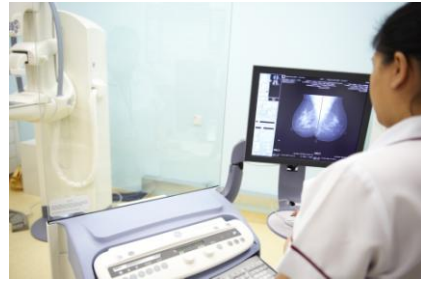


THE NEED FOR HIGH QUALITY INFORMATION TO:

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

EARLY DIAGNOSIS

Information, research and advocacy to improve early diagnosis.



**BE CLEAR
ON CANCER**



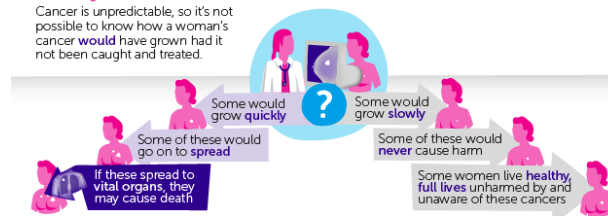
SCREENING

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

If they were **not** screened, 58 would be diagnosed with breast cancer

21 die from breast cancer 37 are treated and survive their disease 17 live healthy lives not affected by their cancer

With screening, 75 are diagnosed with breast cancer

15 die from breast cancer 59 are treated and survive their disease 17 live healthy lives not affected by their cancer

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

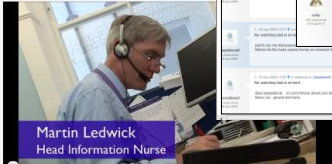
**CANCER
RESEARCH
UK**

PATIENT INFORMATION

Helping patients participate in their treatment decisions.

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 book an appointment or ask for our interpreting service.



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 more about how they are planned and more about...

[Go to...](#)

Welcome to Cancer Chat

Your space to talk about cancer

...ings continue to bring you all the

...report this message

...Contact a moderator

...Support us

...View as PDF

More like this


- ...the remaining time
- ...the watching list is so hard
- ...the increasing my big brother to AML
- ...what can you do?
- ...the just passed cancer chat, husband has terminal cancer

Looking for forum tips?

Visit Cancer Chat for quick help on using the forum, including FAQs and our house rules

Visit CancerHelp UK

Find reliable information



PLANS FOR THE FUTURE

2

5

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

Imaging

Pathology

Imaging

Imaging

Surgery and Other Procedures

Jul

Aug

Sep

Oct

Nov

Dec

2011

Feb

Mar

Timeline © SHALZ

2009

2010

2011

2012

Supported by:

brainstrust
the Meg Jones brain cancer charity

CANCER RESEARCH UK

nbtr
national brain tumour registry

CANCER PATIENT PORTAL

brain
PATIE

ON PORTAL

Medic

Pathology

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

Imaging

Pathology

Imaging

Imaging

Surgery and Other Procedures

Nov

Dec

2011

Feb

Mar

Timeline © SHALZ

2009

2010

2011

2012

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CANCER RESEARCH UK

nbtr
national brain tumour registry

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



THANK YOU

cruk.org

