3RD INTERNATIONAL
Cancer Control Congress

Integrating primary care into cancer control programmes

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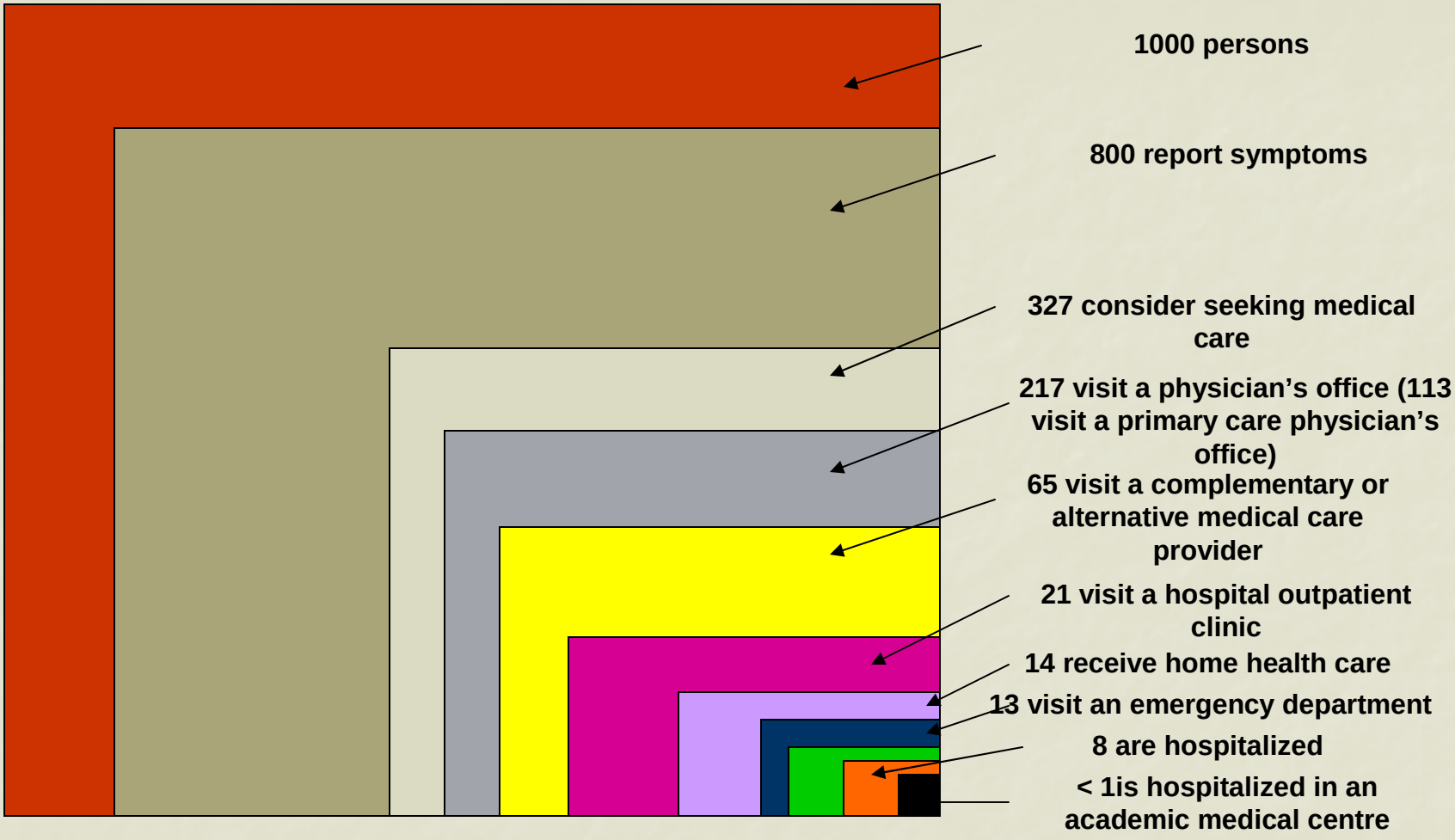
Overview

- Primary care – what is it?
- Cancer and primary care:
  - Cancer Screening
  - Early Diagnosis
  - Survivorship
- Cancer control: integrating primary care
- Conclusions

Primary care, family medicine, general practice…

Ecology of Medical Care



Monthly prevalence of illness and sources of health care

Kerr White, NEJM:1961

(updated: Green et al, NEJM, 2001)

Primary health care: broader and 'global' concepts since 1970s

- extended access to a basic package of health interventions and essential drugs
- universal access and social health protection
- comprehensive response to people's expectations and needs, spanning the range of risks and illnesses
- improvement of hygiene, water, sanitation and health education
- promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards
- coordination of a comprehensive response to health problems at all levels

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Primary care: why a limited role in cancer?

- Recognised role in:
  - assessing symptoms and diagnosis
  - delivery of some screening programmes
  - palliative care
- Some noteworthy models of primary care involvement, but typically excluded in 'conventional' models of cancer care
- Reasons for limited role in many aspects of cancer journey:
  - perception that management of cancer is high technology and hospital-based
  - territorial issues, perceived lack of necessary skills amongst PCPs
  - lack of integration between primary and secondary care services
  - training, education and workforce issues

The Cancer Control Continuum

Adapted from the Canadian Strategy for Cancer Control, 2005

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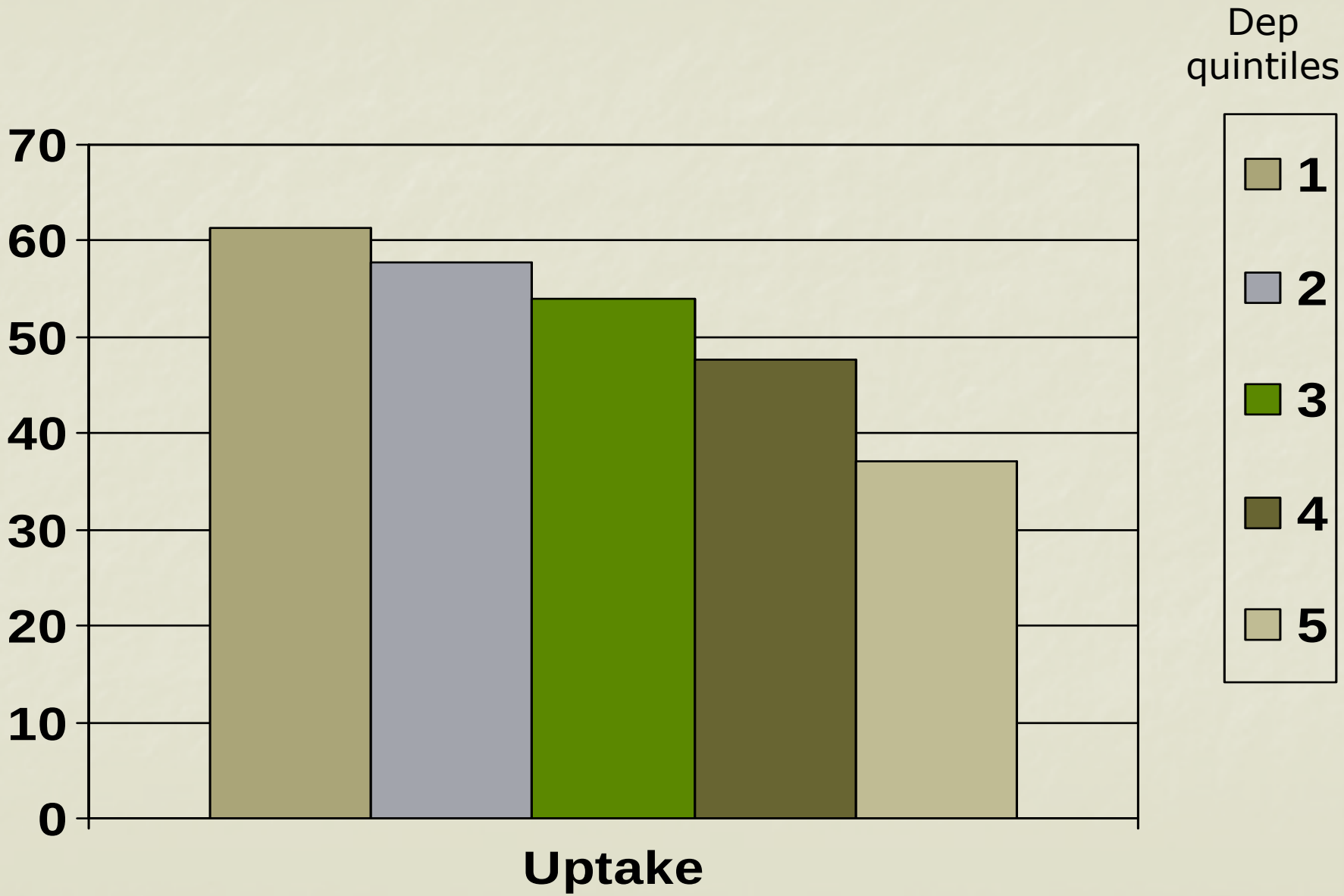
Uptake by deprivation



Qualitative survey: UK Pilot

- *"I left it there for a while, but just didn't do it and eventually threw it away…it seemed a bit complicated, a bit unpleasant, I couldn't really be bothered"*

- *"My partner gives me hassle, she definitely thinks I should do it…actually she thinks I did it the second time, I didn't actually tell lies, I just didn't tell her that I hadn't done it"*

- *"The tests come by remote, there's no GP involvement. With this type of screening you don't have to commit to anybody to do it, it arrives in the post, nobody follows it up to ask why you haven't done it"*

Cervical Screening coverage

- Overall coverage ~82% between 1995 and 2000
- Since 2000: drifted downwards: ~ 80% in 2005
- in 2005: coverage was 71% in women aged 25-29 (cf 83% in women aged 35-54)
- reasons for falling rates in younger women unclear

Lancuck et al, J Med Screening 2008. A cohort effect in cervical screening coverage?

Improving screening uptake: potential roles for primary care

- Some evidence that primary care can improve uptake – largely from North America
- Endorsement of invitations
- 'Local Champion' role
- Primary care-based 'facilitators'

Informed choice and cancer screening

- Complex concept
- Role and importance of information currently provided not clear – possibly little effect on choice, greater effect on other outcomes
- Desire for broader range of information might not actually lead to its use in decision-making

Role of information in peoples' decision making

"I don't know that I want to know any of these things. I'm quite happy just to go along and have my smear, but maybe umm…and not know the risks and the odds or anything like which would just confuse me and there would be more decision making to make in my life and there's plenty of that already. The option is just to go"

Increasing screening participation

- No 'one-size fits all' approach
- Varies by type of test, design of the programme, target group, health system
- Most strategies have 'incremental' benefits – programmes require a range of approaches
- Balancing uptake and informed choice
- Role of primary care

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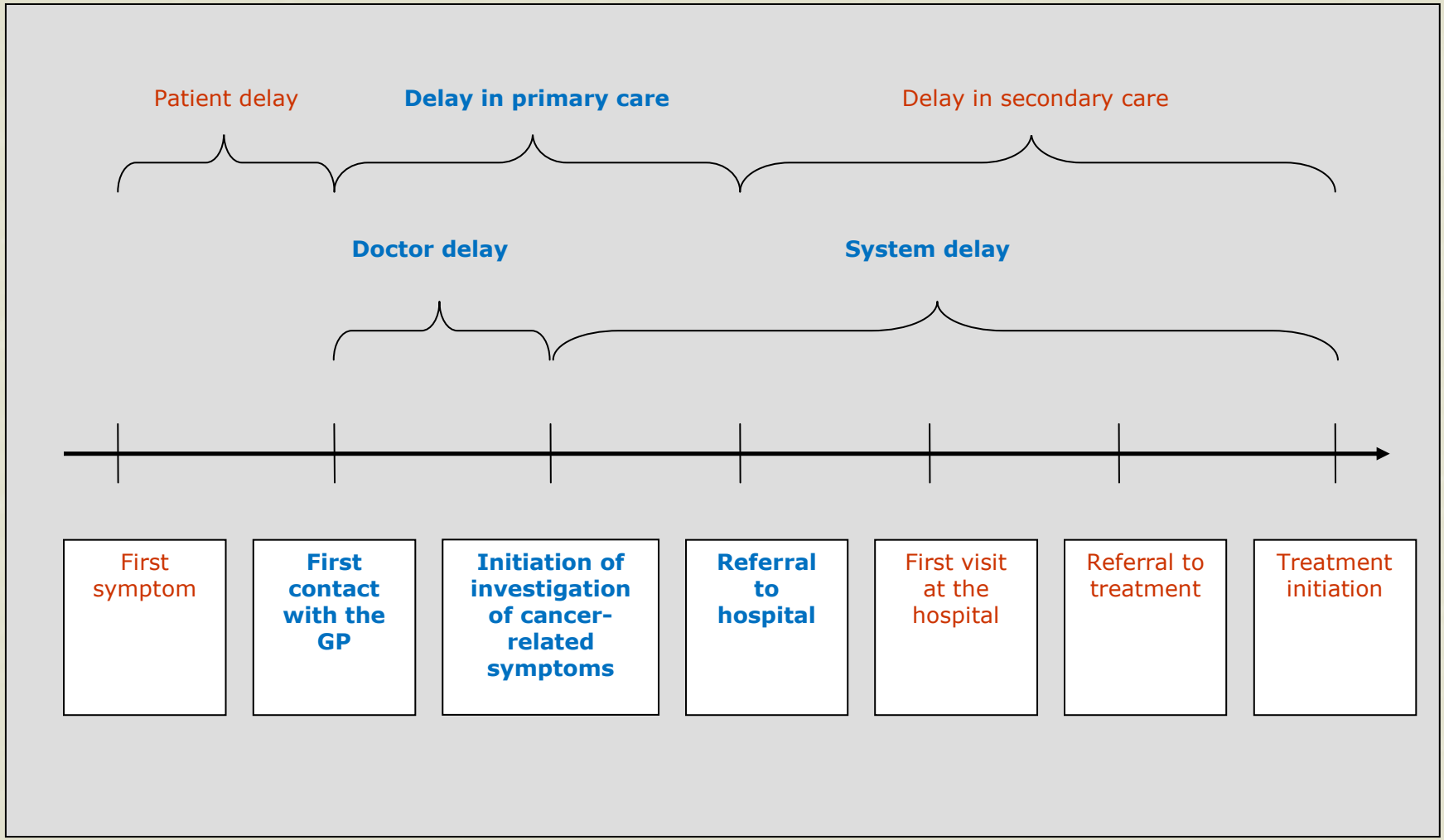
Diagnosing cancer in primary care

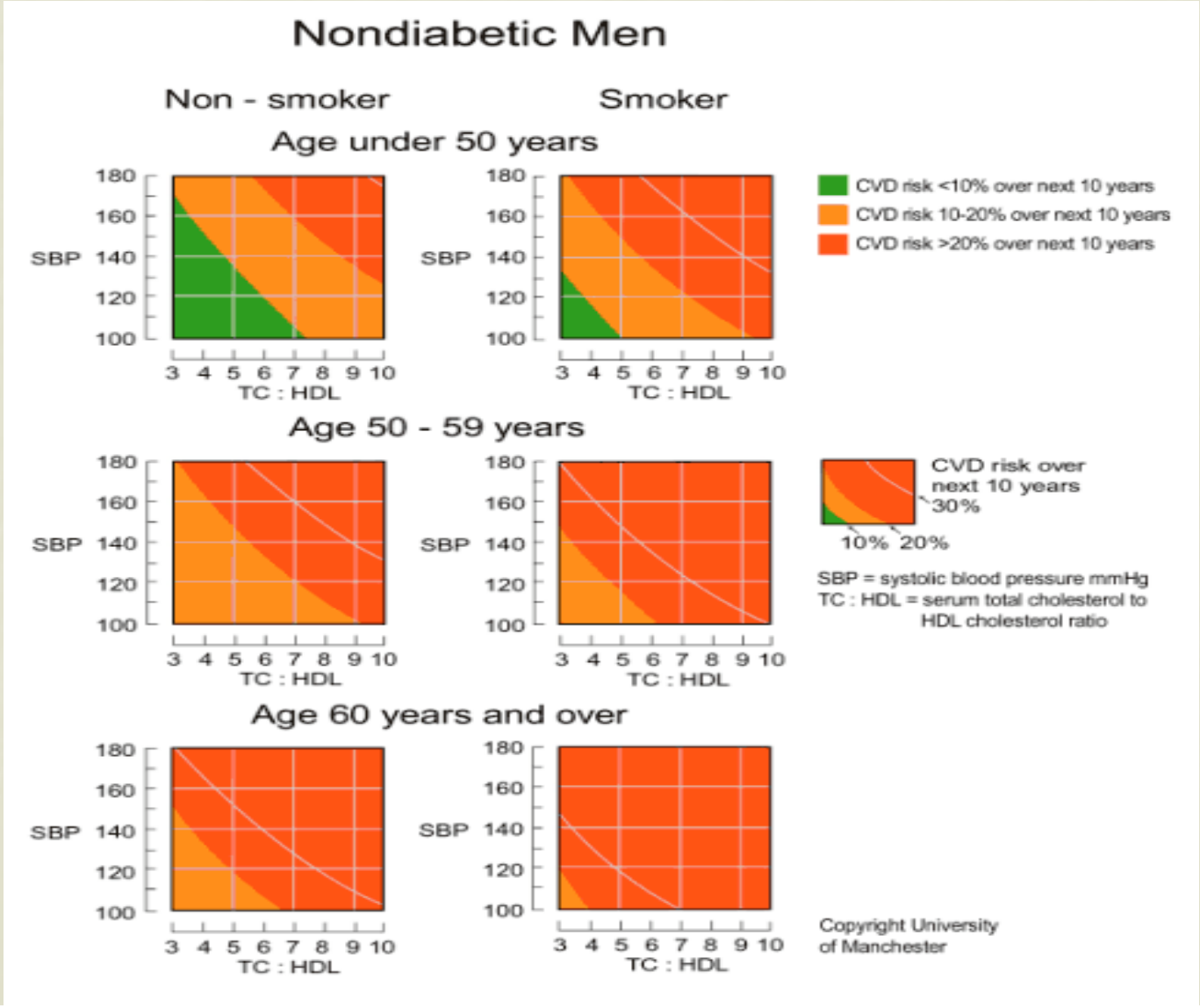
- one in 20 encounters withy GP involve patients with symptoms of 'potential oncological significance'

- in practice with list size of about 2000:
  - skin 1 case every 6 months
  - lung 1 case every 9 months
  - breast 1 case every year
  - colorectal 1 case every year
  - prostate 1 case every 18 months

Subdivision of delay



Joint British Societies Cardiovascular Disease Risk Prediction Chart



Research on 'symptom predictivity' (Hamilton et al, 2005)

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombo-cytosis	Abnormal spirometry	Haemoptysis	
0.40 0.3, 0.5	**0.43** 0.3, 0.6	**0.66** 0.5, 0.8	**0.82** 0.6, 1.1	**1.1** 0.8, 1.6	**0.87** 0.6, 1.3	**1.6** 0.8, 3.1	**1.6** 0.9, 2.9	**2.4** 1.4, 4.1	PPV as a single symptom
0.58 0.4, 0.8	**0.63** 0.5, 0.9	**0.79** 0.6, 1.0	**0.76** 0.6, 1.0	**1.8** 1.1, 2.9	**1.6** 0.9, 2.7	**2.0** 1.1, 3.5	**1.2** 0.6, 2.6	**2.0** 1.1, 3.5	Cough
	0.57 0.4, 0.9	**0.89** 0.6, 0.3	**0.84** 0.5, 1.3	**1.0** 0.6, 1.7	**1.2** 0.7, 2.1	**1.8**	**4.0**	**3.3**	Fatigue
		0.88	**1.2** 0.9, 1.8	**2.0** 1.2, 3.8	**2.0** 1.2, 3.8	**2.0**	**2.3**	**4.9**	Dyspnoea
			0.95 0.7, 1.4	**1.8** 1.0, 3.4	**1.8** 0.9, 3.9	**2.0**	**1.4**	**5.0**	Chest pain
				1.2 0.7, 2.3	**2.3** 1.2, 4.4	**6.1**	**1.5**	**9.2**	Loss of weight
					1.7	**0.9**	**2.7**	**>10**	Loss of appetite
							3.6	**>10**	Thrombocytosis
								>10	Abnomal spirometry
								17	Haemoptysis

NHS
National Institute for
Health and Clinical Excellence

Issue date: June 2005

Referral guidelines for suspected cancer

Clinical Guideline 27
Developed by the National Collaborating Centre for Primary Care

Referral guidance for general practice

Cambridgeshire: audit of clinical practice guidelines in general practice

National Audit of Cancer Diagnosis in Primary Care

NAEDI

National Awareness and Early Diagnosis Initiative

DH Department of Health

CANCER RESEARCH UK

International benchmarking

- **Elements of particular relevance to primary care:**
  - What are the biggest reasons for differences in **stage of diagnosis**? Differences in **screening**policy and uptake?
  - Differences in **patients' awareness**/ability to identify symptoms and seek care?
  - Differences in **GP/PCP skills and mindsets** leading to late diagnosis after patient has presented?
  - Differences in **access to diagnostic tests**in primary care?
  - Which country/region uses **evidence based treatment guidelines** to the greatest extent and what would be the impact among peers if they achieved the same level?

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Definitions of Survivorship

- From the time of diagnosis through the remaining years of life.

National Action Plan for Cancer Survivorship,
Centers for Disease Control and Lance Armstrong Foundation, USA, 2004

versus

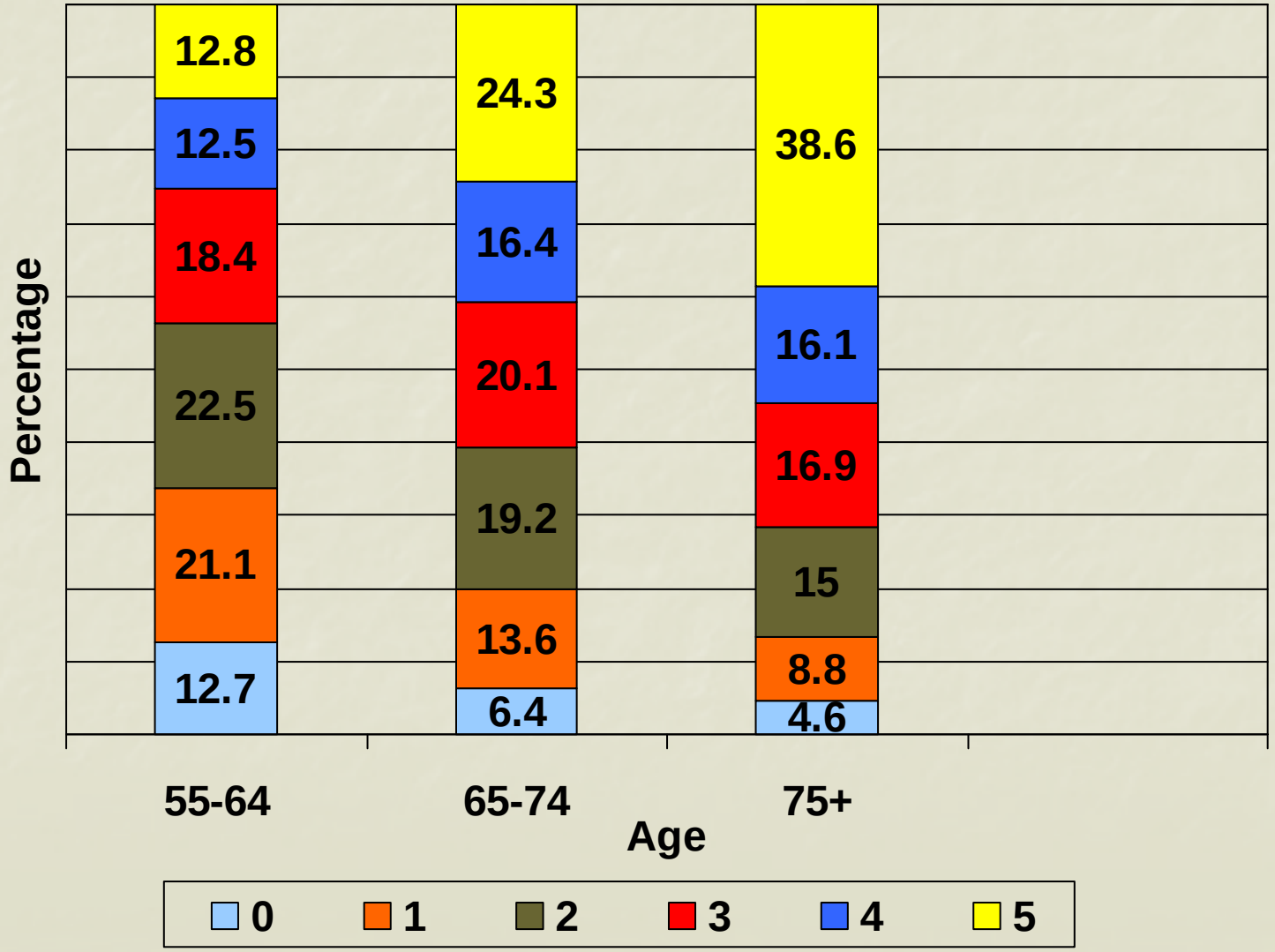
- The period following first diagnosis and treatment and prior to the development of a recurrence of cancer or death.

From Cancer Patient to Cancer Survivor,
Institute of Medicine, USA, 2006

Survivorship

- growing number of cancer survivors worldwide
- IOM Report: deficits in the care provided to cancer survivors and proposed mechanisms to improve the coordination and quality of follow-up care
- the Survivorship Care Plan: evidence-based surveillance guidelines, and delivery of appropriate models of survivorship care.

Number of comorbidities by age



Survivorship Issues

Routine follow-up care

- Surveillance for recurrence
- Surveillance for late effects of treatment
- Surveillance for new primary cancer
- Psychosocial issues
- Special concerns (social/economic/occupational)

General medical and preventive care

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Integrating primary care into cancer control

- National cancer plans need to recognise the potential of primary care in cancer control
- This recognition needs to translate into practical strategies in areas including:
  - screening
  - early diagnosis
  - survivorship
- Strategies need to address:
  - financial, organisational and attitudinal constraints
  - significant gaps in research and evidence

International Agency for Research on Cancer

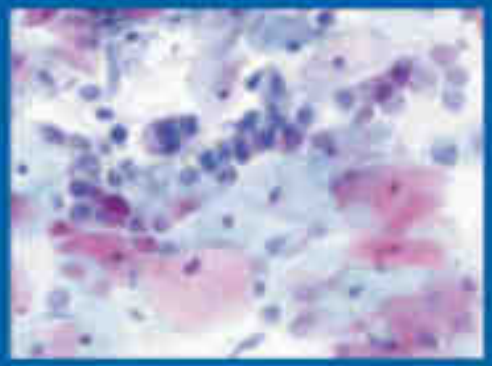
World Health Organization

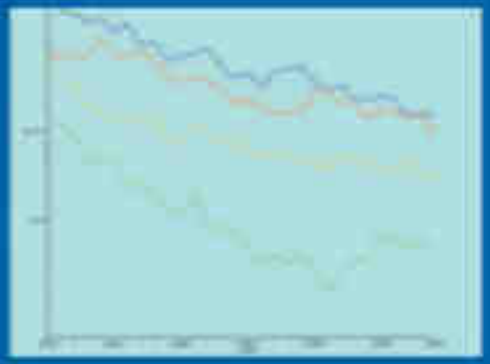
Implementation of cancer prevention strategies in developing countries

IARC Handbooks of Cancer Prevention

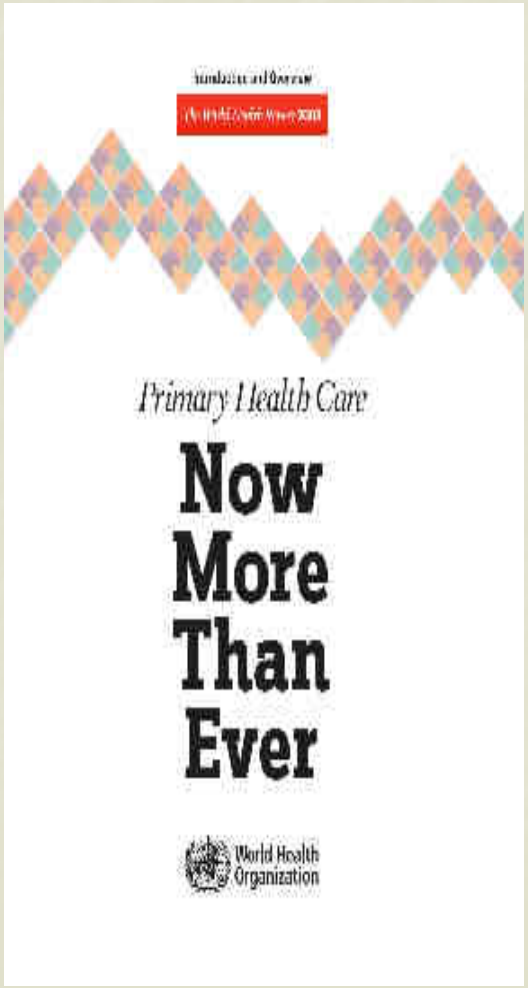
International Agency for Research on Cancer
World Health Organization

Cervix Cancer Screening





The PHC reforms necessary to refocus health systems towards health for all



Common shortcomings of health care delivery

- Inverse care
- Impoverishing care
- Fragmented and fragmenting care
- Unsafe care
- Misdirected care

Primary care controversies….

- primary care in well-resourced contexts: ambitious and complex agenda: risk of oversimplification in resource-constrained settings
- 'unacceptably restrictive and off-putting primary-care recipes' are often touted for low-income countries
- not acceptable that in low-income countries primary care would only deal with a few 'priority diseases'
- requires adequate resources and investment, and can then provide much better value for money than its alternatives – cf financing through out-of-pocket payments on the erroneous assumption that it is cheap and the poor should be able to afford it

Primary care in developing countries….

- opens opportunities for disease prevention and health promotion as well as early detection of disease
- *not acceptable that, in low-income countries, primary care would just be about treating common ailments*

- requires teams of health professionals: physicians, nurse practitioners, and assistants with specific and sophisticated biomedical and social skills
- *not acceptable that, in low-income countries, primary care would be synonymous with low-tech, non-professional care for the rural poor who cannot afford any better*

Promoting investment in primary health care in developing countries: the ’15 by 2015’ campaign

Primary care and cancer control in developing countries…

- Avoid attempts to transplant the role of primary care from one context to another
- Embrace contemporary concepts of primary health care, avoiding the pitfalls of last 3 decades
- Build on existing effective models

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Why should primary care have a greater role in cancer control?

- Broad-based contribution:
  - education/awareness raising of cancer symptoms
  - promotion and delivery of screening
  - co-ordinating care for complex needs of individuals with cancer
  - primary prevention
  - management of co-morbidities
  - advocacy re poor housing, poor nutrition, inadequate water supplies
- Evidence that systems with well-developed primary care enjoy better health outcomes (Starfield et al)
- Affordability in low-resource settings

Save the Date!

Cancer and Primary Care Research International (Ca-Pri) Network

(*Formerly* International Primary Care and Cancer Research Group)

Third Annual Meeting and Workshop

Thursday, May 13 and
Friday, May 14, 2010

For more information on the meeting, registration and abstract submission please visit www.ca-pri.com

Purpose

- To promote greater international collaboration in cancer and primary care research

Topics include

- The cancer care trajectory, but with a special focus on early diagnosis and cancer survivorship

Register early as space is limited!

This event has been generously sponsored by:

CANADIAN PARTNERSHIP AGAINST CANCER / PARTENARIAT CANADIEN CONTRE LE CANCER

Interested in Primary Care and Cancer Research? Come to the 2010 Ca-PRI meeting!

www.ca-pri.com

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Acknowledgements

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- National Cancer Research Institute (UK)
- Ca-PRI network
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- WONCA/WHO

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THANKS FOR LISTENING!

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