

# Cancer strategy taskforce – a response from Target Ovarian Cancer

February 2015

Target Ovarian Cancer is the national ovarian cancer charity working to save lives and help women diagnosed live their lives to the full, wherever they are in the UK. We do this by improving early diagnosis, finding new treatments and providing support for women.

We welcome the commitment to a new cancer strategy. Our response is based on our experience and existing research.

The relatively short timescale for this consultation has meant we have been unable to consult more widely with women who have or have had ovarian cancer. We would therefore welcome the opportunity for a more extended consultation further in the process to enable more people with direct experience of cancer to participate.

We appreciate that this consultation is being conducted independently of the review into the Cancer Drugs Fund and therefore have excluded any references to this in our response. Target Ovarian Cancer believes that in the long-term NICE needs reforming to ensure patients are not denied access to life-changing treatments as a result of overly high funding thresholds and lengthy approval processes. However, until this is realised, it is vital that the Cancer Drugs Fund remain in place and fully funded.

## Target Ovarian Cancer's top three commitments for a new cancer strategy

## **Public facing awareness campaigns**

At the moment, the five year survival rate for women with ovarian cancer is just 46 per cent, but up to 90 per cent of women could survive if their cancer was detected early enough.<sup>1</sup>

However, only three per cent of women in the UK are very confident at spotting a symptom of ovarian cancer. As a result, many women are waiting too long to approach their GP. The Target Ovarian Cancer Pathfinder Study found that 25 per cent of women wait three months or more after first experiencing symptoms before visiting their GP.

3 Ibid

<sup>&</sup>lt;sup>1</sup> Cancer Research UK. Available at <a href="https://www.cancerresearchuk.org/about-cancer/type/ovarian-cancer/treatment/statistics-and-outlook-for-ovarian-cancer#stage">www.cancerresearchuk.org/about-cancer/type/ovarian-cancer/type/ovarian-cancer/treatment/statistics-and-outlook-for-ovarian-cancer#stage</a>
<sup>2</sup> Target Ovarian Cancer (2012) Bridging the gap: improving outcomes for women with ovarian cancer.

<sup>&</sup>lt;sup>2</sup> Target Ovarian Cancer (2012) Bridging the gap: improving outcomes for women with ovarian cancer. Available at: <a href="www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf">www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf</a>

Public awareness campaigns have a key role to play in ensuring women are able to recognise potential symptoms of ovarian cancer and take appropriate action.

#### Quick and accurate diagnosis

Research by Target Ovarian Cancer found that a third of women surveyed experienced delays of more than 6 months in receiving their diagnosis.<sup>4</sup>

Currently, 75 per cent of women with ovarian cancer are diagnosed with advanced stage disease and 32 per cent of women are diagnosed following admission to A&E, compared to up to 25 per cent for cancer more widely. <sup>5,6,7</sup> Of those women diagnosed via A&E, 55 per cent die within one year. <sup>8</sup>

A survey published by GPonline showed that as many as half of GPs across the country are being denied access to cancer scans for their patients. <sup>9</sup> Clinical Commissioning Groups are responsible for commissioning four major cancer diagnostic tests including non-obstetric ultrasound for ovarian cancer. The freedom of information request, which received 182 responses from the 212 CCGs across England, found that:

- 27 per cent of CCGs did not offer GPs direct access to non-obstetric ultrasound.
- Only 30 per cent commissioned direct access to all four tests.

The two week wait referral pathway is a fast-track system to provide urgent care for patients whose symptoms very strongly suggest cancer. For less clear but suspected cancer symptoms GPs need to be able to refer patients for the appropriate diagnostic tests.

In addition, analysis in Pulse has highlighted that some urgent GP cancer referrals sent via the two-week wait pathway are being 'bounced' or downgraded to non-urgent, leading in some cases to delays in cancer diagnoses. <sup>10</sup>

<sup>&</sup>lt;sup>4</sup> Target Ovarian Cancer (2012) Bridging the gap: improving outcomes for women with ovarian cancer. Available at: <a href="www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf">www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf</a>

<sup>&</sup>lt;sup>5</sup> Royal College of General Practitioners (2011) National Audit of Cancer Diagnosis in Primary Care 2011. Available at: <a href="http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/media/Files/CIRC/Cancer/National%20Audit%20of%20Cancer%20Diagnosis%20in%20Primary%20Care%20Document%20FINAL%201Dec11.ashx</a>

<sup>&</sup>lt;sup>6</sup> National Cancer Intelligence Network (2012) Routes to Diagnosis, 2006-2008 NCIN information supplement. Available at: www.ncin.org.uk/view?rid=1629

<sup>&</sup>lt;sup>7</sup> Ibid

<sup>8</sup> Ibid

<sup>&</sup>lt;sup>9</sup> Millet, D. (2014) Half of GPs denied access to cancer scans. GPonline, 21 November. Available at: www.gponline.com/exclusive-half-gps-denied-access-cancer-scans/article/1322870

<sup>&</sup>lt;sup>10</sup> Price, C. (2014) Urgent GP cancer referrals bounced back as hospitals try to manage demand. Pulse, 18 December. Available at: <a href="www.pulsetoday.co.uk/clinical/cancer/urgent-gp-cancer-referrals-bounced-back-as-hospitals-try-to-manage-demand/20008775.article#.VPCq2fmsV1Y">www.pulsetoday.co.uk/clinical/cancer/urgent-gp-cancer-referrals-bounced-back-as-hospitals-try-to-manage-demand/20008775.article#.VPCq2fmsV1Y</a>

The future cancer strategy must address delays in diagnosis and commit to significant improvements in the early diagnosis of all cancers.

#### Making every contact count

There is as yet no national screening programme for ovarian cancer, so it is vital that women have better awareness of the symptoms. This could in part be realised through using the opportunities presented through existing screening programmes to provide women with information.

Currently, every woman between 50-70 is invited for breast screening every three years and every woman between 25 and 64 years old is invited for a cervical smear test once every three years up to 49 years old and every five years from then onwards. Providing simple information about ovarian cancer and the need to be aware at these screening appointments, or in the information patients receive before and after, would help increase awareness of ovarian cancer symptoms and therefore save lives.

## **Examples of good practice**

## Continuing professional development tools

All GPs are required to demonstrate their continuing professional development (CPD) for revalidation. Online learning tools are a key means of GPs achieving this and also offer an opportunity to increase GPs awareness of different types of cancer.

Target Ovarian Cancer offers four CPD tools across different providers and covering a range of issues. This offers a simple and cost-effective way of supporting GPs to refresh their knowledge of ovarian cancer.

Since 2010, 31 per cent of GPs have completed Target Ovarian Cancer's online CPD learning modules to update their knowledge of ovarian cancer and its symptoms.

#### Access to clinical trials

Concerned at the low numbers of women with ovarian cancer entering clinical trials (then less than one in ten) Target Ovarian Cancer created a Clinical Trials Information Centre.

The centre launched in 2013 and has since won awards for the way it involved women with ovarian cancer in its development and its clear and simple to understand messaging. Most importantly, the number of women with ovarian cancer taking part in clinical trials has since risen to one in five and the centre has played a role in helping achieve this.

#### **Barriers to improving cancer services**

Crucial in achieving developments in drugs and treatments is patient access to clinical trials. Currently only 30 per cent of women are informed about trials by their

clinician and just one in five women with ovarian cancer enter a clinical trial. <sup>11,12</sup> This is despite the Government's Life Sciences Strategy which places a strong emphasis on the role of clinical research and empowering patients to participate. <sup>13</sup> Any future strategy must address access to clinical trials and set out ways this can be mainstreamed within cancer care.

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<sup>&</sup>lt;sup>11</sup> Target Ovarian Cancer (2012) Bridging the gap: improving outcomes for women with ovarian cancer. Available at: <a href="www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf">www.targetovariancancer.org.uk/sites/default/files/Research/Pathfinder-Study-2012-report-for-Target-Ovarian-Cancer.pdf</a>

<sup>2012-</sup>report-for-Target-Ovarian-Cancer.pdf

12 Target Ovarian Cancer (2014) Target Ovarian Cancer analysis based on National Cancer Research Network data. Unpublished.

<sup>&</sup>lt;sup>13</sup> Department for Business, Innovation and Skills (2011) Strategy for UK life sciences. Available at: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment">www.gov.uk/government/uploads/system/uploads/attachment</a> data/file/32457/11-1429-strategy-for-uk-life-sciences.pdf