



BOWEL, OESOPHAGEAL AND PANCREATIC CANCERS SHOW BIGGEST IMPROVEMENT IN DIAGNOSIS TIME

NEW research shows that bowel, oesophageal and pancreatic cancers have seen the greatest improvement in the time it takes from when a patient first visits their GP with symptoms to when they are diagnosed with the disease.

The data – being presented at the National Cancer Research Institute (NCRI) Cancer Conference in Liverpool this week – was collected for breast, bowel, lung, pancreatic, oesophageal and stomach cancers for 2001-2 and for 2007-8.

Information was collected from the General Practice Research Database on more than 14,400 patients aged 40 or over who had been diagnosed with any of the six different cancers and who had previously shown potential cancer symptoms. These symptoms were predetermined by an expert group. An example of symptoms for bowel cancer included things such as constipation, diarrhoea or rectal bleeding.*

In 2001-2 bowel (colon and rectal) cancer was on average diagnosed 96 days after patients first reported a symptom to a GP to when they were diagnosed. This dropped significantly to 75 days in 2007-8.

For oesophageal cancer in 2001-2 the average time to diagnosis after first GP visit was 59 days. This fell to 48 days in 2007-8. For pancreatic cancer in 2001-2 the average time to diagnosis after first GP visit was 63 days. This fell to 52 days in 2007-8.

Breast, stomach and lung cancers did show a drop, though not a significant one.

Breast cancer times to diagnosis fell from 27 days in 2001-2 to 25 days in 2007-8. Stomach cancer diagnosis times reduced from 88 days in 2001-2 to 77 days in 2007-8, and for lung cancer from 106 days in 2001-2 to 102 days in 2007-8.

Midway between these two time periods was the release of the 2005 NICE referral guidance for suspected cancer cases. These guidelines provide GPs with details of symptoms that should prompt them to send a patient for further tests.

Dr Richard Neal, lead researcher based at the North Wales Centre for Primary Care Research, Bangor University, said: "We found that diagnostic intervals can and do change over time. The reduction between 2001-2 and 2007-8 may in part be due to the roll out of the 2005 NICE referral guidance for suspected cancer. This gives clear guidance on which symptoms should prompt a doctor to refer a patient for further investigation. But there is considerable variation between cancers, with diagnostic intervals highest in those cancers which are more difficult to diagnose.

"Diagnostic intervals were longer for patients with harder to diagnose cancers and for those presenting with symptoms that did not qualify for an urgent referral. But diagnostic intervals remain long in most cancers, with considerable potential for further reduction. In particular, the diagnostic intervals for the 10 per cent of patients who are diagnosed most slowly

remain very long for most cancers. And we do not fully know the effect of the reduction of diagnostic intervals on improvements in stage at diagnosis and long term survival."

Sara Hiom, Cancer Research UK's director of information, said: "It's very encouraging to see that patients are, on average, being diagnosed more quickly for some cancers, offering a better chance of successful outcome. It's clearly vital for GPs to have access to good quality information to make the best decisions for their patients. There is still room for considerable improvement though, and reducing the time to diagnose and treat is a critical part of improving outcomes for people with cancer."

ENDS

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Notes to Editors:

The results were (median diagnostic intervals, and 90th centiles, p values):

	2001-2	2007-8
Breast	(n=733), 27 days, 151	(n=902), 25 days, 140, p=0.3916
Bowel (Colorectal)	(n=1875), 96 days, 293	(n=2716), 75 days, 279, p<=0.0001
Lung	(n=1671), 106 days, 314	(n=2567), 102 days, 317, P=0.7177
Pancreas	(n=409), 63 days, 287	(n=524), 52days, 242, p=0.0444
Oesophagus	(n=555), 59 days, 265	(n=761), 48 days, 232, p=0.0103
Stomach	(n=415), 88 days, 289	(n=562), 77 days, 300, p=0.2888



* Full list of symptoms:

For all	Weight loss Anorexia Fatigue Anaemia (<12.0g, men) Anaemia (<11.0g, women)
Bowel (Colorectal)	Constipation Diarrhoea Rectal bleeding Abdominal pain Change in bowel habit
Lung	Cough Dyspnoea (shortness of breath) Chest pain Thrombocytosis (high platelet count in the blood) Haemoptysis (coughing up blood)
Pancreas	Jaundice (not back pain) Abdominal/epigastric pain
Breast	Breast lump Unilateral nipple eczema Breast skin changes (peaud'orange) Breast pain Nipple discharge/bleeding
Stomach	Dyspepsia (upset stomach or indigestion) Vomiting Early satiation/fullness
Oesophageal	Dyspepsia (upset stomach or indigestion) Vomiting Pain swallowing (odynophagia) Dysphagia (difficulty in swallowing)

As part of the National Awareness and Early Diagnosis Initiative (NAEDI) and funded by the Department of Health (England) the researchers compared diagnostic intervals for different cancers before and after the introduction of the 2005 referral guidelines for suspected cancer produced by the National Institute for Clinical Excellence (NICE). These guidelines provide GPs with details of symptoms that should prompt them to send a patient for further tests.

The role of NAEDI is to coordinate and provide support to activities and research that promote the earlier diagnosis of cancer. These results will provide partners in the initiative a benchmark of current practice.

About the NCRI Cancer Conference

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's major forum for showcasing the best British and international cancer research. The Conference offers unique opportunities for networking and sharing knowledge by bringing together world leading experts from all cancer research disciplines. The seventh annual NCRI Cancer Conference is taking place from the 6-9 November 2011 at the BT Convention Centre in Liverpool. For more information visit www.ncri.org.uk/ncriconference

About the NCRI

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry which promotes co-operation in cancer research among the 22 member organisations for the benefit of patients, the public and the scientific community. For more information visit www.ncri.org.uk

NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with CANCER UK, Department of Health; Economic and Social Research Council; Leukaemia & Lymphoma Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; The Prostate Cancer Charity; Welsh Government (National Institute for Social Care and Health Research); The Wellcome Trust; and Yorkshire Cancer Research.

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