Why is early diagnosis important?

Nearly half of cancers in England are diagnosed at an advanced stage, when they are harder to treat successfully. Around one in four cancers in the UK are diagnosed through emergency admission to hospital. Most patients diagnosed in this way have lower chances of survival compared to other patients.

**Early and late Cancer Diagnosis**

<table>
<thead>
<tr>
<th>Stage of cancer diagnosed, England 2013</th>
<th>Early (stage I+II)</th>
<th>Late (stage III+IV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Lung</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>54%</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Lung cancer**

- Overall, just under half of patients are diagnosed when their cancer is at a late stage. For lung cancer patients, late diagnosis is worse with more than 75% of patients being diagnosed at either stages 3 or 4.
- Around 70% of lung cancer patients will survive for at least a year if diagnosed at the earliest stage compared to around 14% for people diagnosed with the most advanced stage of disease.
- A significant number of lung cancers are diagnosed at stage 4 and when during emergency presentation. This represents around 40% of lung cancer diagnoses in the UCLH Cancer Collaborative area of north west and north central London and west Essex.

**Lung cancer programme**

- The primary objective of the UCLH Cancer Collaborative lung cancer programme is to identify and implement a model for improving the earlier diagnosis of lung cancer.
- The programme will target and invite people in the UCLH Cancer Collaborative area at high risk of lung cancer – asymptomatic people with a smoking history and aged 55-77 years.
- Lung health checks will be offered to these people and, based on their risk profile, a low dose CT scan as well.
- Around 80% of lung cancer deaths are associated with smoking, therefore brief advice and referral to smoking cessation services will also be provided to those with an active smoking status.

**UCLH MDC pilot results**

- 20 of 50 patients were interviewed by phone about their experience with the MDC. Majority (62.1%) saw their GP once prior to referral.
- We also identified a small cohort of patients who, though aware their GP suspected cancer, chose to delay completing the pathway – 3 patients stopped engaging with the service after initial hospital appointment, 2 patients chose to delay imaging investigation until after their extended trips abroad.

**Quantitative Faecal Immunochemical Test (qFIT) pilot study**

The qFIT pilot study, led by the UCLH Cancer Collaborative, is the largest pilot in the UK and will evaluate whether a cheap qFIT test could be a reliable ‘rule-out’ test of colorectal cancer in primary care for patients with suspicious lower abdominal symptoms.

qFIT is currently being evaluated as a decision tool at different stages of the colorectal cancer pathway.

Our pilot builds on growing evidence on the validity of this test for symptomatic patients – a normal qFIT showing no evidence of bleeding as stool sample rules out the presence of colorectal cancer with over 95% accuracy. If we demonstrate similar results in London, the qFIT test could help stem the increasing need for endoscopy and will support NICE guidelines for colorectal cancer offering a cheap and reliable test as a decision tool for colorectal investigation.

<table>
<thead>
<tr>
<th>Bowel Screening Programme - ‘rule-in’ test</th>
<th>Asymptomatic</th>
<th>Symptomatic</th>
<th>Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk patients - ongoing NICE consultation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk patients - qFIT PILOT - ‘rule-out’ test</td>
<td></td>
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</tbody>
</table>

**Colorectal cancer**

- Colorectal (or bowel) cancer is the fourth most common cancer in the UK, with over 40,000 new cases diagnosed each year.
- If detected early, people have an excellent chance of surviving colorectal cancer. More than 9 out of 10 people will survive 5 or more years after an early diagnosis.

**Triaged Straight-to-Test (tSTT)**

- A potential strategy for reducing the time to diagnosis and therefore first treatment.
- Patients who are referred to a hospital are contacted by a nurse specialist over the phone, rather than having to attend hospital for an outpatient appointment before their examination is booked.
- An average of 10 days reduction in time from referral to first examination (zero patients). Biggest benefits will be for those patients who could see 60-80% reduction in waiting times.
- High patient and GP satisfaction and lower ‘did not attend’ (DNA) rates.
- The UCLH Cancer Collaborative is supporting the roll-out of tSTT by mapping out and addressing constraints, monitoring implementation and sharing best practice across the sector.

**Multi-disciplinary Diagnostic Centre pilot**

- 24-50% of patients with intra-abdominal cancer are often diagnosed after attending emergency departments with late stage disease.
- As part of the national Accelerate, Coordinate, Evaluate (ACE) Programme, the UCLH Cancer Collaborative has piloted two Multi-disciplinary Diagnostic Centres (MDDCs).
- MDDCs are designed to offer rapid diagnosis for patients with so call ‘vague’ symptoms such as abdominal pain and weight loss that do not point to a specific underlying cancer type. This model could also be used for those who are too unwell to wait two weeks for a first appointment.
- The main achievement of the pilot to date has been the proven feasibility of MDC implementation with good patient satisfaction and pathway metrics.

**Future**

- Greater Manchester Cancer Vanguard Innovation and UCLH Cancer Collaborative are intending to launch further MDC pilot sites in 2017 alongside the ACE Programme, to understand:
  - the importance of clinically-led triage in ‘straightening’ the pathway;
  - the role of diagnostic Clinical Nurse Specialist, and
  - how MDCs can deliver the proposed 28 day pathway.
- We believe with scaling MDC we may provide the model for use for other more specific two week wait pathways.