

MDT Coordinators Conference - March 10th, 2009

## The National Awareness and Early Diagnosis Initiative, NAEDI: The Importance of the MDT

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### Outline

- Introductions
- What is NAEDI and CR-UK's role in it?
- Why are the MDTs crucial to us?

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## Why NAEDI?

- Around 290,000 people develop cancer each year in the UK
- Over **150,000 cancer deaths** each year
- Poorer cancer survival in the UK compared to other European countries (including for lung, breast and bowel cancers), identified in the EURO CARE studies
- Late **stage of disease** at diagnosis is factor contributing to poorer survival
- Late stage at diagnosis may be because of:
  - Low awareness of cancer symptoms
  - Late presentation to primary care
  - Delays within primary care
  - Process or service issues

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## What will NAEDI do?

### Coordinate and support activities that promote earlier diagnosis of cancer

Eight different work streams:

- Validated awareness measurement
- Promoting earlier presentation
- Reducing primary care delay
- Key messages for specific cancers
- Review the evidence base
- International comparisons
- New research
- Primary care diagnostics

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## Validated awareness measurement

- CR-UK CAM has been used for national baseline
- CAMs for the most common cancers will be developed
- CAM being piloted in selected regions with support from UCL and Kathy Elliott at NCAT
- We are developing a supporting 'toolkit' to ensure correct application and to encourage proper evaluation and sharing of data - to be completed once we have feedback from the 'early implementers'.

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## Promoting earlier presentation

- **Healthy Communities Collaborative** - DH inequalities-funded through The Improvement Foundation, first 10 **Spearhead** sites - Liverpool (2), Salford, Manchester, Halton and St Helens, Gateshead, Sunderland, Newcastle-upon-Tyne, Tyneside (2)
- HCC Wave 2 sites - Nottingham, Stoke on Trent, Leicester, Hartlepool, E. Lancs, Barking & Dagenham, Islington, Newham, Lewisham, Bury
- Many more out there delivered by charities, social marketing agencies and PCTs/ Cancer Networks and so on. We would like to build as complete a picture as possible - **MDT data is vital to help assess effectiveness.**

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Source: Health survey for England 2004

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## Reducing primary care delay

- NCAT/ DH are working with the RCGP (Professor Greg Rubin - Durham) on an audit of newly diagnosed cancer patients.
- NPSA work on reviewing missed diagnoses opportunities – report due May 2009 to cover:
  - Illustrative examples of problems and issues in the local diagnostic pathway
  - Work with cancer specialists regionally to identify and test out ways to improve early diagnosis and patient safety reporting around missed diagnosis
  - Examples of good practice, tools, and improved processes, including better data sources and data capture

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## Key messages

- Key messages already exist for:
  - Bowel, breast, prostate and lung (updated 2008) cancer
- Ovarian cancer key messages for the public launched October 2008, and those for health professionals were launched in February 2009.
- Plan for future key message development being drawn up

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## Review the evidence

- To gain a full understanding of what is already known about delay; including the extent of patient, primary care and hospital delay, reasons for delay and assessment of interventions to improve delay.
- Breast cancer is the only cancer for which there is published evidence of a causal association between symptomatic delay and survival/ outcomes.
- Systematic reviews of the evidence are being undertaken to establish any association between symptomatic delay and clinical outcomes for the major cancers.
- Many studies suffer from poor outcome measurement

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## International comparisons

- A programme of research to involve a limited number of countries with high quality epidemiological data from cancer registration and limited to tumour types for which there are known variations in outcomes.
- Broad aims of the programme are to assess the relative contribution of different patient- and health-service related factors to observed differences in survival rates between countries for selected cancers.
- Particular emphasis should be put on examination of factors that may be associated with late diagnosis of cancer.

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## New research

- Meetings of potential NCRI partners
- Analysis of NCRI funding portfolio informing decisions about most pressing research needs
- Call for proposals likely late in 2009

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## Primary Care Diagnostics

- New 8<sup>th</sup> work stream announced at the NAEDI launch
- Three strands:
  - **Existing diagnostics:** ensuring good access and appropriate usage
  - **New diagnostics:** considering how best to deal with new diagnostic technologies and markers of lifetime risk of development of cancer.
  - **Assessment of current risk** / likelihood of having cancer (or other serious illness).

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## Where does the MDT fit in?

- **Data collection** – stage, degree of spread (local or distant suggesting advanced disease) resection rates, treatment with curative intent
- Staging data more 'comprehensive' for some cancers than others - some issues with collection and recording
- Result of NAEDI initiatives could (should) mean more urgent referrals to secondary care
- What have we missed? Email [naedi@cancer.org.uk](mailto:naedi@cancer.org.uk)

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*Together we will beat cancer*