UNITED KINGDOM
LUNG CANCER COALITION

Reflections on 20 years of the UKLCC:
a *personal* perspective

Professor Mick Peake, OBE

**Emeritus Consultant & Hon. Professor of Respiratory Medicine,
University of Leicester**

Specialist Advisor, Cancer Research UK

UNIVERSITY OF LEICESTER

CANCER RESEARCH UK

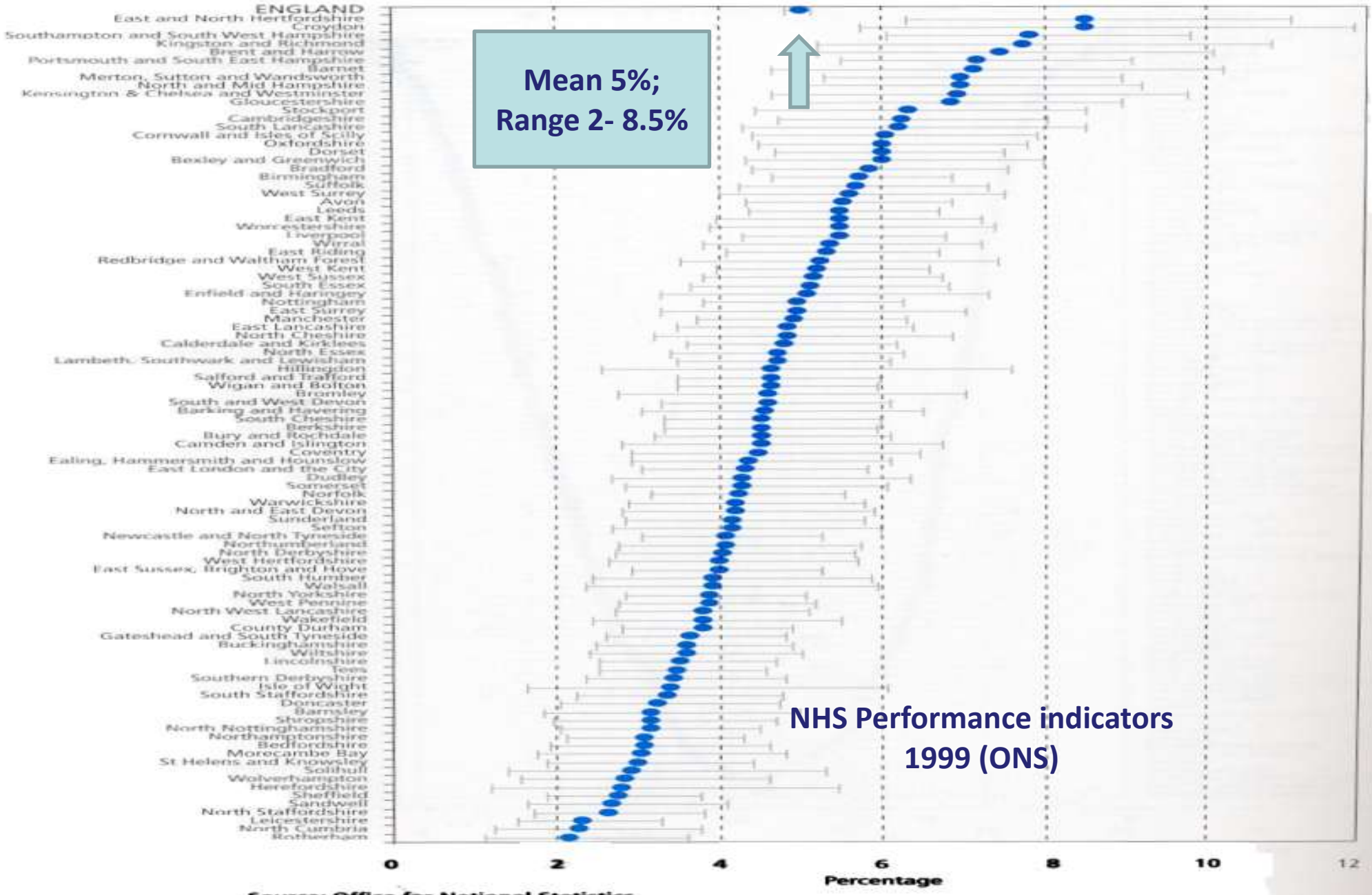
Disclosures

Old age!

I entered my first patient into a small cell chemotherapy trial in 1979

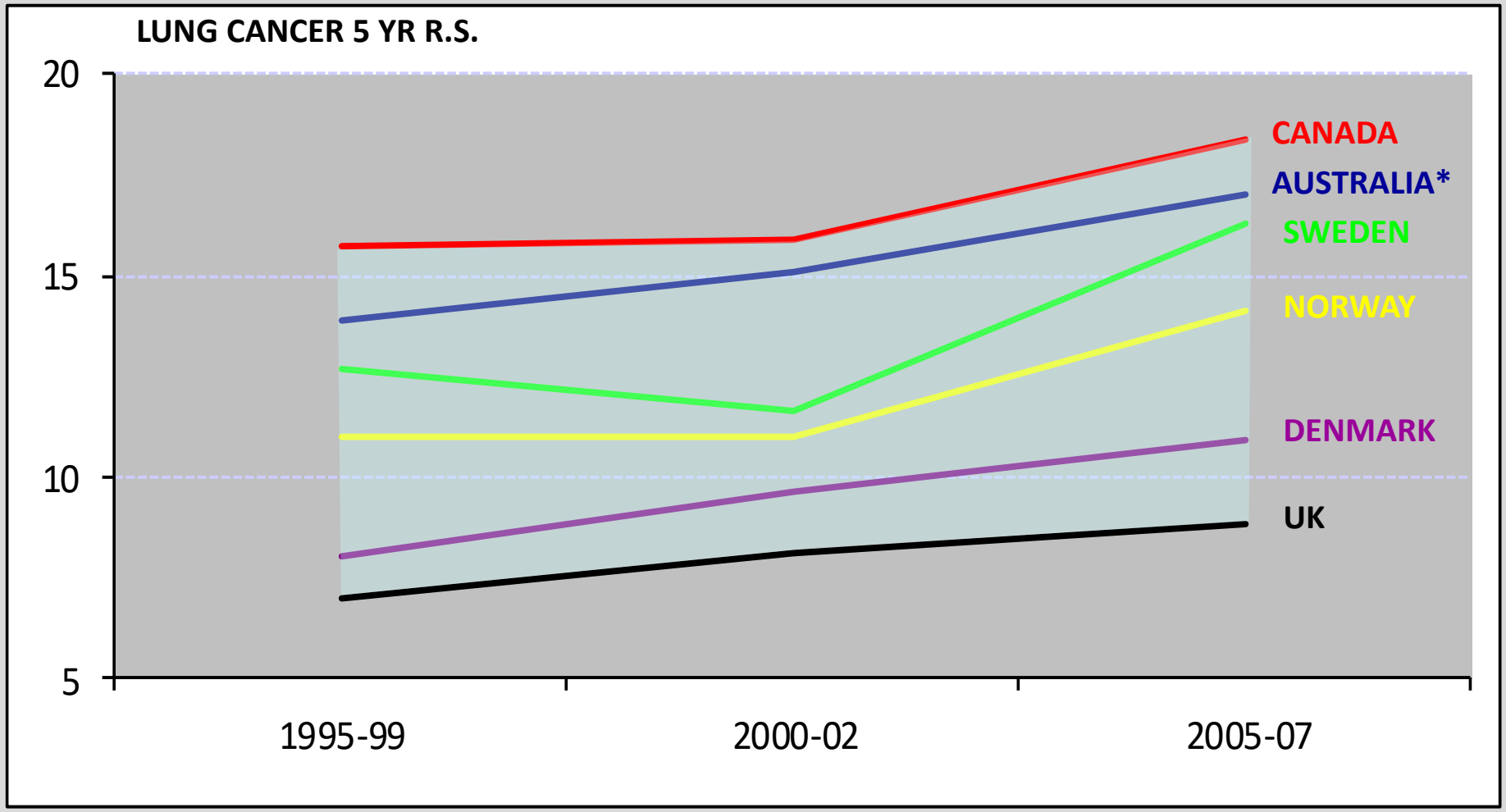
I took up my first consultant job in 1982

5 year relative survival of patients diagnosed with lung cancer in England in 1991-1993 by Area Health Authority



NHS Performance indicators 1999 (ONS)

International Cancer Benchmarking Partnership: Comparative 5 yr relative survival 1995 - 2007



*Victoria and New South Wales only

ICBP
International Cancer Benchmarking Partnership

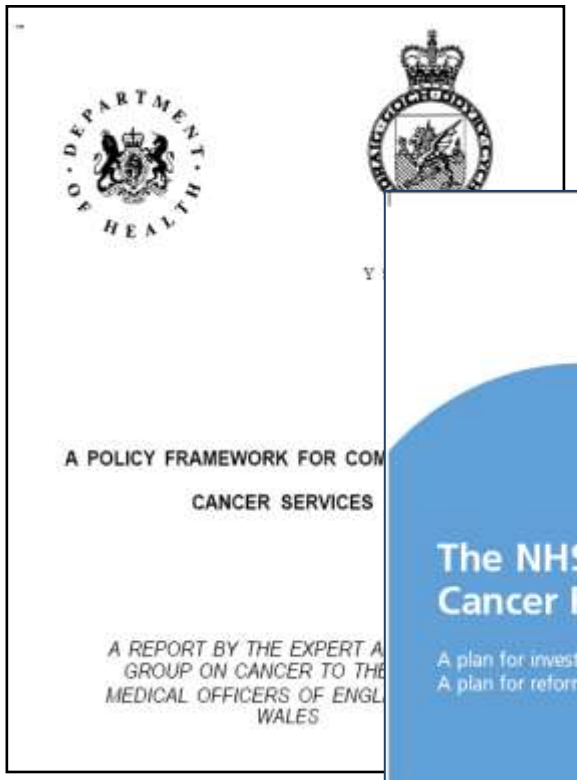
Source: Coleman MP et al., Lancet. 2011;377:127-38


e.g. The British Thoracic Society
did not have a lung cancer committee until 1996!
NIHILISM

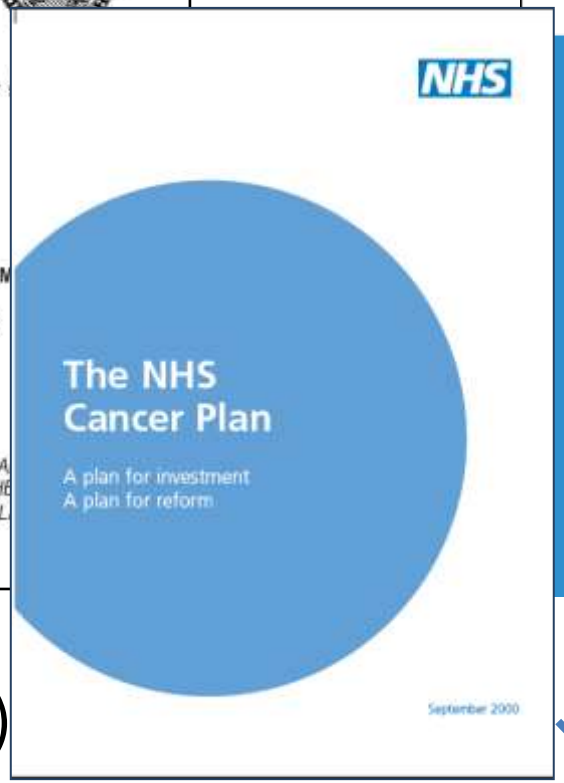
Timeline of UK guidelines in lung cancer

- 1994 Whitehouse report – “Management of lung cancer: current clinical practices”
- 1998 SIGN (Scotland) – “Management of lung cancer”
- 1998 BTS - “Recommendations for respiratory physicians for organising the care of patients with lung cancer”
- 1998 NHS Executive: “Improving outcomes for lung cancer”
- 2005 first NICE guidance
- 2011 updated NICE guidance
- 2019 new NICE guidance – updated 2023

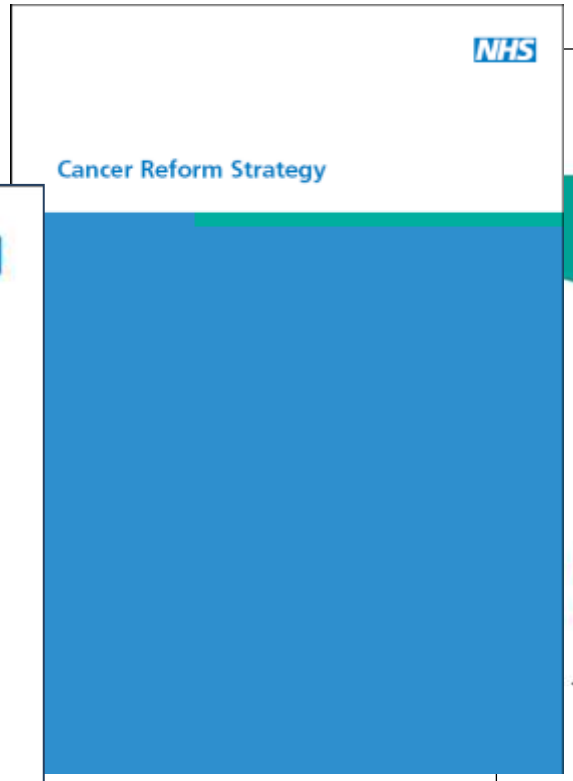
National Governmental drivers (England)



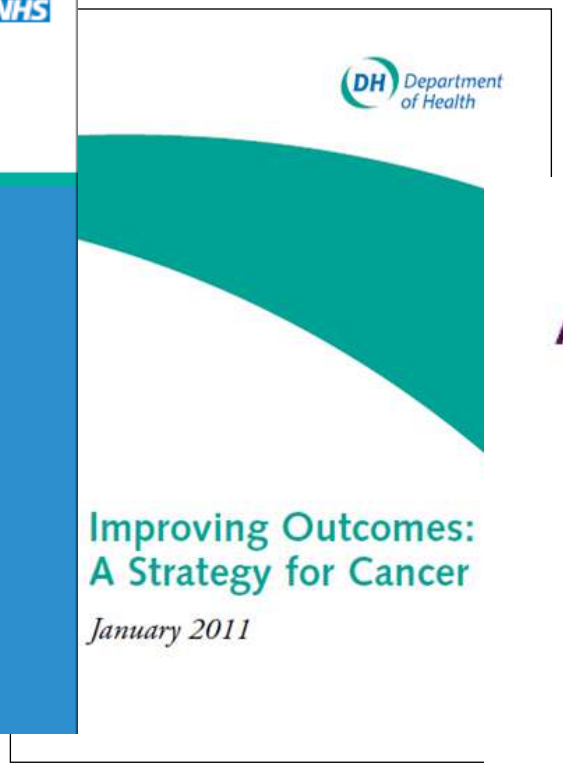
1995
(Calman-Hine)



2000

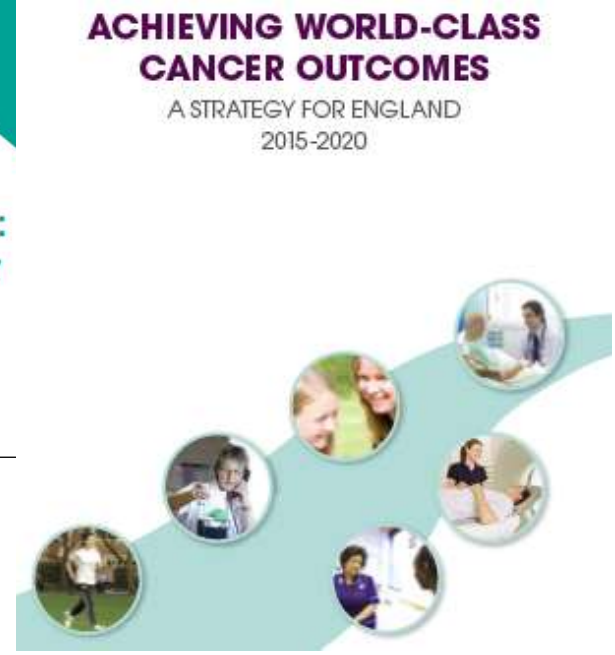


2007



2011

Cancer Services Collaborative



2015

Organisational drivers

ROY CASTLE LUNG CANCER FOUNDATION

1994

NATIONAL LUNG CANCER FORUM FOR NURSES • NLCFN •

1999

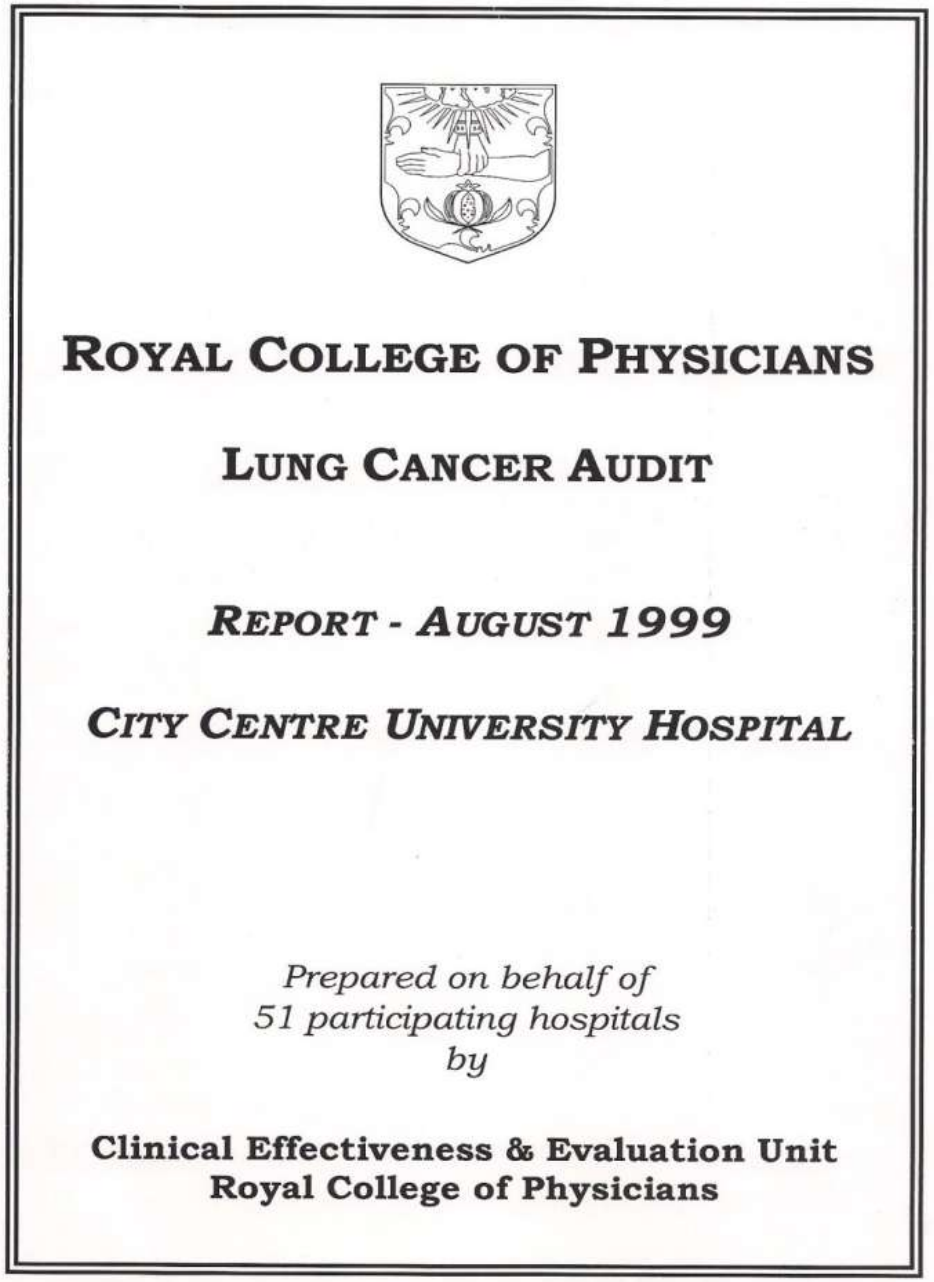
British Thoracic Oncology Group BTOG

2002

DATA
(or lack of it!)

UNITED KINGDOM LUNG CANCER COALITION

(2002)
Then 2005



ROYAL COLLEGE OF PHYSICIANS

LUNG CANCER AUDIT

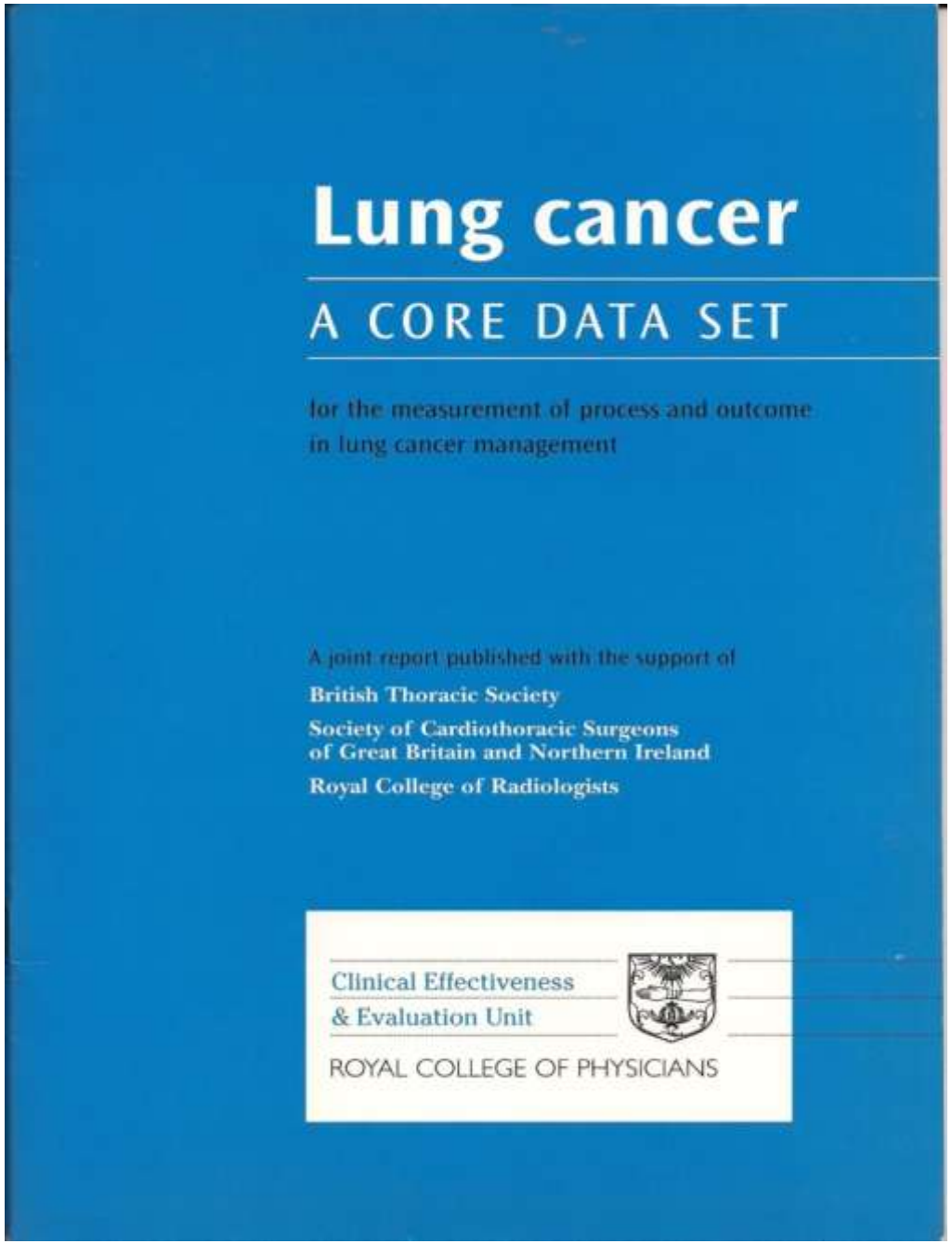
REPORT - AUGUST 1999

CITY CENTRE UNIVERSITY HOSPITAL

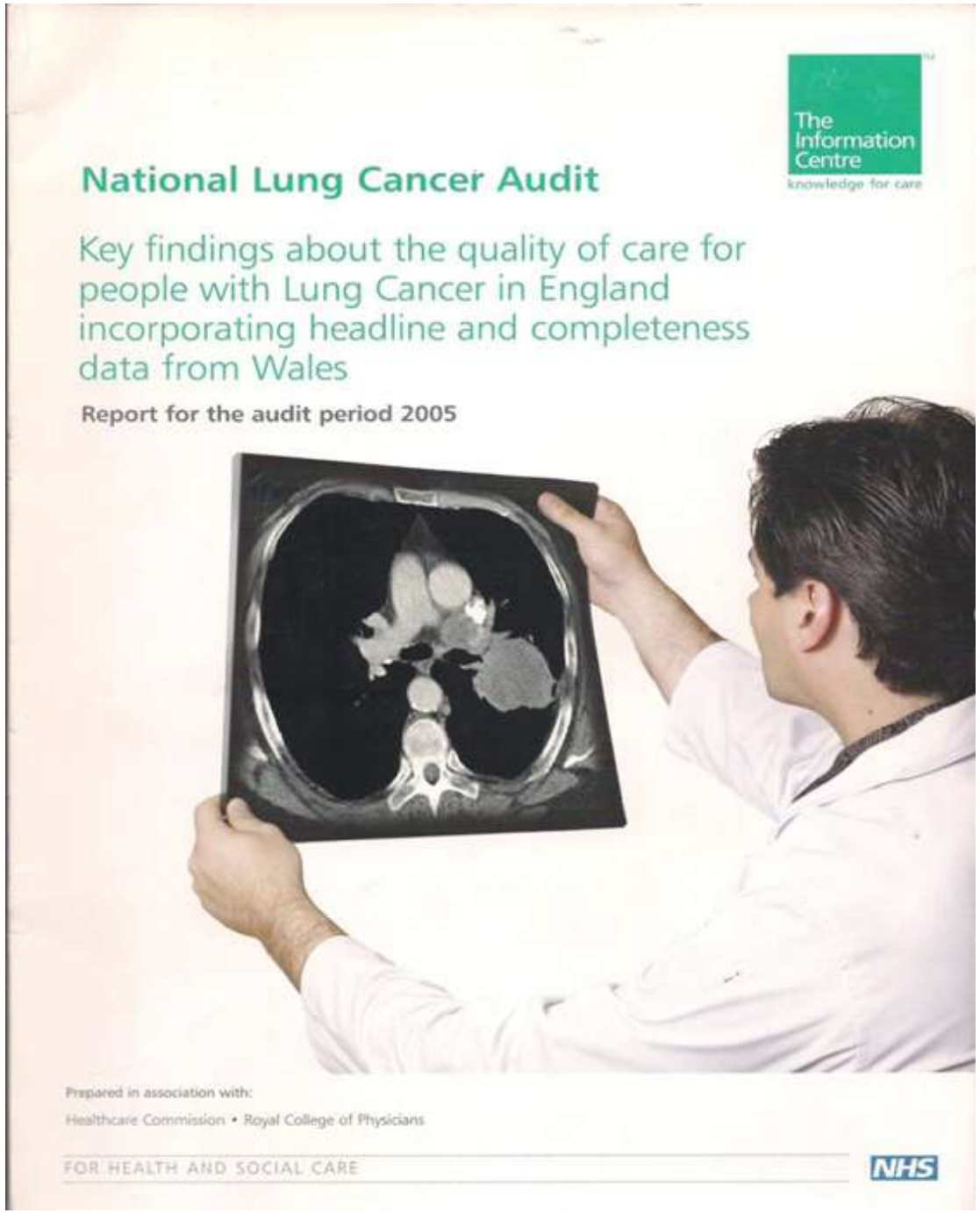
Prepared on behalf of
51 participating hospitals
by

Clinical Effectiveness & Evaluation Unit
Royal College of Physicians

RCP Snapshot Audit 1996-97


Lung cancer
A CORE DATA SET
for the measurement of process and outcome in lung cancer management
A joint report published with the support of
British Thoracic Society
Society of Cardiothoracic Surgeons of Great Britain and Northern Ireland
Royal College of Radiologists
Clinical Effectiveness & Evaluation Unit
ROYAL COLLEGE OF PHYSICIANS

1999



National Lung Cancer Audit

First full report was on patients diagnosed in 2005

Original aims of the UKLCC

UNITED KINGDOM
LUNG CANCER COALITION

- To drive out nihilism
- To push for specialisation
- To push for adoption of best practice
- To use data to drive service improvement
- To lobby for the best governmental policies and for them to be properly funded
- To bring together clinicians, charities, the lay public and the pharmaceutical industry to speak with one voice
- To bring patient outcomes to match those best in the world

2005
UKLCC formally established

UNITED KINGDOM
LUNG CANCER COALITION

Text only version

Home | Partners | The facts | Faces of Lung Cancer | Press | Contact

The **UKLCC** is committed to doubling lung cancer survival

What is the UK Lung Cancer Coalition?

The United Kingdom Lung Cancer Coalition (UKLCC) is a powerful new partnership of leading lung cancer experts, senior NHS and Department of Health professionals, charities and healthcare companies. The UKLCC is the nation's largest multi-interest group in lung cancer and this is the first time all the interested parties have joined together to give people with lung cancer a true voice.

Our challenge

Lung cancer is the country's biggest cancer killer. In the UK, someone dies from lung cancer every 15 minutes and half of all people with lung cancer die within six months of diagnosis.

Despite improvements in service provision, there are still wide variations in standards of care across the country and lung cancer is considered the poor relation when compared to other cancers. It kills a quarter of all UK cancer patients yet only receives three percent of national cancer research monies. It is not surprising, therefore, that we have one of the worst survival rates in Europe.

Bringing Lung Cancer out of the shadow

We are convinced that UK survival can be doubled through a combination of earlier diagnosis and improved standards of care – the worst performing cancer units must match the standards set by the best.

The Government has actively supported the other major cancers by increasing public awareness and making more funding available. Somehow lung cancer has been the forgotten cancer.

Lung cancer is not just a 'smoker's disease' – one in eight people who are diagnosed with lung cancer have never smoked.

We want to work with Government and the NHS to dispel the myths surrounding lung cancer and help people recognise the symptoms and seek early diagnosis. Lung cancer can be cured if caught early enough.

It is time that lung cancer stepped out from the shadow.

Lung Cancer - the facts

- Lung cancer can be cured
- One in eight people with lung cancer have never smoked
- More women die from lung cancer than breast cancer
- Half of all people in the UK know someone that has died or been affected by lung cancer

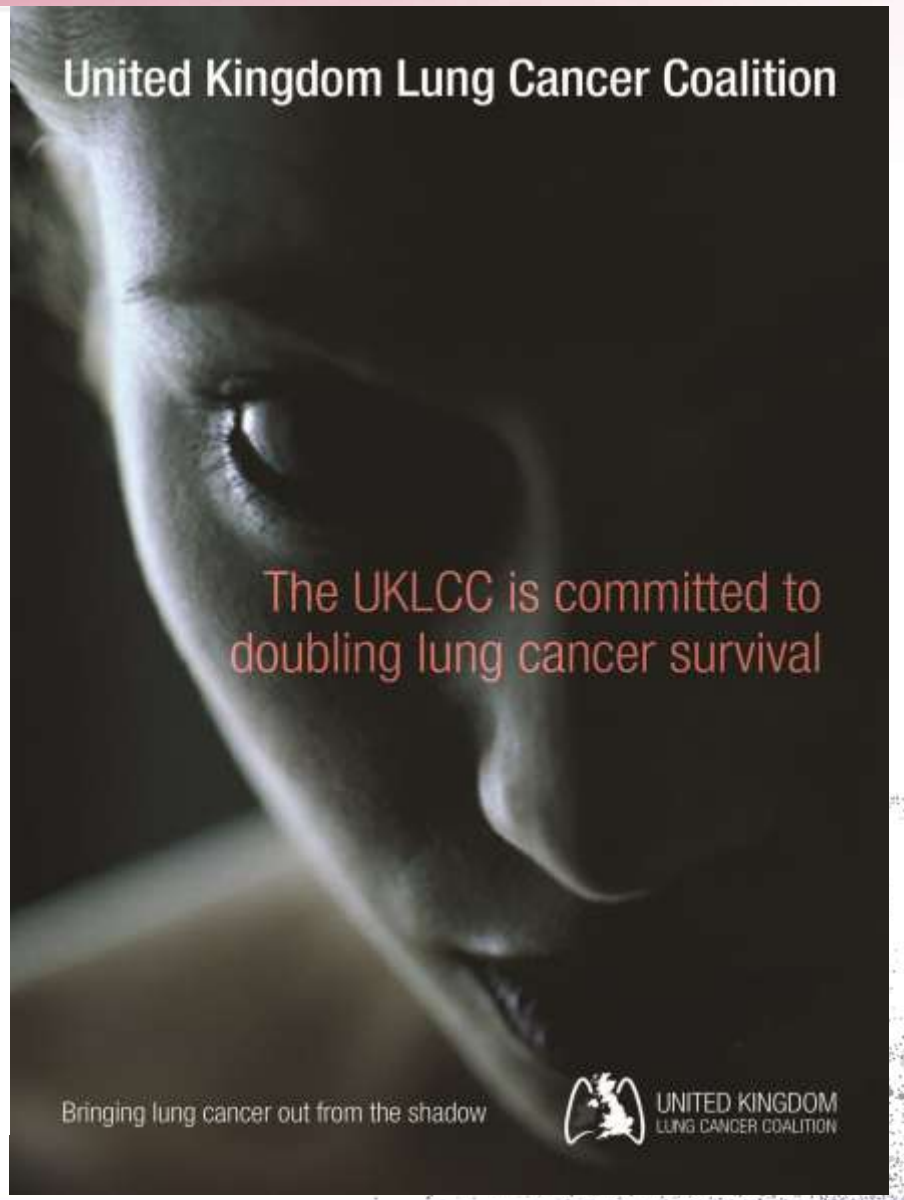
Dr Mick Peake
Chair of the UKLCC

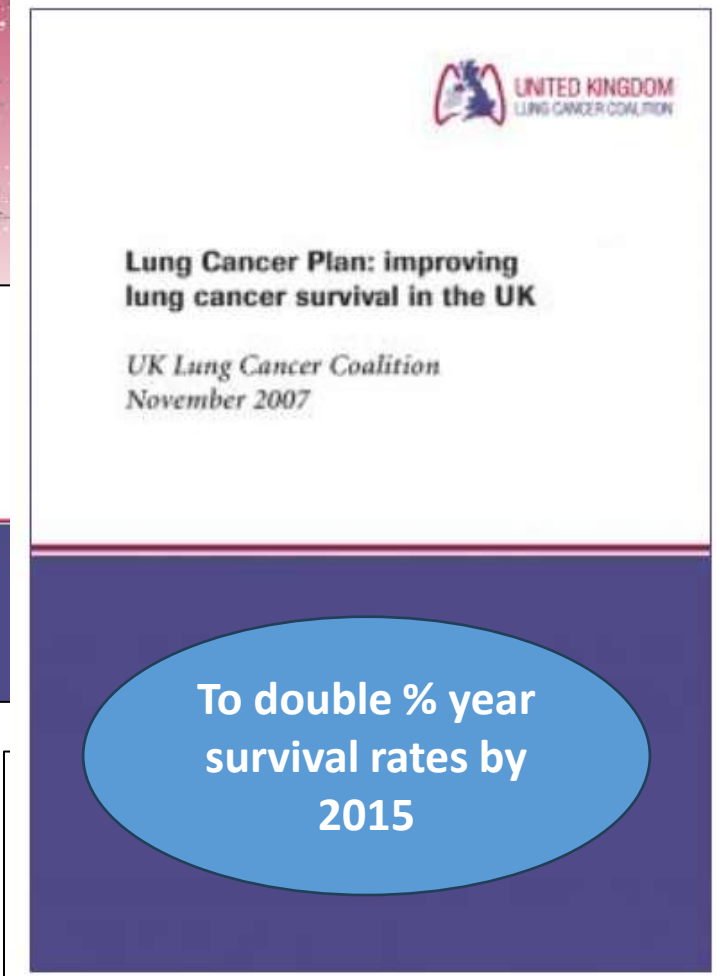
"We know if we apply the best standards of care already being demonstrated in some parts of the country, and if we diagnose people early, we can double lung cancer survival rates in the UK."

Donald Sutherland
Patient

"I was diagnosed with lung cancer eight years ago and I am still alive and well. You can survive lung cancer. There is hope."

Press Articles





Lung Cancer Plan: improving lung cancer survival in the UK

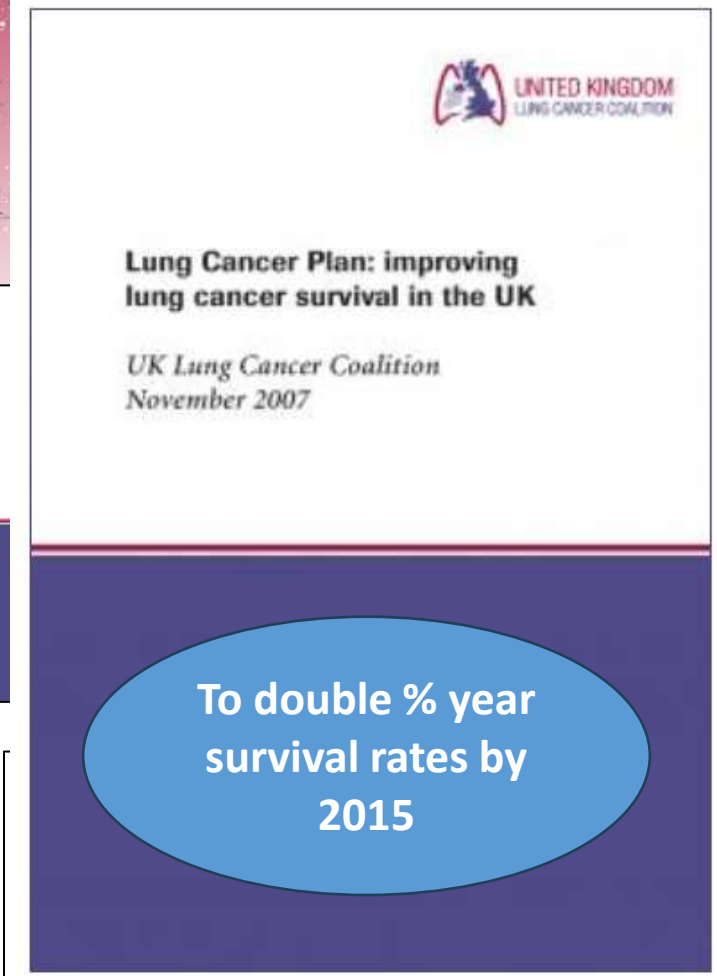
November 2007

Ten years on

October 2015

UNITED KINGDOM
LUNG CANCER COALITION

#UKLCC2025



Lung Cancer Plan: improving lung cancer survival in the UK

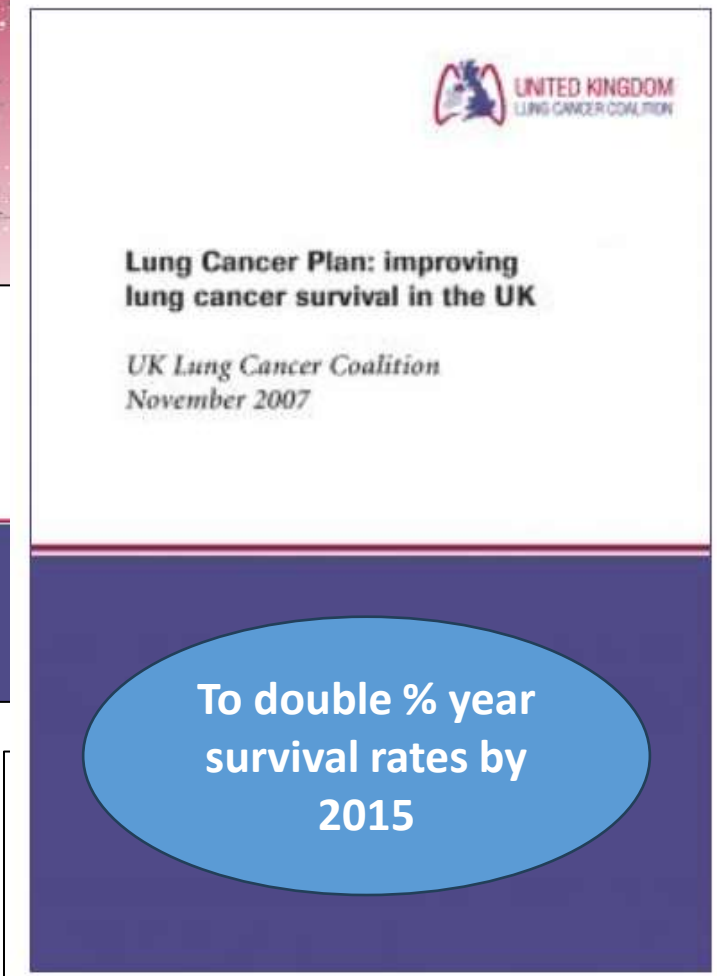
November 2007

Ten years on

October 2015

UNITED KINGDOM
LUNG CANCER COALITION

#UKLCC2025



Lung Cancer Plan: improving lung cancer survival in the UK

November 2007

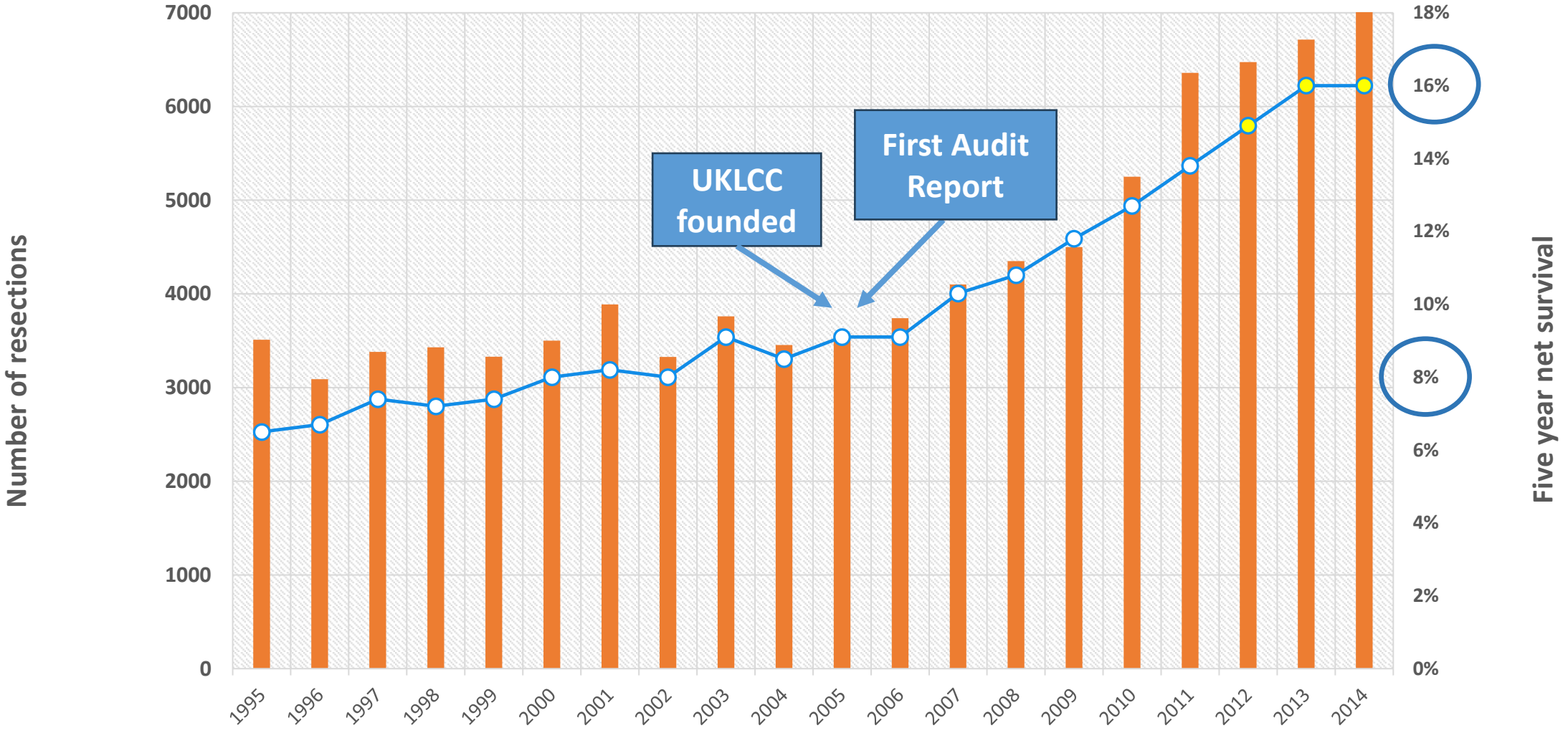
Ten years on

October 2015

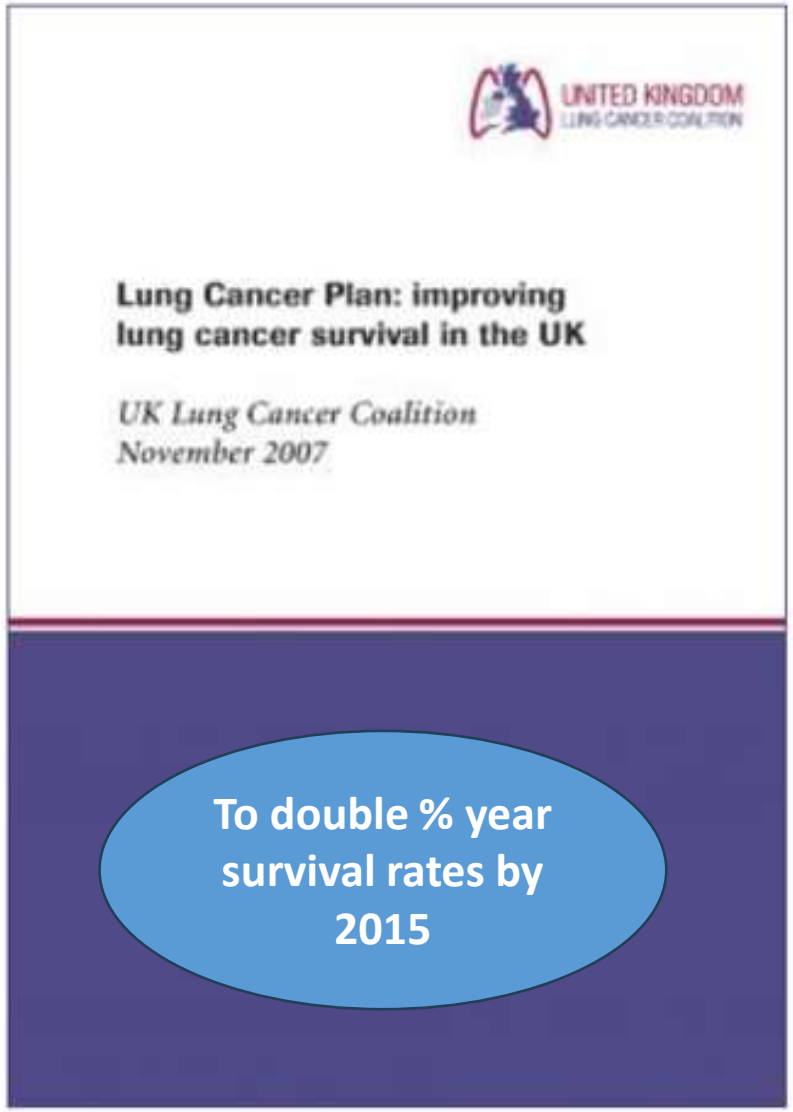
UNITED KINGDOM
LUNG CANCER COALITION

#UKLCC2025

Trends in one- & five- year net survival & surgical resections



Sources: S Walters et al . Br J Cancer: 2015;113(5):848-60 (updated) & D West, Society of Cardiothoracic Surgeons

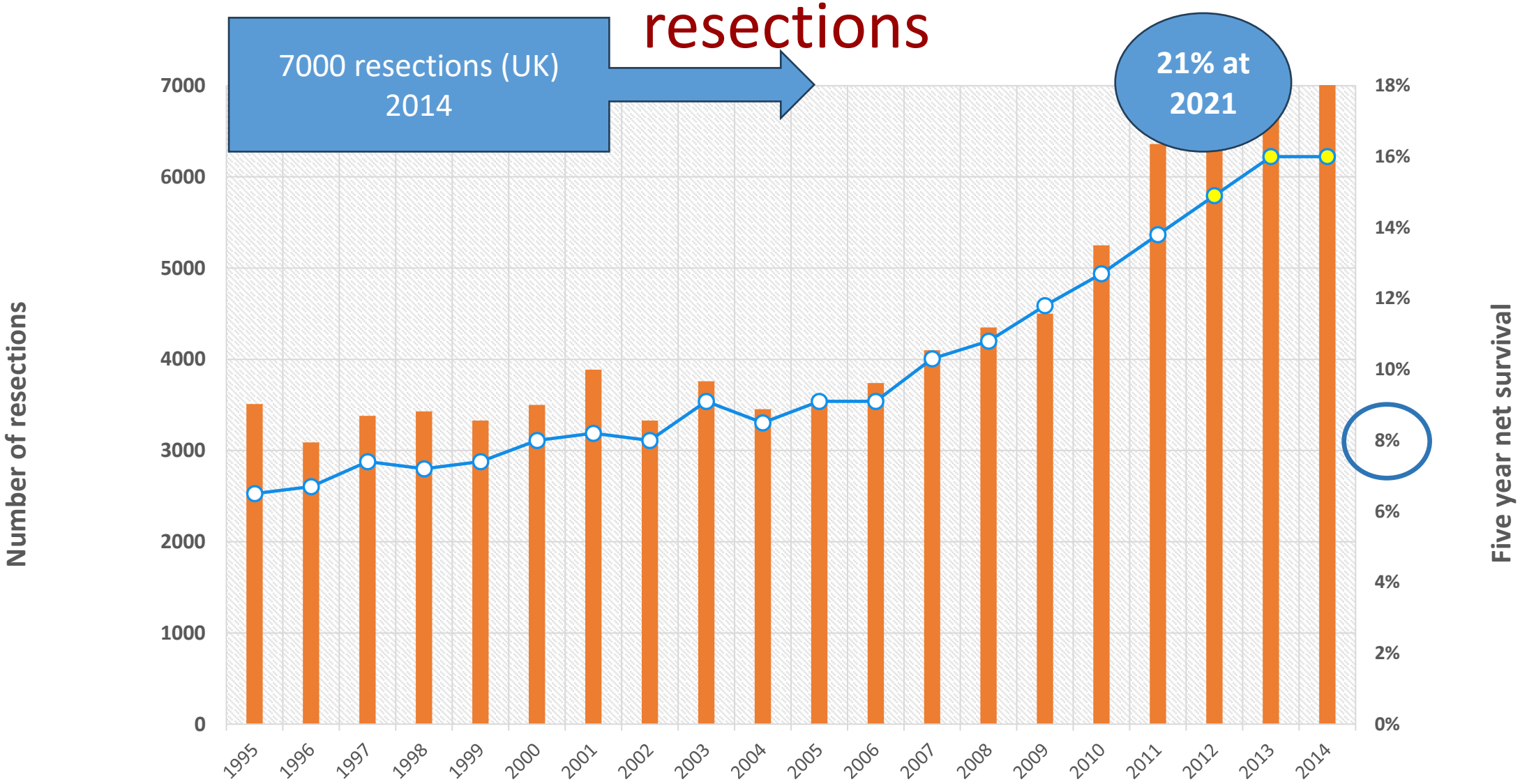


Lung Cancer Plan: Improving Lung Cancer Survival in the UK
November 2007

Ten Years on
October 2015

25 by 25
October 2016

Trends in one- & five- year net survival & surgical resections



Sources: S Walters et al . Br J Cancer: 2015;113(5):848-60 (updated) & D West, Society of Cardiothoracic Surgeons

UNITED KINGDOM
LUNG CANCER COALITION

Thoracic surgical data for 2024-5 (England)

- 8924 resections (7000 across all of UK in 2014)
- Only 2.8% pneumonectomies
- 60% carried out using VATS
- 25% robotic
- 1.6% all cause 90 day mortality

Source: Doug West, Thoracic Surgical lead for National Consultant Information Programme (NCIP) (Part of GIRFT – Getting it Right First Time)

How has the UKLCC made an impact?

UNITED KINGDOM
LUNG CANCER COALITION

- By helping to bring together clinicians, charities, industry and the lay public to speak with one voice
- Political lobbying – direct to MPs, to the All-Party Parliamentary Group on cancer
- Our reports – targeting clearly defined priorities
- Press coverage
- Having inside knowledge of political priorities and being able to say things that senior clinicians employed by government can't say
- Influencing the non-promotional work of industry partners

Summary

UNITED KINGDOM
LUNG CANCER COALITION

- **Over the last 25 years the Thoracic Oncology community has developed into a very integrated and purposeful community**
- **The UKLCC has played its part in creating that community**
- **There has been wholesale and positive change in most aspects of lung cancer care and outcomes, but there is so much more to do!**
  - Ensuring equitable access to optimal diagnosis and treatment
  - Reducing variation in standards of care – adoption of best practice and innovation
- **If any community can do it – we can – just think where we have come from !**