

USING INFORMATION TO IMPROVE CANCER OUTCOMES

HARPAL KUMAR
CHIEF EXECUTIVE
CANCER RESEARCH UK
12 JUNE 2013

THE NEED FOR HIGH QUALITY INFORMATION TO:

1. IMPROVE CANCER OUTCOMES
2. MEET PATIENT AND PUBLIC EXPECTATIONS
3. MEET THE NEEDS OF DIFFERENT AUDIENCES

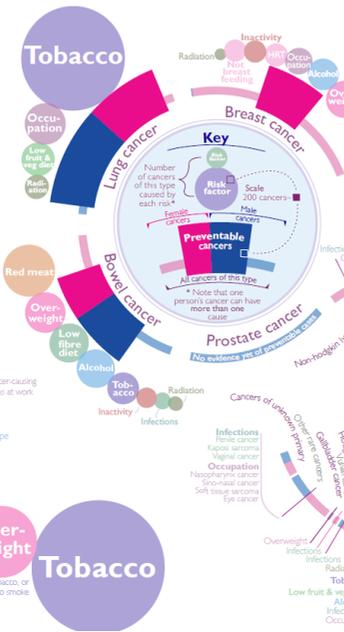


PREVENTION

All cancers

- HRT** Taking any type of hormone Replacement Therapy
- Salt** Having at least 6 grams a day
- Asbestos** Breathing in dust for less than 6 months
- Inactivity** Being moderately active for less than 150 minutes a week
- Low fibre diet** Having less than 33 grams of fibre a day
- Radiation** Being exposed to any ionising radiation, including background levels such as those released from the earth
- Red meat** Eating any red or processed meat
- Infections** Exposure to cancer-causing infections like HPV and Hepatitis B or C
- Sunlight & sunbeds** Getting more UV than was typical for people born in 1900
- Occupation** Being exposed to cancer-causing chemicals or conditions at work
- Alcohol** Drinking any type of alcohol
- Low fruit & veg diet** Getting fewer than five portions a day
- Over-weight** Having a BMI of 25 (light) or over
- Tobacco** Smoking or chewing any form of tobacco, or exposure to environmental tobacco smoke

Together we will beat cancer

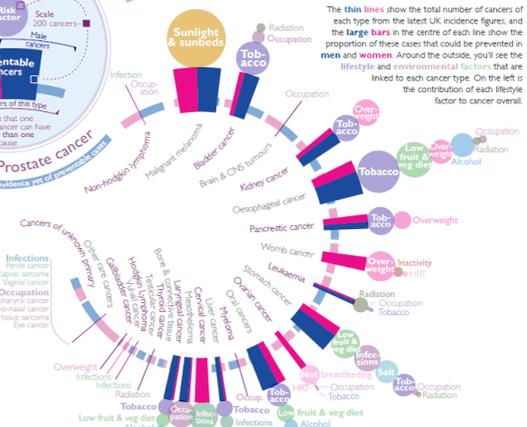


How many cancers can be prevented?

Although there are some things we can't control about our cancer risk, decades of research have clearly shown that by living a healthy life, people can reduce the risk of developing the disease. But how many cancers in the UK are really caused by things we can change?

This diagram shows the results of new research funded by Cancer Research UK, which aims to show the number of cancer cases in the UK that could be prevented by known lifestyle and environmental factors, like being a non-smoker, keeping a healthy weight, drinking less alcohol, eating a healthy, balanced diet, and avoiding being exposed to certain infections or radiation.

The thin lines show the total number of cancers of each type from the latest UK incidence figures, and the large bars in the centre show the proportion of these cases that could be prevented in men and women. Around the outside, you'll see the lifestyle and environmental factors that are linked to each cancer type. On the left is the contribution of each lifestyle factor to cancer overall.



EARLY DIAGNOSIS

Information, research and advocacy to improve early diagnosis.



BE CLEAR ON CANCER



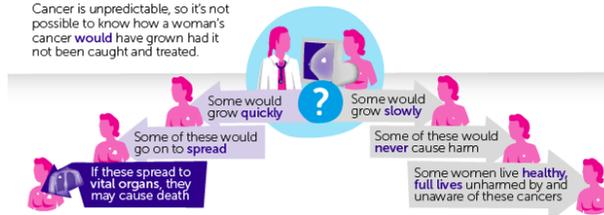
SCREENING

Providing information to communicate the risks and benefits clearly.

What difference does breast screening make?

Screening catches more cancers earlier

Cancer is unpredictable, so it's not possible to know how a woman's cancer would have grown had it not been caught and treated.



If we look at 1,000 women over 20 years



Lives saved by screening

This many women would have died if breast screening had not caught their cancer early

1,300 lives saved a year in the UK

For every one life saved... ..three women are overdiagnosed

Overdiagnosed due to screening

This many women are treated for breast cancers that are real, but would not have caused them any harm

4,000 women treated a year when there would have been no harm

So, breast screening saves lives, but causes some women to be treated who didn't need to be

On balance, Cancer Research UK recommend that women go for breast screening when invited

bit.ly/screening-review



PATIENT INFORMATION

Helping patients participate in their treatment decisions.

Welcome to **CancerHelp UK**
Reliable, easy to understand patient information from Cancer Research UK

Your cancer type
Start here if you know your cancer type — for everything from symptoms to coping after treatment.

- [Breast cancer](#)
- [Bowel cancer](#)
- [Cervical cancer](#)
- [Lung cancer](#)
- [Pancreatic cancer](#)
- [Prostate cancer](#)

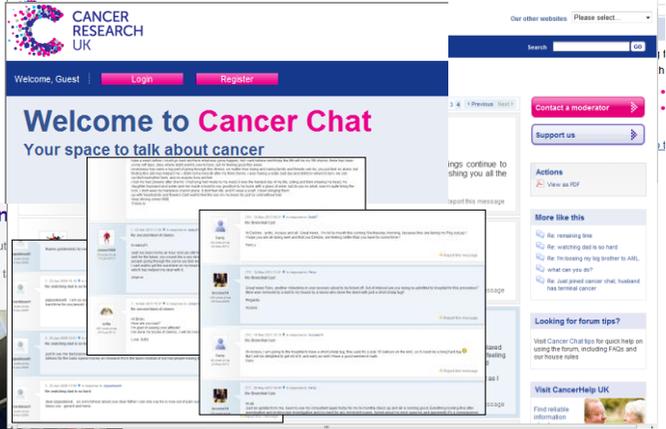
[More cancer types \[+\]](#)

Trials and research
Find plain English summaries of people in the UK, recent research. Also find information about different types of cancer and how they are planned and more about them.

[Go to trials and research](#)

Contact our cancer information

You can call our information nurses with any questions about cancer. The service is open from 9am till 5pm Monday to Friday. To ask for our interpreting service.



A NEW HEALTH LANDSCAPE

1. PATIENTS MORE INVOLVED IN DECISION MAKING

2. A NEW COMMISSIONING ENVIRONMENT IN ENGLAND

3. DRIVING IMPROVEMENTS IN CANCER CARE

11



CANCER INTELLIGENCE PORTAL

Contextualised local data to engage decision makers and the general public.



CANCER PATIENT PORTAL

brain tumour
PATIENT INFORMATION PORTAL

Medical History

Timeline © SHALZ
2009 2010 2011 2012

Supported by:

CANCER PATIENT PORTAL

brain tumour
PATIENT INFORMATION PORTAL

Medical History

Pathology

Organisation Site Code (Pathology Test Requested By): ADDENBROOKE'S HOSPITAL (RG101)

Care Professional Code (Pathology Test Requested By): KIROLLOS RW (C3603860)

Primary diagnosis ICD: C713: BRAIN, PARIETAL LOBE

Date sample taken: 03.11.2010 (Date on which the specimen was obtained from the patient)

Date sample received: 03.11.2010 (Date received by path lab)

Date of investigation result: 09.11.2010 (Date path lab wrote the report)

Histology Snomed: Left parietal lobe : TA2303 : Neurosurgical biopsy : T : Glioblastoma NOS : M94403 ; ; Glioblastoma NOS : M94403 ;

Full pathology text:

Clinical Details

SPECIMEN: Details not given on green form Presented with acute days in GCS. (History of colorectal Ca in 2004). CT - Intracerebral ... (illegible) to intraventricular extension. MRI - Cystic lesion in right parietal lobe and splenium. Dx: High grade intrinsic tumour.

Macroscopy

SPECIMEN 1 - Specimen consists of multiple cream and haemorrhagic fragments of tissue that measure in aggregate 5 x 5 x 2mm. [N(1)NR] **SPECIMEN 2 -** Specimen consists of multiple cores of creamy tissue that measure in aggregate 10 x 10 x 3mm. [N(1)NR]

Microscopy Text

Sections show a Glioblastoma composed of close-packed small undifferentiated cells with minimal cytoplasm in a fibrillary background and focally forming nodules. The tumour has only moderate nuclear pleomorphism but numerous mitotic figures. Foci of tumour necrosis and vascular endothelial cell proliferation are

Timeline © SHALZ
2009 2010 2011 2012

Supported by:

**TO BRING FORWARD
THE DAY WHEN ALL
CANCERS ARE CURED.**

