

The National Awareness and Early Diagnosis Initiative (NAEDI) - the primary care role

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Together we will beat cancer

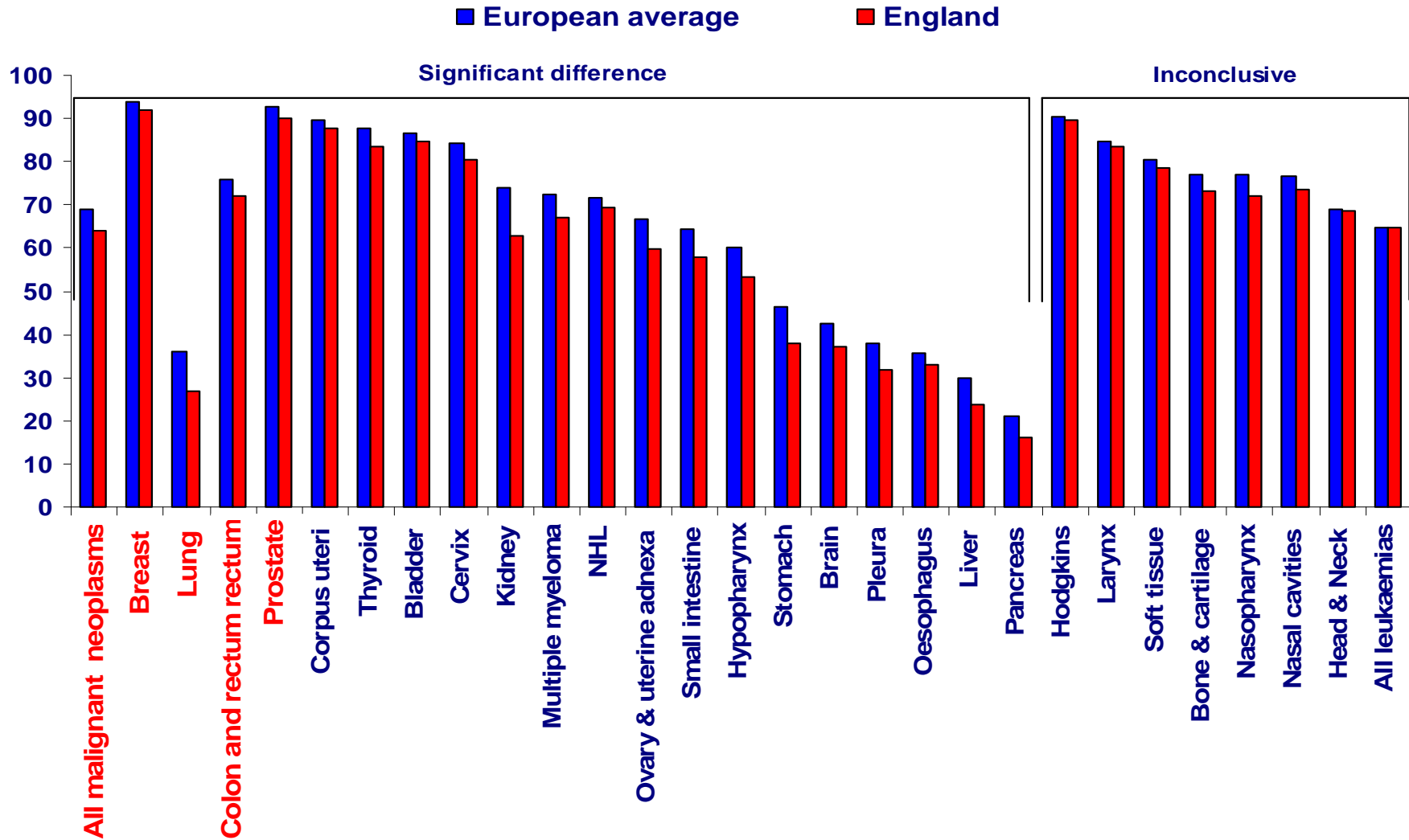


Avoidable premature deaths per year, adults, GB: highest European survival, by period of analysis

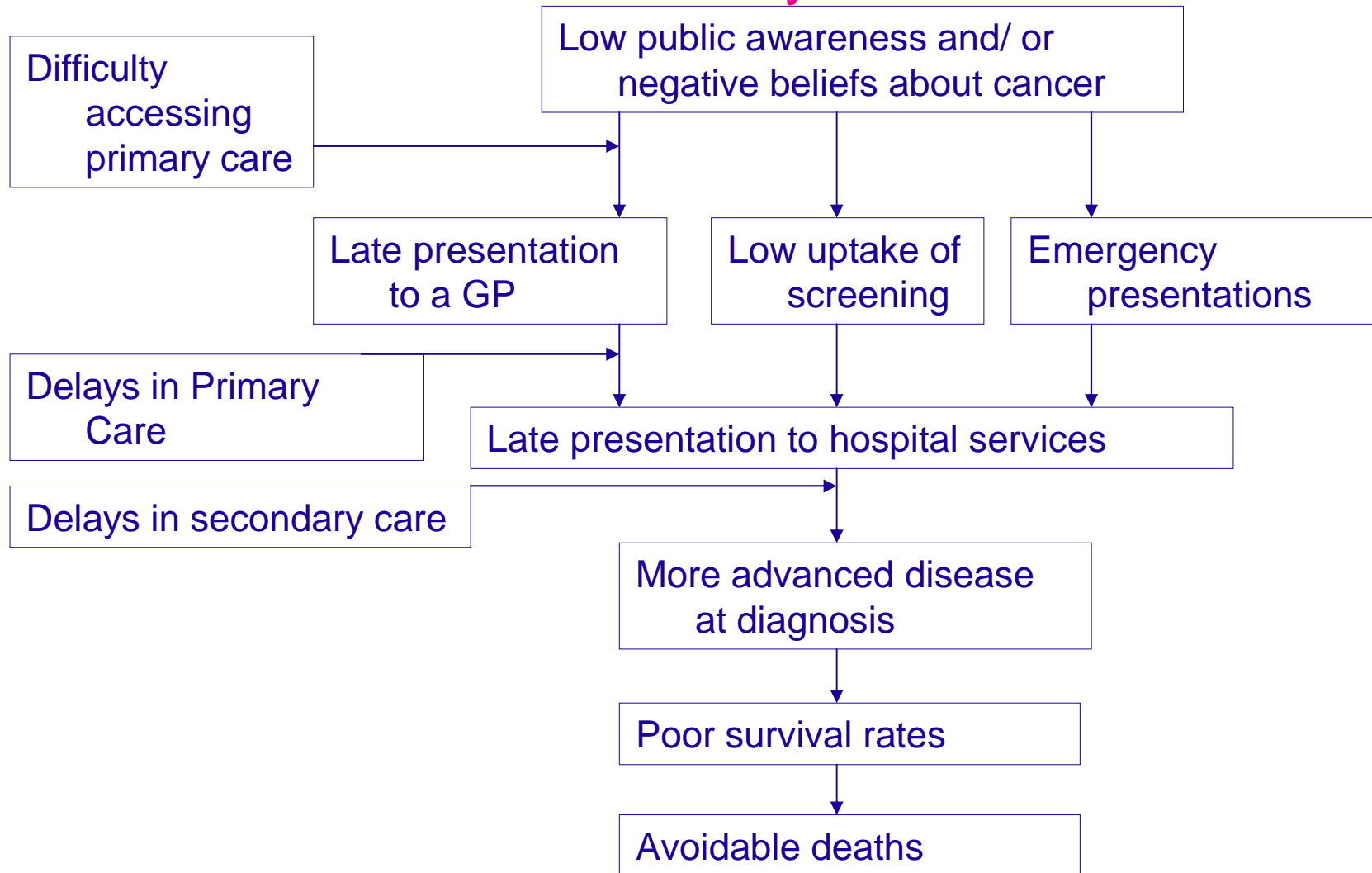
(M.Coleman - in press, BJC)

	1985-89		1990-94		1995-99	
	No. of patients	Avoidable deaths	No. of patients	Avoidable deaths	No. of patients	Avoidable deaths
Breast	24,900	2,834	30,671	2,084	34,130	1,942
Colorectal	24,290	2,170	27,740	2,019	29,044	1,687
Lung	32,756	1,377	33,739	1,344	31,371	1,324
		6,381		5,447		4,953
All cancers		12,145		11,772		10,774

One-year survival: England relative the European 'average' (EUROCARE 4)



NAEDI: The NAEDI Pathway



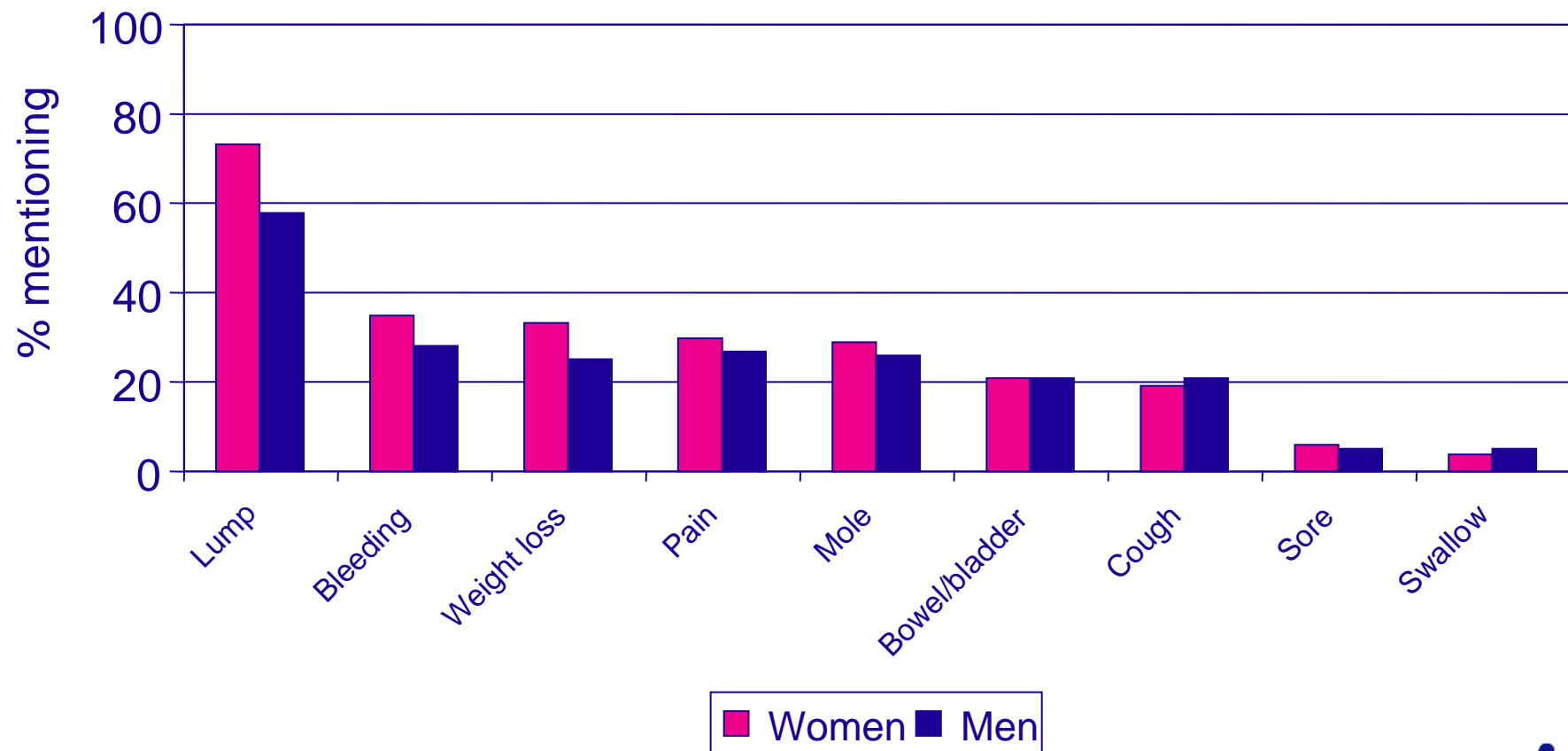
NAEDI work streams - activity

1. Awareness measurement
2. Promoting earlier presentation
3. Reducing primary care delay
4. Key messages - cancer specific
5. Review the evidence base
6. International Benchmarking Programme
7. New research
8. Diagnostic tools
9. Health economics/ cost-effectiveness

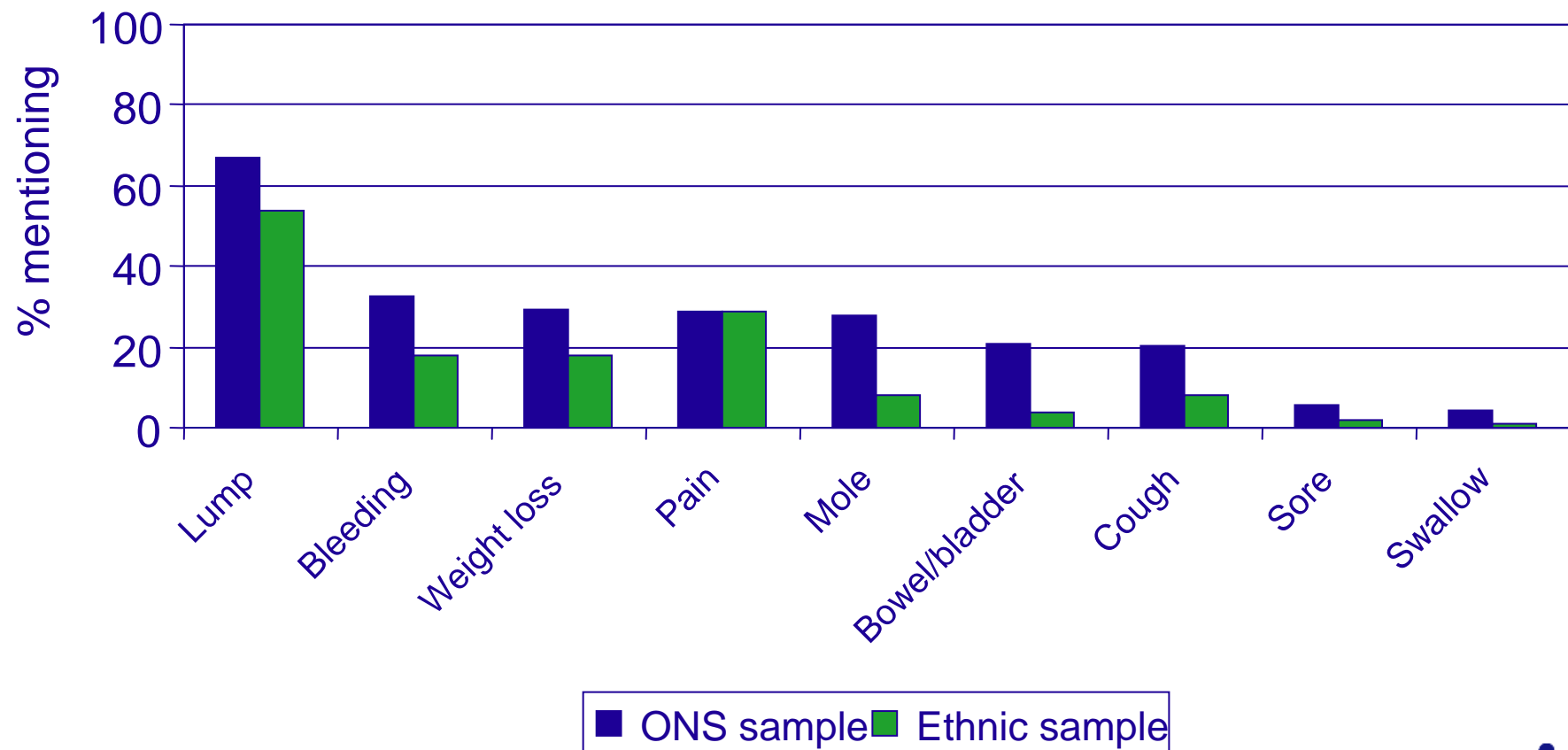
NAEDI work streams - primary care-related activity

1. **Awareness measurement** - includes measurement of public awareness of signs and symptoms, and potential 'barriers' to presentation...
2. **Promoting earlier presentation** - many local projects attempting to address some of these barriers and encourage public to come forward to 'their doctor'.

Recall of 'warning signs' by sex



Recall of 'warning signs' by ethnicity



Barriers to consulting GP by SES

Emotional barriers	Higher	Mid	Lower
Too embarrassed	17	19	24
Too scared	20	27	23
Worried what doctor might find	32	34	42
Not confident talking about symptom	10	8	13
Practical barriers			
Too busy	37	28	19
Too many other things to worry about	26	22	16
Difficult to arrange transport	3	6	6
Service barriers			
Worried about wasting doctor's time	37	42	33
Doctor would be difficult to talk to	10	15	13
Difficult to get an appointment	42	41	43

NAEDI work streams - primary care-related activity

3. Reducing primary care delay - SEA (lung, TYA), audit of cancer in primary care

Full report available to download at

<http://www.dur.ac.uk/resources/school.health/>

(AnalysisofSEAforcancerdiagnosis-Updatedfinalreport.pdf)

NAEDI work streams - primary care-related activity

4. **Key messages** - includes versions for primary care
5. **Review the evidence base** - BJC supplement includes various papers from, or involving, primary care (e.g. second year of Scottish primary care audit, the experience in Denmark and 'CAPER' studies to establish the risk of cancer that presenting symptoms are associated with).
6. **International Benchmarking Programme** - includes primary care module to compare aspects and differences, such as 'gatekeeper' function, communication and diagnostics.

NAEDI work streams - primary care-related activity

7. **New research** - to be funded by NCRI funding collaboration

8. **Diagnostic tools** - and access to these in primary care (survey) and, importantly, ability to effect policy decisions

9. Health economics/ cost-effectiveness

Prime Minister's Pledge (October 2009)

“...to give all GPs prompt access to the diagnostics needed to confirm or exclude cancer...”

So where a GP thinks that the risk of cancer is not high enough to justify referral on the 2-week pathway, but investigations still needed, these will be carried out rapidly.

The plan is to get these results back within a week of referral by 2015.

£1bn investment over 5 years (beginning in 2011/12 spending review)!

The size of the prize: Comparisons

	Lives saved	Costs (England)	Cost/PCT
• Breast screening (age 50-70)	~1,400pa	£75m	£0.5m
• Cervical screening (age 25-65)	~4,500pa	£150m	£1m
• Bowel screening (age 60-69)	??1,600pa	£75m	£0.5m
• Screening Total	~7,500pa	£300m	£2m
• NAEDI	5,000-10,000	??	??

How much are PCTs prepared to invest in NAEDI?

Remember: Over 90% of cancers are diagnosed following symptoms

With thanks to our Italian hosts and our partners:



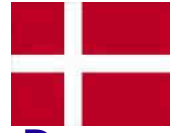
Sweden



Finland



Norway



Denmark



Canada



Australia

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