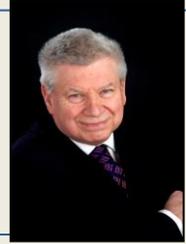


Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM



Cancer Diagnosis

In this column each week I try to inform and explain about a disease or disability, signs, symptoms, diagnosis, management and outcomes. I try to provide factual information in a way which is as comprehensible as I can make it. This week, however, I shall offer a personal view on this most vital of issues and allow opinion more freedom to compete with fact. Your views would be welcome.

In the last fortnight there have been news reports of cancer diagnosis 'lagging behind' in the United Kingdom compared with other countries in many specific tumours. Although we are doing well, and survival rates are increasing, apparently we could be doing even better. So, how well are we doing? What is the situation in the UK?

Let me first look at the statistics (courtesy of [Cancer research UK](#)). They are surprising.

331,000 people were diagnosed with cancer in 2011 (that's 910 a day, 1 every two minutes)
More than 1 in 3 people in the UK will develop cancer of some sort some time in their life.

Breast, lung, prostate and bowel cancers account for over half of all new cancers each year.

Overall cancer incidence has increased by more than one third between the mid 1970s and the late 1990s. Incidence rates have risen by **23% in males** and by **43% in females** since the mid-70s. There have been significant increases in cancers linked to lifestyle issues including smoking,

alcohol and sunbathing such as liver, skin, mouth and uterus.

In males in the last decade, the incidence of stomach cancer has **decreased** by a **third** and lung cancer incidence has **decreased** by about a **seventh**.

In females over the last decade the incidence of stomach cancer has **decreased** by more than **one quarter** and ovarian cancer has **decreased** by around a **tenth**.

Cancer is the greatest fear for the British, ahead of debt, knife crime, Alzheimer's disease and losing a job.

In terms of age group:

Less than 1% occur in children up to 14
Less than 1% occur in adolescents 15-24
Up to age 50 the risk of cancer is 1 in 35 for men and 1 in 20 for women

Over a third of cancers are diagnosed in people of 75 and above and over half of deaths from the disease occur in this group.

Of that more than 1 in 3 who develop cancer, **over half will now live for ten years**. It is amazing that, forty years ago, the average survival of cancer patients was . . . **one year**

The great cancer research institutions, universities, charities and the pharmaceutical industry have done brilliantly and new discoveries and developments occur almost every day of the week. Science is continuing to make inroads into the disease. New surgical approaches which are better targeted, less invasive and more effective; radiotherapy which is more focused destroying tumour and causing far less damage to surrounding tissues; a host of new cytotoxic medications with reduced side effects and increased anti-tumour potency.

The spotlight is falling on the diagnosis of cancer and the implication behind many of the comments is that GPs are being too slow. Is this true? Could primary care do a better job than it does currently? Well, of course, the answer is always 'yes' but it is perhaps not quite as easy as the media imply.

If we ignore the hoops through which GPs have to pass to obtain tests in cases where a more sinister cause for symptoms is suspected, and if we accept that there are clear guidelines which indicate when symptoms should trigger a 'two-week rule' referral (and therefore which constrain GPs to comply with recommendations), perhaps the biggest single factor is the nature of the symptoms themselves. When patients develop a pain, or a lump, or repeated bleeding, generally they will visit the GP and concerns will result in a referral.

One could argue that the GP acts as an obstacle and slows the process and there are clearly circumstances where that is the case but in most situations, the GP role is crucial in (a) eliminating the benign and treatable causes for symptoms and (b) referring to the appropriate specialist for ongoing management.

The much larger problem, in my view, occurs with the patients who present with vague symptoms; feelings of 'unwellness', nausea, minor weight loss, headache, dyspepsia, episodes of diarrhoea or constipation, and so on. Of these patients the majority will be displaying symptoms of a variety of conditions ranging from viral illness to anxiety.

But for a minority, those symptoms will be the herald of something much more serious which, if identified quickly, may well be eminently treatable and, in many cases, curable. All kinds of factors may facilitate or inhibit the recognition that something significant is wrong.

The patient may exaggerate or minimise the symptoms; insist that there is nothing wrong and they have 'only come because their husband/wife told them to'; describe them in a way which misleads the clinician or relates them to an existing pathology which diminishes concern. NHS England is considering a trial where patients can refer themselves for cancer testing as part of the plan to increase early diagnosis by 10%.

That should be a trial well worth watching. There are, after all, hundreds of available tests varying from the invaluable to the effectively useless in any given set of symptoms. How will

they choose? Will the tests be standard even if the symptoms are variable?

Perhaps there will need to be a clinician to receive the patients and discuss the symptoms to ensure that the right tests are ordered. But isn't that a GP?

For me the most worrying situation is what happens to that group of patients, who currently present with vague symptoms, and in whom the tests prove negative, but who currently continue to be monitored and tested further because a sinister cause is suspected despite normal outcomes. It is possible that group could be lost to investigation.

We should remember too that there are over 200 different types of cancer, each with their own causes, symptoms and treatments. It may well be difficult to formulate a 'one size fits all' approach, which will bring with it the danger that patients who have 'had tests' will be reassured, whether or not the tests were appropriate.

I am drawn inexorably to the conclusion that, whatever system is employed, some patients will fall through the net.

There is another consideration too, which revolves round demographic changes. In 1961, just over 50 years ago, so in the lifetime of many of us, the UK population was 52.8 million with an average life expectancy of 70.5 years.

By 2012 there were 64.1 million people with an average life expectancy of 81.5 years. So in just over fifty years there are over eleven million

extra people each living on average eleven years longer. What a challenge for health and social care that has presented!

Simply, the more people there are and the longer they live, the more cancers will be seen and, unless a treatment that treats cancer in the same way that antibiotics treat infections comes to light, improvements in success rates will be incremental and may not catch up with the increasing incidence. And of course there is the cost!

We can always do better with the diagnosis and treatment of cancer but the health system has done remarkably well and will no doubt continue to improve.

Cancer may well be seen in the future as the great scourge of the twentieth century, cured in the twenty-first, in the same way that the acute specific fevers were the scourge of the nineteenth century and pretty-well overcome in the twentieth.

We are seeing the rise of dementias and the great challenges of infirmity and social collapse. There is almost the feeling that, each time we resolve a problem, the next one is more complex and more chronic, resulting in the extended years but with much more morbidity.

How medicine has changed! From Hippocrates to the Georgian home doctor, all had next to no treatments and could do little but observe and sympathise with those who suffered most diseases.

And yet health care professionals were revered and hugely valued. Now, there is a vast panoply of treatments for almost everything. What do we hear; constant criticism in the media, from the Government, from the patients.

If I meet Dr Who and he offers me a trip back to the time of the great Roman or Greek physicians, I think I'll accept his offer.

paullambden@compuserve.com