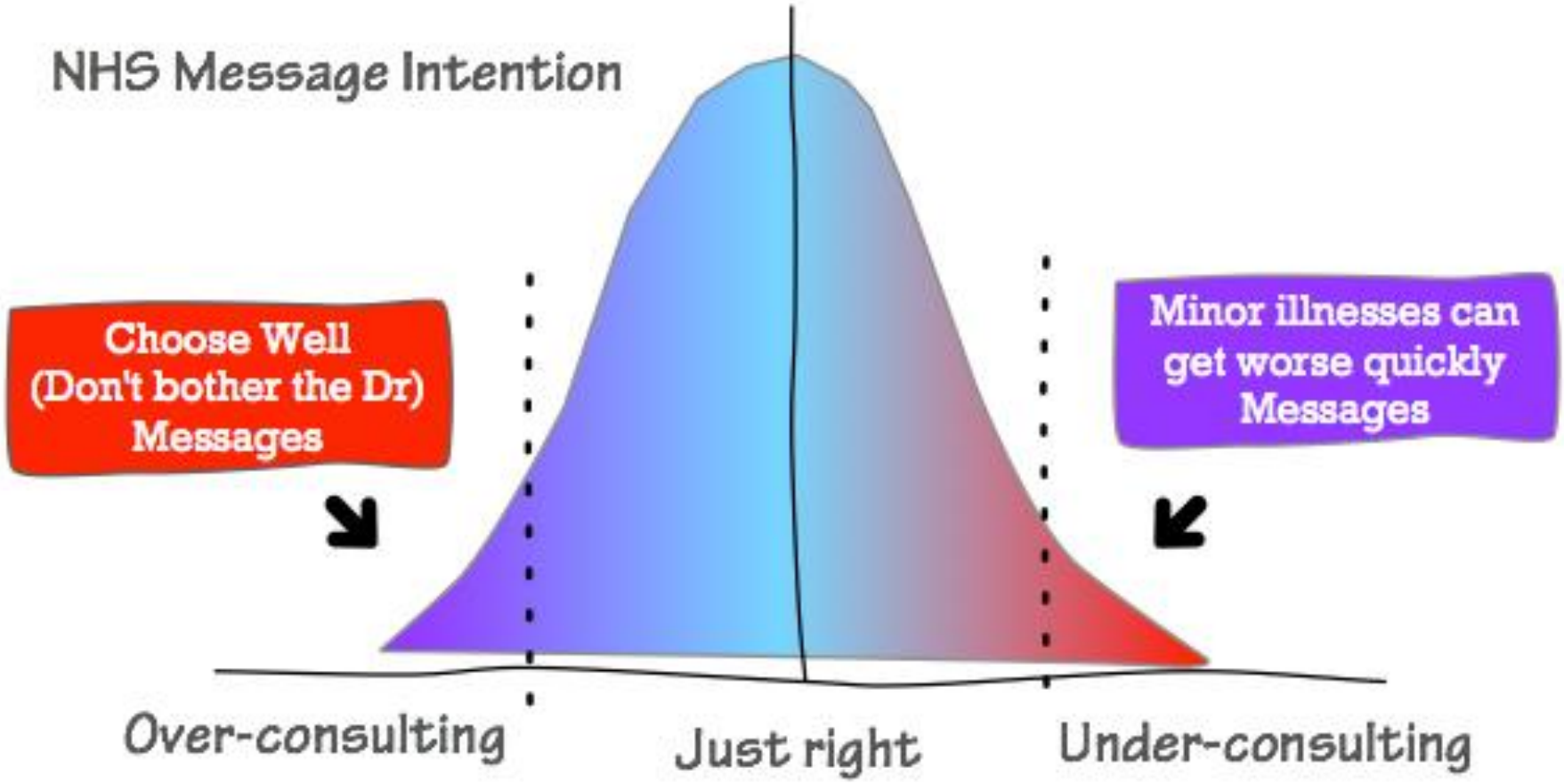

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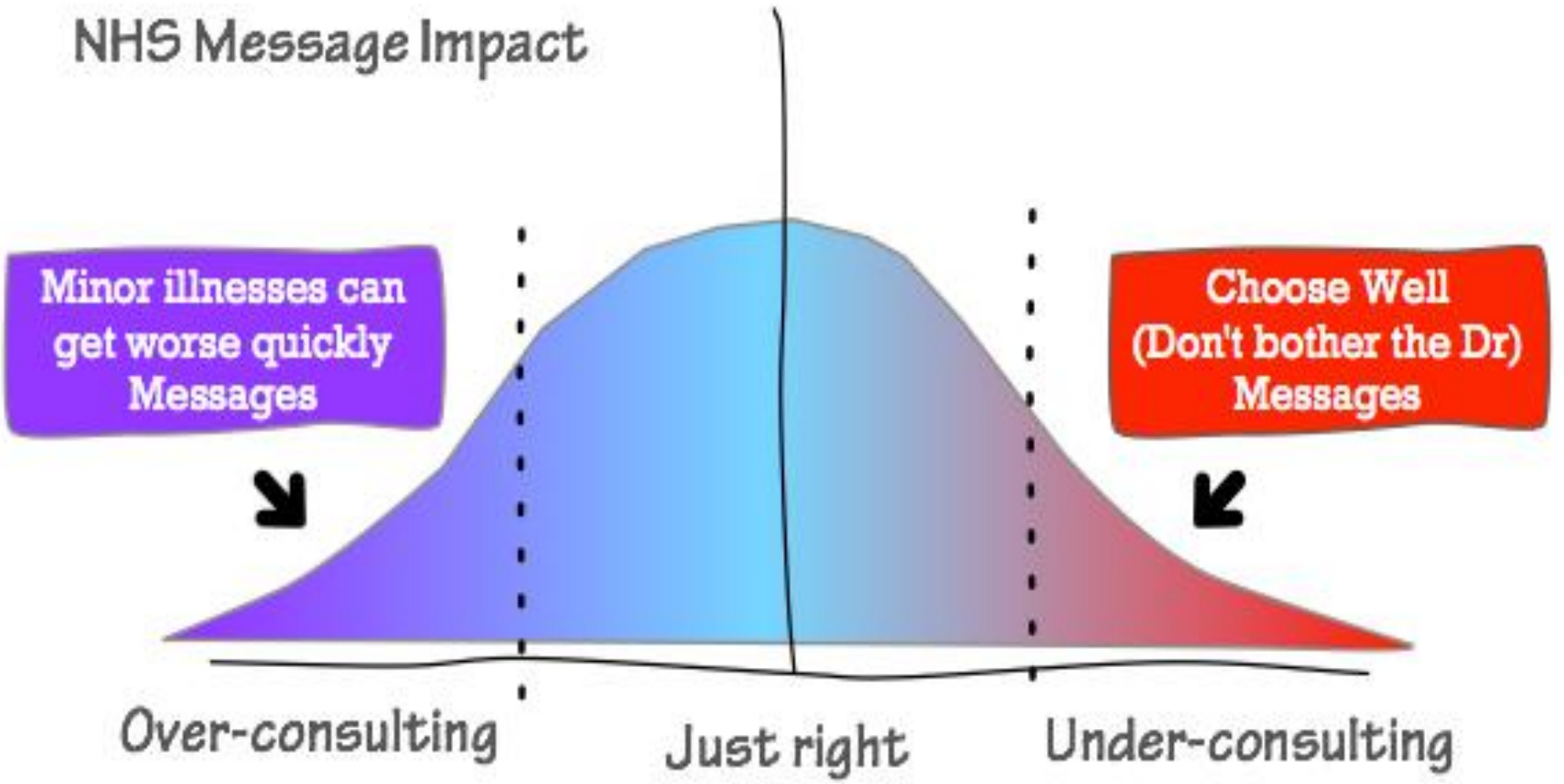

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Best Bet

- We are operating within a very complex environment

- Never assume patients or their GPs will act in rational or predictable ways

Cancer guidelines may improve diagnosis rates

Thursday November 20 2014

Early-stage cancers can be difficult to spot

"Doctors to get more help to spot cancer early," The Guardian reports. The National Institute for Health and Care Excellence (NICE) has produced new revised draft guidelines that may help GPs pick up on possible early warning signs of cancer.

The aim of the draft guidelines is to improve early cancer diagnosis in children, young people and adults of all ages. The draft guidelines have been primarily written for GPs and are an update of the 2005 guidelines that were last partially updated in 2011.

28 June 2014 Last updated at 14:24

Share

GPs who fail to spot cancer could be named

The BMA's Dr Chaand Nagpaul says naming and shaming is not the answer

GPs with a poor record in spotting signs of cancer could be publicly named under new government plans.

Health Secretary Jeremy Hunt wants to expose doctors whose failure to spot cancer may delay sending patients for potentially life-saving scans.

Labour called the idea "desperate" and accused Mr Hunt of attacking doctors.

The Royal College of GPs said it would be a "crude" system and one that could lead to GPs sending people to specialists indiscriminately.

It warned this could result in flooding hospitals with healthy people.

The move is part of the health secretary's plans to make the NHS more transparent.

Ranking GP surgeries on how quickly they spot cases of cancer and refer patients for treatment is among proposals being considered.

Jeremy Hunt says more needs to be done to improve cancer detection

The information could eventually be published on the NHS website.

Related Stories

Plan to boost GP cancer detection rates

Should we expect more on cancer?

Cancer waiting time targets slip

Top Stories

Tories to 'curb human rights cases'

PM: Troops face generational battle

Man jailed over bogus bomb detectors

Thai police parade murder suspects

HK protesters threaten talks boycott

Features

Feline view

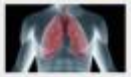
How do domestic cats really see the world?

The Pope's calling

Is Pope Francis the modernising progressives hope for?

Wake-up call

Why British volunteers are hastening to help combat Ebola



Is cancer focus wrong?

Lung expert says other diseases can be just as devastating

7 days quiz

What's the only question Prince deigned to answer in a Q&A?

Most Popular

Shared Read Video/Audio

1 Aids origin 'was 1920s Kinshasa'

2 McCanns critical after libel payout

3 Worker dies in Heathrow accident

4 What's it like being a cat?

5 Burmese 'killed Britons in Thailand'

6 Question Time criticised over Alice

7 Man jailed over bogus bomb detectors

8 Raid CCTV shows 'flying' cash machine

9 Quiz of the week's news

10 Tories 'to curb human rights cases'

General and Personal Medical Services

England 2004-14

UNDERSTANDING THE GP ENVIRONMENT: THE NEED FOR A PARTNERSHIP APPROACH

PULSE
At the heart of general practice since 1960

Symptom sorter - episodic loss of consciousness

GP numbers have grown since 2013

25 March 2015 | By Jaimie Kaffash, Alex Matthews-King

Print Email Like 0 Tweet 0 +1 0 Comments (11) Save

The number of full-time equivalent GPs in the UK has increased by 1.7% since 2013, with an increase in the numbers of GPs overall, official figures have revealed.

However, the statistics from the Health and Social Care Information Centre reveal that the number of GP partners and principals is continuing to decrease.

They also show that the increase in the number of consultants in the system is continuing to outpace GP numbers.

There were 40,584 GPs in the UK in 2014, an increase of 0.9% on 2013, while the number of FTE GPs grew to 32,628, an increase of 1.7%.

Threat to the future of patient-centred care

General practice in crisis

The ability of general practice to carry on delivering effective patient care in the community is now at risk.

While it conducts 90% of all patient contacts in the NHS, general practice in England is being given a rapidly diminishing share of the NHS budget – now receiving a record low proportion of just 8.5%.

This inadequate level of investment is set to get even worse, with research by Deloitte showing that if current trends continue, funding for general practice in England will fall by a further 17% to just 7.28% of the NHS budget by 2017.

As the population changes and demand for GP services soars, the nation is in desperate need of many more GPs. In fact, the RCGP estimates that in England alone an additional 8,000 family doctors are required to meet the explosion in patient demand by 2020.

The effect of the decline in investment levels, and the growing shortfall in GP numbers, means that the quality of patient care that can be offered by general practice is in decline. In fact, there is now a crisis enveloping the service.

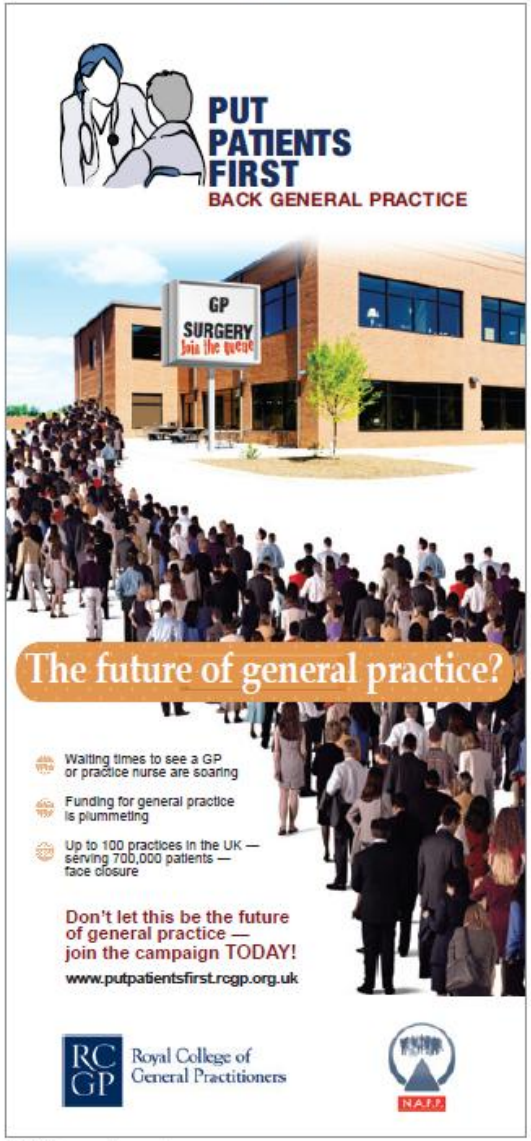
Waiting times to see a GP are growing substantially, with RCGP analysis indicating that on more than 27m occasions patients will have to wait longer than a week to see their GP during 2014. According to research published by the RCGP, over a third of patients say that the length of time they have to wait to see their GP leaves them concerned about the impact on their health.

As patient demand soars, and resources plummet, general practice teams are buckling under the weight of ballooning workloads, with the majority of GPs now conducting between 40-60 patient consultations a day.

The unsustainable volume of work now being experienced by GPs has made the vast majority of them worry that they will miss something serious in a patient.

As the general practice crisis deepens, increasing numbers of patients are inevitably seeking medical attention in secondary care – heaping further pressure on our hospitals.

There has to be a better way.

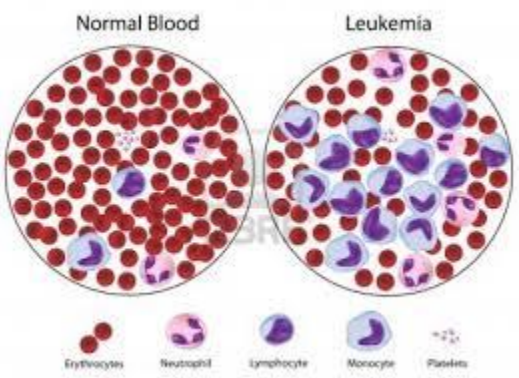


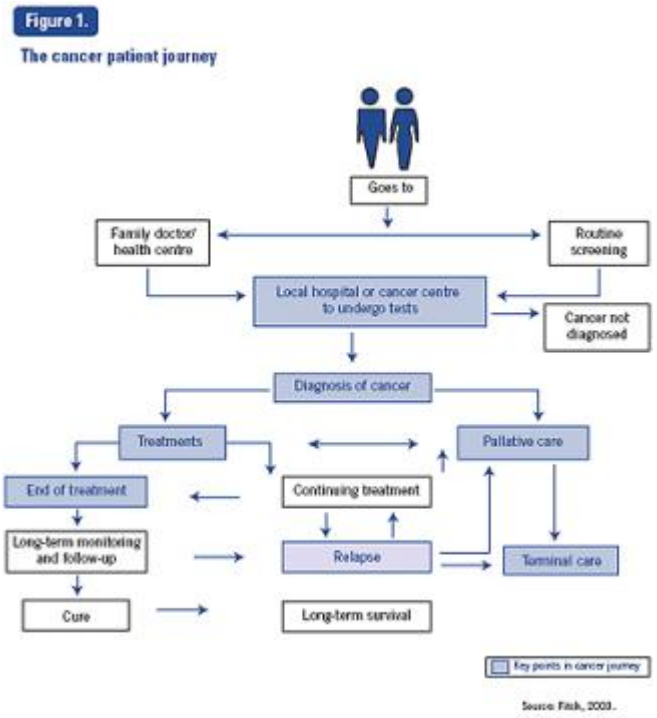
RCGP campaign poster

GP recruitment campaign in Cumbria

Julie Walabyeki: Understanding cancer symptoms and healthcare interactions amongst smokers

Debra Howell: Haematological malignancies – referral routes and time to diagnosis





Preventive Medicine **31**, 177–182 (2000)
doi:10.1006/pmed.2000.0699, available online at http://www.idealibrary.com on IDEAL®

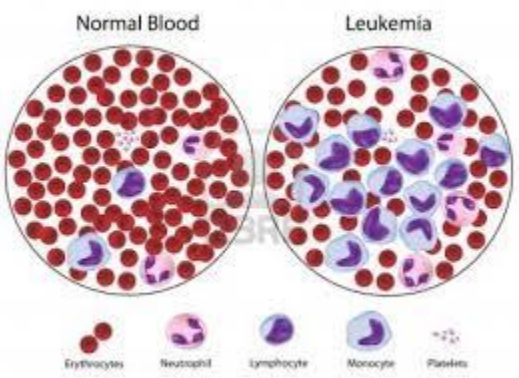
Health Behaviors of Smokers, Ex-Smokers, and Never Smokers in an HMO

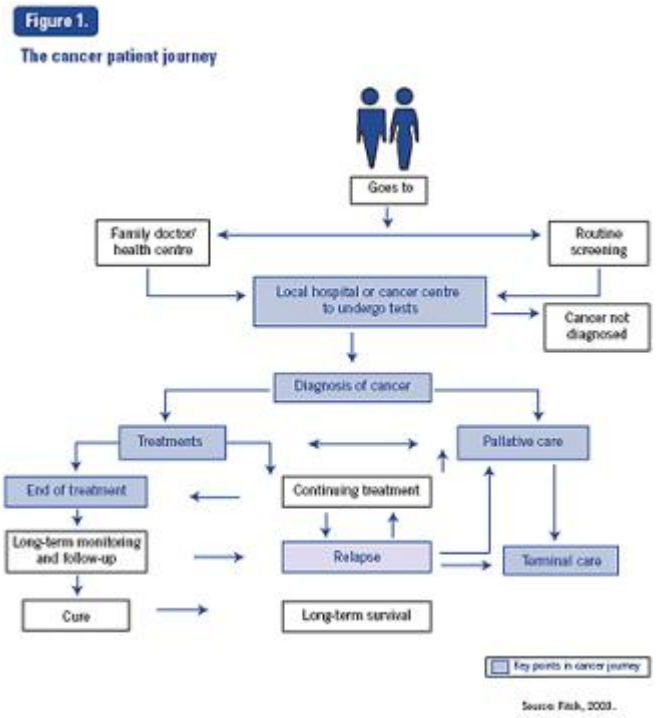
Raymond G. Boyle, Ph.D.,*,[1] Patrick O'Connor, M.D., M.P.H.,* Nico Pronk, Ph.D.,† and Agnes Tan, Ph.D.‡

HealthPartners Research Foundation, †HealthPartners Center for Health Promotion, and ‡HealthPartners, Minneapolis, Minnesota 55440

Julie Walabyeki: Understanding cancer symptoms and healthcare interactions amongst smokers

Debra Howell: Haematological malignancies – referral routes and time to diagnosis





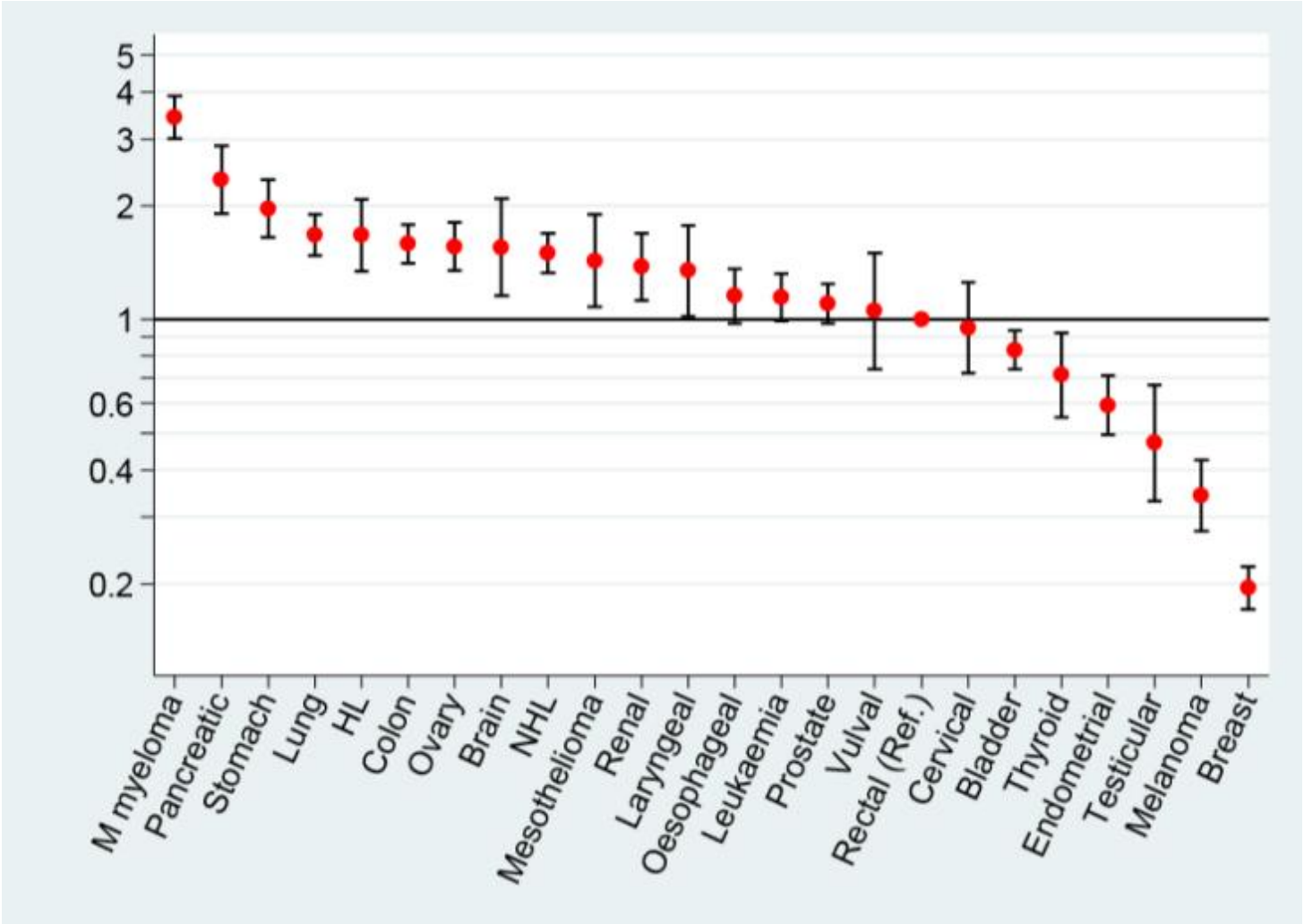
THE LANCET Oncology

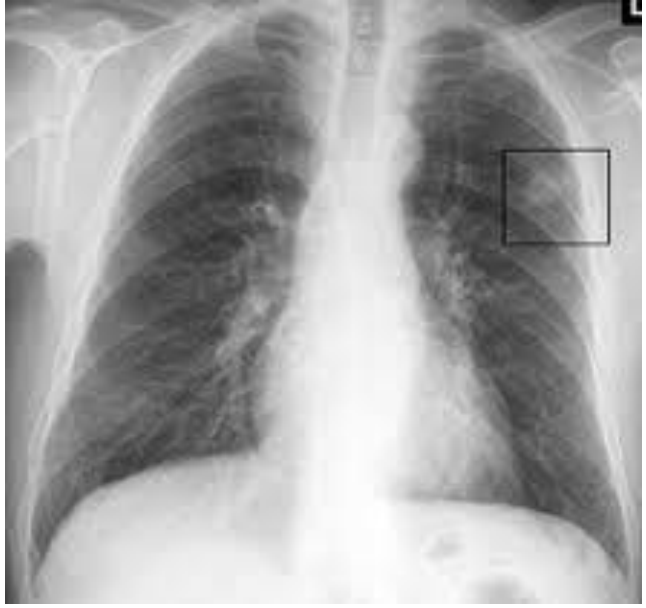
Volume 13, Issue 4, April 2012, Pages 353–365

Articles

Variation in number of general practitioner consultations before hospital referral for cancer: findings from the 2010 National Cancer Patient Experience Survey in England

Dr Georgios Lyratzopoulos, MD[a], Richard D Neal, PhD[b], Josephine M Barbiere, MPH[a], Prof Gregory P Rubin, FRCGP[c], Gary A Abel, PhD[a]





Lung cancer overview NICE *Pathways*

1 Person with suspected lung cancer

No additional information

2 Symptoms and signs indicating urgent chest X-ray and urgent and immediate referral

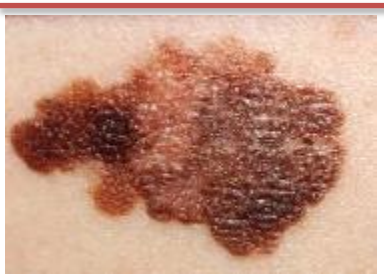
Symptoms and signs indicating urgent chest X-ray

Offer urgent chest X-ray to patients presenting with haemoptysis, or any of the following if unexplained or present for more than 3 weeks:

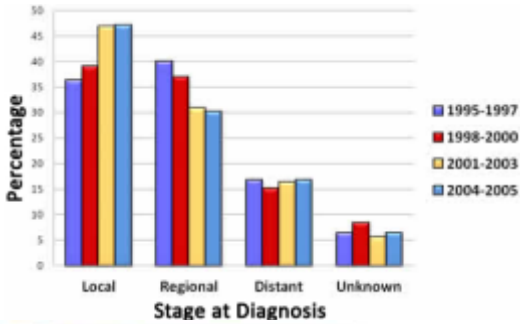
- cough
- chest/shoulder pain
- dyspnoea
- weight loss
- chest signs
- hoarseness
- finger clubbing
- signs suggesting metastases (for example, in brain, bone, liver or skin)
- cervical/supraclavicular lymphadenopathy.

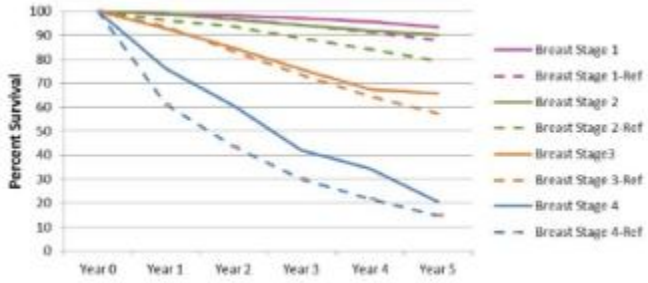
Richard Neal: X-raying smokers > 60 years with new symptoms – effect on lung cancer diagnosis

Christina Renzi: how does an 'all clear' message following negative investigations influence appraisal and help-seeking for subsequent cancer symptoms?



Mark Rutherford: variation in stage of diagnosis (breast cancer & melanoma) - how much does it explain differences in survival?





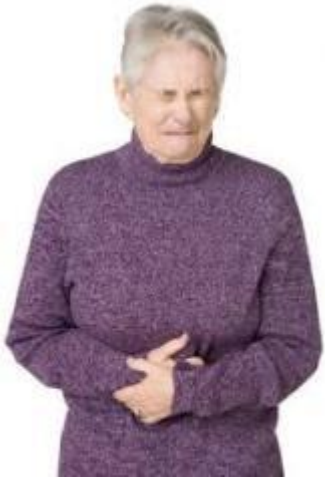
Safety netting recommendations for primary care

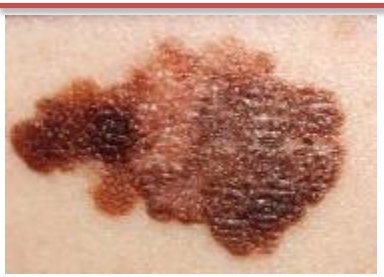
Health professional

Learning and development tools

Missed diagnosis in general practice is inevitable. No diagnostic test or clinical decision in general practice is 100% sensitive. This is largely because individuals present at different stages in the evolution of their illness and the red flag signs and symptoms

Christina Renzi: how does an 'all clear' message following negative investigations influence appraisal and help-seeking for subsequent cancer symptoms?





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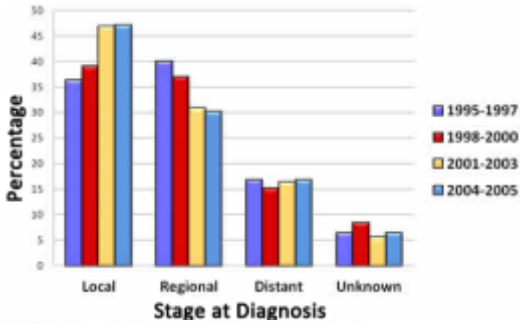

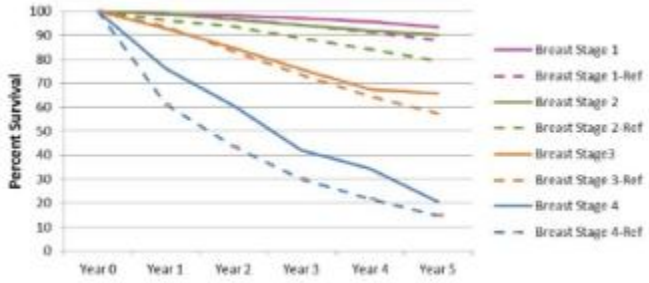

BJC
British Journal of Cancer

Epidemiology

British Journal of Cancer (2013) **108**, 1195–1208. doi:10.1038/bjc.2013.6 www.bjcancer.com
Published online 28 February 2013

BJC OPEN

BY NC SA

Breast cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK, 2000-2007: a population-based study

S Walters[1], C Maringe[1], J Butler[2], B Rachet[1], P Barrett-Lee[3], J Bergh[4], J Boyages[5], P Christiansen[6], M Lee[7], F Wärnberg[8], C Allemani[1], G Engholm[9], T Fornander[10], M L Gjerstorff[11], T B Johannesen[12], G Lawrence[13], C E McGahan[14], R Middleton[15], J Steward[16], E Tracey[17], D Turner[18], M A Richards[19] and M P Coleman[1] The ICBP Module 1 Working Group[20]

CA-PRI

The Cancer and Primary Care Research International Network

The escalating cancer challenge - essential roles for primary care

20-22 May 2015 | Aarhus, Denmark

- Early Diagnosis Panel – continuing to seek high quality early diagnosis research ideas
- next deadline for project grant applications (which will be considered by the panel) is 18 June 2015

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