

DELAYS IN LUNG CANCER TREATMENT ‘CANNOT BE TOLERATED’ SAY EXPERTS

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Three out of four patients diagnosed ‘too late’

Variations in lung cancer care ‘cannot be tolerated’ and many people face ‘unwarranted’ delays in treatment, says a new report published today (22 November 2018) by the UK Lung Cancer Coalition (UKLCC).¹

According to the report, just a quarter (27%) of lung cancer patients in England receive an early diagnosis (stage I or II) – and only around three quarters of lung cancer patients (72.6%) get treated within the current 62-day national cancer waiting time standard.¹

“Three out of four people with lung cancer are diagnosed too late to be suitable for potentially curative treatment” says Professor Mick Peake (Chair), Clinical Director, Centre for Cancer Outcomes, Cancer Collaborative, UCLH and Chair of the UKLCC’s Clinical Advisory Group. “Unwarranted delays in treatment, even at the early stages, can allow a tumour to grow by just a few millimetres which can have a dramatic effect on someone’s chance of survival.”

Lung cancer is the biggest cancer killer in the UK for both men and women – with five-year survival rates consistently lagging behind many other countries in Europe. England currently ranks 26th out of 29 countries.³

Titled ‘Millimetres Matter’, the UKLCC report is calling for local cancer services to implement the National Optimal Lung Cancer Pathway (NOLCP), an NHS England initiative which advocates a standardised care pathway for lung cancer patients, wherever they live, as well as faster access to diagnostic tests and treatment and reduced waiting times.⁴

The UKLCC believes putting the NOLCP into action, will help achieve its ambition of boosting five-year UK lung cancer survival to 25% by 2025.*

Patients diagnosed at the earliest stage of lung cancer are almost five times more likely to survive a year from diagnosis than those diagnosed in the later stages. ¹

Currently, lung cancer patients in the UK are diagnosed with more advanced disease than many other countries and a third first reach specialist care following an emergency admission to hospital.⁵

Studies show there is a 16% increase in mortality if the time from lung cancer diagnosis to having surgery is more than 40 days - putting lives unnecessarily at risk.¹

“A delayed diagnosis means patients having their worst fears dragged out, with thousands of people being left in an appalling state of limbo,” adds Richard Steyn, Consultant Thoracic Surgeon; Deputy Medical Director, University Hospitals Birmingham NHS Foundation Trust; Honorary Associate Professor, University of Warwick and Chair of the UKLCC. “Despite improvements, we are still failing patients in

England and the rest of the UK. More must be done to address the poor lung cancer survival in this country. Therefore, it is imperative that all hospital trusts adopt the National Optimum Lung Cancer Pathway.”

In addition to urging adherence to the National Optimal Lung Cancer Pathway, the UKLCC’s report sets out a series of practical, real-life examples and case studies of how NHS trusts are already implementing elements of the NOLCP. These include a centralised booking system for diagnostic tests; appointment of a treatment pathway coordinator; inter-trust lung cancer referrals and providing patient travel for long-distance hospital appointments.¹

To access the report, visit: www.uklcc.org.uk

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About the report

‘Millimetres Matter: Implementing the National Optimal Lung Cancer Pathway’ is the culmination of a series of presentations and discussions from a joint UKLCC / NHS England workshop ‘Making the very best use of NHS resources and opportunities to improve outcomes for lung cancer patients in England’ which took place at the Wythenshawe Hospital, Manchester, earlier this year and chaired by the former National Clinical Director for Cancer, Professor Chris Harrison.¹

The National Optimal Lung Cancer Pathway can be accessed here:

<https://www.roycastle.org/how-we-help/lung-cancer-information/information-for-healthcare-professionals/commissioning-guidance>

About lung cancer

Lung cancer remains the UK’s biggest cancer killer, with over 35,000 deaths each year.⁶ The disease accounts for over a fifth of all UK cancer deaths (21 per cent) and one in seven (13 per cent) of all new UK cancer cases. It is reported that four people die from lung cancer in the UK every hour (nearly someone every 15 minutes).⁶ Although the majority of cases of lung cancer are caused by smoking, it is estimated that ‘Lung Cancer in Never Smokers’ is the 8th most common cancer in the UK. ⁷

About the UKLCC

The UKLCC was set up in 2005 with the founding ambition to tackle poor lung cancer survival outcomes and, specifically to double five-year survival by 2015, which has now effectively been achieved (9 per cent in 2005 to 16 per cent in England).⁸

*In October 2016 the UKLCC published the report ‘25 by 25 – a ten-year strategy to improve lung cancer survival rates’. It sets an ambitious vision for a drastic improvement in care for those with lung cancer - calling for governments, commissioners and the health care community to work together to raise five-year lung cancer survival rates to 25 per cent by 2025 across the UK.⁹

The UKLCC is the UK’s largest multi-interest group in lung cancer and was established to help bring lung cancer out of the political, clinical and media shadow. Its membership includes leading lung cancer experts, senior NHS professionals, charities and healthcare companies. Its charity members include the British Lung Foundation, Tenovus Cancer Care, Macmillan Cancer Support, Marie Curie Cancer Care, Roy Castle Lung Cancer Foundation, and Cancer Black Care. Please visit www.uklcc.org.uk for more information

and details of all the UKLCC partners.

References

1. Millimetres Matter: Implementing the National Optimal Lung Cancer Pathway. United Kingdom Lung Cancer Coalition. November 2018. Accessible at: www.uklcc.org.uk
2. Royal College of Physicians, National Lung Cancer Audit Annual Report 2017 (for the audit period 2016), January 2018. Accessed at: <https://www.rcplondon.ac.uk/projects/outputs/nlca-annual-report-2017>
3. London School of Hygiene and Tropical Medicines: Cancer Survival Group, CONCORD Programme, via: <http://csg.lshtm.ac.uk/research/themes/concord-programme/> Accessed November 2018
4. National Optimal Lung Cancer Pathway. August 2017. Accessed at: <https://www.roycastle.org/how-we-help/lung-cancer-information/information-for-healthcare-professionals/commissioning-guida>
5. Routes to Diagnosis Study. Accessed at: http://www.ncin.org.uk/publications/routes_to_diagnosis
6. Cancer Research UK lung cancer statistics accessed at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer>
7. Personal communication, paper currently under review, M D Peake et al.
8. Walters S, Benitez-Majano S, Muller P, et al., 'Is England closing the international gap in cancer survival?' Br J Cancer, 4 S 2016, doi: 10.1038/bjc.2015.265. Accessed September 2016 via: <http://www.nature.com/bjc/journal/vaop/ncurrent/pdf/bjc2015265a.pdf>
9. 25 by 25: a ten-year strategy to improve lung cancer survival rates. UK Lung Cancer Coalition, October 2016. Accessible at: www.uklcc.org.uk

For further information

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