

State of the Nation: An overview of the impact and priorities for lung cancer in Wales

Introduction

Lung cancer is the biggest cancer killer in Wales, accounting for almost 22% of all cancer deaths – more than the next two ranked cancers (bowel and breast cancer) combined¹. This briefing sets out the latest evidence on the burden of the disease in Wales and what needs to be done to improve outcomes for lung cancer patients, as well as a series of suggested actions you may wish to consider taking forward to help improve care for patients in Wales.

Summary

- Lung cancer is the biggest cancer killer in Wales, accounting for almost 22% of all cancer deaths – greater than the next two ranked cancers combined (bowel and breast cancer)
- Just 7% of lung cancer patients live up to five years after the point at which they are diagnosed, compared to 82% for breast cancer patients
- 3,000 people in Wales are currently living with lung cancer
- Unlike the majority of cancers, improvements in relative survival for lung cancer have been modest in recent years – outcomes in Wales remain poor when compared with other UK and European countries
- Tackling the reasons for this gap through better prevention and awareness, earlier diagnosis and access to the best possible treatment options needs to be a key priority for the NHS in Wales
- You can play a key role in helping to raise the profile of lung cancer and supporting the drive to improve patient outcomes and the quality of services

What actions can you take to improve the quality of services for lung cancer patients

- Call for Public Health Wales to commission a national public awareness campaign of the signs and symptoms of lung cancer
- Call for the National Assembly for Wales to commit to expand the recent pilot of the 62 day suspected cancer pathway for all lung cancer patients across Wales
- Contact your Local Health Board (LHB) to call for action to be taken against findings from the Wales Cancer Patient Experience Survey to improve patient experience measures for lung cancer patients
- Scrutinise action taken by NHS Wales and LHBs to improve the quality of services for lung cancer patients through written questions and debates in the Welsh Assembly
- Call for the National Assembly for Wales to publish plans for how they will deliver access and delivery of stratified medicines and molecular diagnostics now, and in the future, in order to improve lung cancer outcomes
- Call for the Wales Cancer Bank and the Wales Cancer Trials Network to be given the necessary resources to increase the number of cancer patients participating in clinical trials and to expand its role in the Stratified Medicines Programme

What is the burden of lung cancer in Wales?

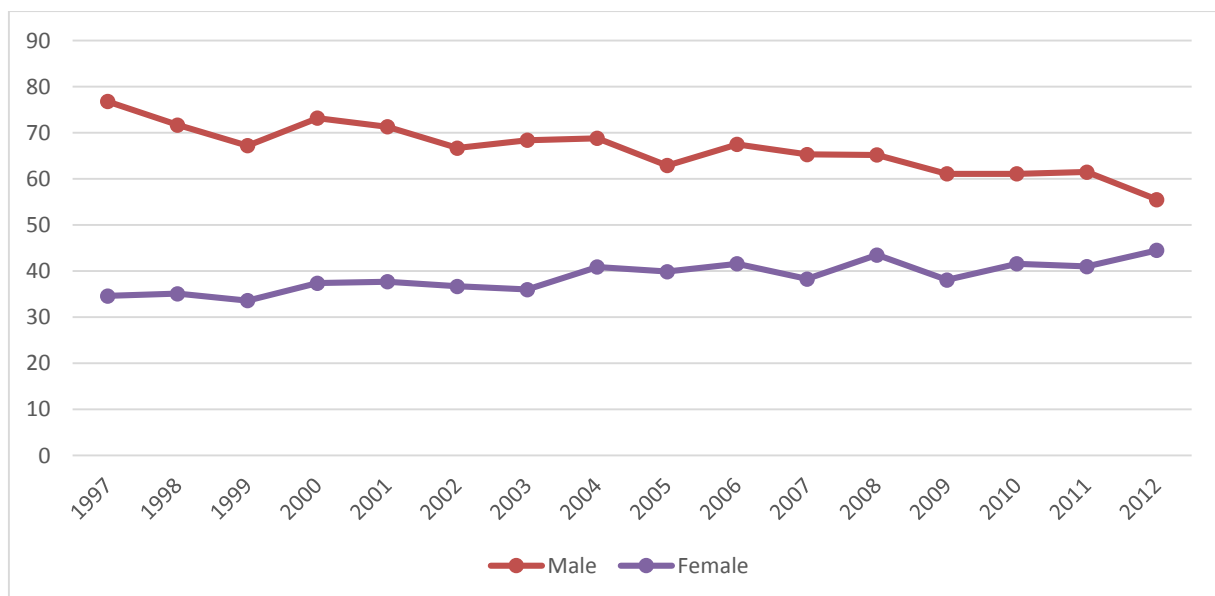
In *Together for Health – Cancer Delivery Plan*, lung cancer was highlighted as one of the most common cancers in Wales², with 2,370 new lung cancer cases diagnosed in 2012¹.

Despite improvements in survival overall, survival rates after 5 years for the four most common cancers in Wales vary, with just 7% for lung cancer compared to 82% for breast cancer³. The latest prevalence statistics show that there are around 3,000 people living with lung cancer in Wales⁴.

Recent statistics published by Wales Cancer Intelligence and Surveillance Unit (WCISU) show that Wales has made improvements in reducing the number of men with lung cancer, with the incidence rate slowly declining over the last 15 years. Although lung cancer has historically been a cancer which affects mostly men, Figure 1 shows this is now changing with the number of female lung cancer patients increasing in Wales by more than a third over the last decade.

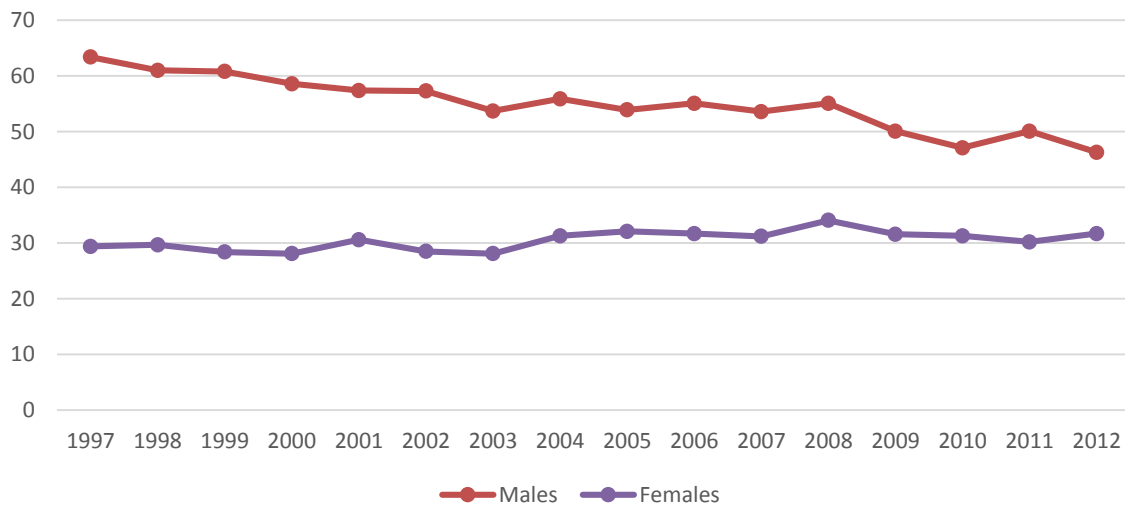
Risk factors such as smoking, alcohol, physical inactivity and obesity remain prevalent in Wales, contributing toward the relatively high incidence rates compared to other UK nations⁴.

Figure 1 – European age-standardised incidence rate for lung cancer in Wales (1997-2012)²



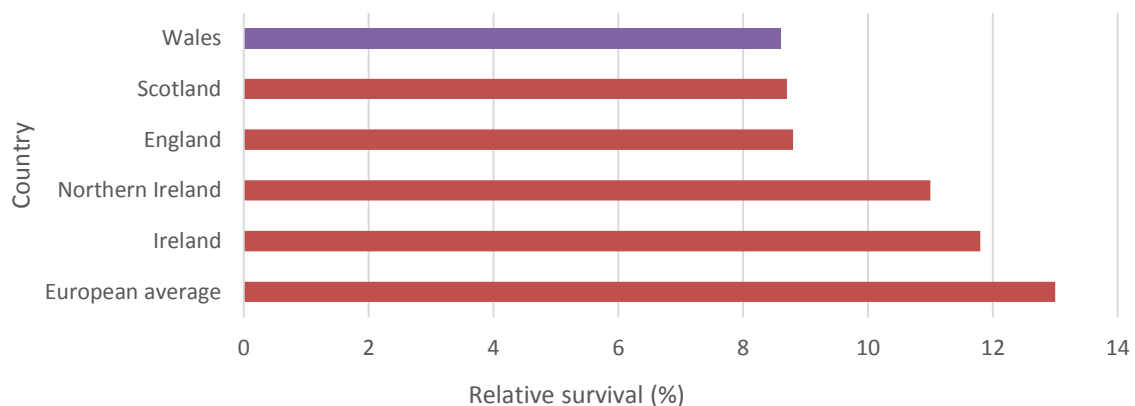
Lung cancer outcomes are considerably poorer compared to other cancers, accounting for almost 22% of all cancer deaths in Wales in 2012¹. The annual number of deaths from lung cancer (1,894) is now more than bowel and breast cancer combined (1,506)². Figure 2 shows how mortality rates for lung cancer over the past 15 years follow similar trends as incidence rates, with a steady decline in male mortality rates and a slow increase in the mortality rate in female patients³.

Figure 2 – European age-standardised mortality rate for lung cancer in Wales (1997-2012)³



Although there have been improvements in overall cancer survival rates, Wales continues to suffer from wide variation in survival rates for different types of cancer across its different geographical areas. Local mortality data shows significant variation in lung cancer mortality rates across Wales with a higher proportion of deaths recorded in Cwm Taf University Health Board (55 deaths per 100,000 people), compared to the national average (46 deaths per 100,000 population)³. Furthermore, a recent pan-European study on cancer survival rates shows that survival is poorer in the UK than the rest of Europe. Figure 3 shows that Wales in particular performs poorly in lung cancer, having the second lowest 5-year survival rates for adult patients out of 29 countries studied⁵.

Figure 3 – Five-year age-standardised survival rate for lung cancer (patients diagnosed 2000-2007)⁵



How are lung cancer services organised in Wales?

Cancer services in Wales are provided in collaboration between the following organisations:

- **Local Health Boards (LHBs):** Seven LHBs work with local cancer networks to plan and deliver local cancer services
- **Specialist Cancer Centres:** Provide specialist cancer services and training for cancer nurses, pharmacists and medical physicians
- **Public Health Wales NHS Trust:** Provides support to LHBs around awareness campaigns, screening programmes and data collection to help inform service planning for cancer and associated risk factors such as smoking

In order to ensure patients receive high quality care, cancer services in Wales are expected to adhere to National Lung Cancer Standards⁶. Published in 2005, these continue to form the basis of best practice treatment and care for lung cancer services in Wales. Standards of importance for lung cancer patients are:

- Lung cancer patients should have their treatment and care plans drawn up and reviewed by a multidisciplinary team (MDT)
- Patients referred as urgent suspected cancer by their GP, if diagnosed with lung cancer, should start definitive treatment within 2 months of receipt of the referral at the hospital
- Patients should be seen by the lung cancer Clinical Specialist Nurse (CNS) when informed of a diagnosis of cancer

What do we know about the quality of lung cancer services in Wales?

Building on the range of guidance and initiatives already in place, the UK Lung Cancer Coalition has identified and welcomed a number of priorities to help achieve better outcomes for lung cancer patients across Wales.

Local implementation of Cancer Plan: Commissioned by the National Assembly for Wales, *Together for Health – Cancer Delivery Plan* set out its expectations of NHS Wales to improve cancer outcomes and its aim for Wales to have cancer incidence, mortality and survival rates comparable with the best in Europe. The Plan tasked LHBs with driving improvements locally through initiatives such as raising public awareness of cancer symptoms and risk factors; providing GPs with direct and prompt access to diagnostics; and offering all appropriate patients access to relevant cancer clinical trials. In response to the Plan, each LHB was expected to produce a 'local cancer delivery plan' to identify action needed to improve cancer outcomes in their area.

Early diagnosis: Identifying suspected lung cancer at the earliest opportunity is key to achieving better outcomes for patients. *Together for Health – Cancer Delivery Plan* identified that too many patients are being diagnosed with advanced cancer because of factors such as GPs finding it difficult to make a diagnosis and patients not visiting their GP early enough. Early referral to a lung cancer multi-disciplinary team (MDT) is also a key factor in helping patients. In addition to peer review conducted by cancer networks on LHB's cancer MDTs, the national standard that patients referred as urgent with suspected cancer by their GP should start definitive treatment within 2 months of referral is a key measure to help patients access chemotherapy, radiotherapy or surgery as soon as possible⁶.

After a recent audit showed that some patients are waiting too long between their diagnosis and decision to treat, the National Assembly for Wales announced it is exploring the introduction of a single cancer pathway. This pathway would see patients, regardless of their referral route, put onto the 2 month suspected cancer

pathway as soon as a clinician suspects cancer. Each LHB has agreed to pilot the new pathway, with Betsi Cadwalder LHB running the lung cancer pathway.

Better patient experience: Monitoring the experiences of patients is key to driving better standards of care by helping to identify those aspects of care and treatment which matter most to them and pinpoint those areas where improvement and investment should be prioritised. For cancer, the Wales Cancer Patient Experience Survey published its findings in 2013⁷ and found that a majority of cancer patients thought they received quality care once they had received a diagnosis. However, areas of improvement were identified where only 58% of patients said that they had been offered the opportunity to discuss their needs and concerns and only 57% of patients were given written information about lung cancer.

Personalised treatment and care: The Plan acknowledges the possibilities that stratified medicines and molecular diagnostics could hold for patients. However, it does not address how Welsh patients will be able to access these new treatments and diagnostics now and in the future.

The All Wales Medicines Strategy Group (AWMSG) has taken recent steps to address issues around equity of access to new medicines in Wales. This new approach will allow a medicine to be appraised by the AWMSG when NICE has not recommended it for use on the grounds of cost-effectiveness and the medicine has then been funded via alternative commissioning routes. In addition, AWMSG has set up a pilot scheme to test whether commissioning advice issued by NICE for highly specialised technologies will be applicable to Wales⁸.

About the UKLCC

Established in November 2005, the UK Lung Cancer Coalition (UKLCC) is a coalition of the UK's leading lung cancer experts, senior NHS professionals, charities and healthcare companies. Through our campaigning activity we aim to:

- Raise political awareness of lung cancer
- Raise the general public's awareness of lung cancer – and especially encourage earlier presentation and symptom recognition
- Empower patients to take an active part in their care
- Improve lung cancer services in the UK

References

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² Welsh Government, *Together for Health: Cancer Delivery Plan*. June 2012.

<http://wales.gov.uk/docs/dhss/publications/120613cancerplanen.pdf>

³ Welsh Cancer Intelligence and Surveillance Unit, *Statistics Dashboard: Cancer*. April 2014.

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⁴ Macmillan Cancer Support, *The Rich Picture on People Living with Lung Cancer*. 2013.

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⁵ *Cancer survival in Europe 1999-2007 by country and age: results of EURO-CARE-5*. December 2013.

⁶ NHS Wales, *National Standards for Lung Cancer Services 2005*. January 2005.

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⁸ All Wales Medicines Strategy Group, *AWMSG in relation to NICE*. March 2014.
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