



Promoting early diagnosis

Early diagnosis is key to improving UK survival rates



More than 290,000 people are diagnosed with cancer each year in the UK. Now, over half of those diagnosed will still be alive in five years time. Cancer risk is strongly related to age, and nearly three-quarters of cancer cases are diagnosed in people aged 60 or over. There are more than 200 different types but the big four – breast, lung, bowel and prostate – account for more than half of all new cases.

Cancers are more often diagnosed at a later stage in the UK

Improvements over the years mean more people are surviving cancer but we know cancer survival in the UK is some way off the best in Europe and that rates vary even across the UK.

Studies looking at the reasons for the differences¹ have highlighted that cancers are more often diagnosed at a later stage.² This has led to increased interest in promoting earlier diagnosis.

Our website highlights key warning signs and symptoms

There are many factors impacting a cancer diagnosis involving the patient, primary and secondary care. To help support earlier diagnosis,

Cancer Research UK has expanded its online content. Our website [@ www.spotcancerearly.com](http://www.spotcancerearly.com) highlights key warning signs and symptoms, features videos on spotting mouth, breast, bowel and lung cancer, information on cancer screening and much more.

Health professionals play such an important role

Because health professionals play such an important role in encouraging people to seek advice if they notice something unusual, there's also a video featuring two of our cancer information nurses, talking through some of the reasons people give for not wanting to go to the doctor.

Cancer Research UK is working closely with the Department of Health and the National Cancer Action Team on the National Awareness and Early Diagnosis Initiative, a third sector/public sector partnership to promote earlier diagnosis of cancer. For more information about the initiative visit [@ www.naedi.org.uk](http://www.naedi.org.uk)

For stats on cancer in the UK, visit [@ http://info.cancerresearchuk.org/cancerstats](http://info.cancerresearchuk.org/cancerstats)

Welcome

to the first issue of Cancer Research UK's newsletter; CancerInsight for Practice Nurses, specially researched and designed with you in mind. As the world's leading cancer research charity, we are dedicated to reducing the number of deaths from this devastating disease. Survival rates in the UK are improving but they still compare unfavourably with the best in Europe. In this issue, we address the importance of early presentation and diagnosis of cancer as well as providing practical information on topical issues affecting your patients.

I hope you find this newsletter interesting and useful. To sign up for our online version or to give us any feedback, please email us at cancerinsightnurse@cancer.org.uk

Martin Ledwick RN MSc,
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What's inside

Be SunSmart – what your patients need to know about enjoying the sun safely.

Our nurses are here to help – FREE cancer information for you and your patients.

IBIS-II Breast Cancer Prevention Study – one of the largest cancer prevention studies in the world is well under way.

Cervical screening – an interesting find for why women may decline a smear test.

In focus




PSA testing: the latest advice – tear-off factsheet on prostate cancer.

Be SunSmart

Help your patients enjoy the sun safely



 Caroline Cerny (below) is Manager of SunSmart, Cancer Research UK's national skin cancer awareness programme, funded by the UK Health Departments. Here, she answers our questions.



Is summer busy for you?

Yes – incredibly! This summer we're targeting young people. Research shows that they are a sun-seeking audience and less likely than other groups to enjoy the sun safely so we're running a schools competition and an online social networking competition aimed at 16-24 year olds. We're also working with Cancer Networks across the UK to help reach people at a local level.

How big a problem is skin cancer?

Big – and growing. There are more than 10,400 people diagnosed with melanoma, the most serious type of skin cancer, yearly in the UK. This figure is predicted to rise – perhaps to as many as 15,500 each year by 2024. Like most cancers, skin cancer is more common with age, but almost one-third of melanoma cases are in the under 50s and it's the most common cancer in young UK adults aged 15-34.

Who is most at risk?

Anyone can develop skin cancer, but some people are more likely to, including those with fair skin, lots of moles or freckles, a history of sunburn or a family history of skin cancer.

What's the main message?

The important thing is not to burn. **Whether you're at home or abroad, use shade, clothing and regularly apply plenty of sunscreen – at least factor 15. Don't let sunburn catch you out.**

Why 'at least factor 15' and not 30?

We advise factor 15 sunscreen **or higher**, so people can use factor 30 if they wish. Often people think factor 30 provides twice the protection of factor 15, but that's not so. The factor relates to the amount of UVB radiation the sunscreen filters out – factor 15 filters out about 93%, and factor 30 about 96%. We know people generally don't use enough sunscreen. But **using a higher factor will never compensate for not putting enough on.** This is why we stress how important it is that sunscreen is applied properly, meaning generously and regularly. Sunscreen should always be used in addition to spending time in the shade and covering up.

What about sunbeds?

Like the sun, sunbeds give out UV rays, which damage the DNA in our skin cells and can cause skin cancer and premature ageing. **Using a sunbed once a month or more can increase the risk of skin cancer by more than half.**

TOP TIP

Sunscreen only works if you use enough – as a guide, for an average person this means around two teaspoonfuls to cover your head, arms and neck if you're wearing everyday clothes, and around two tablespoonfuls for your body if you're in a swimming costume.

For more details and free resources, visit www.sunsmart.org.uk

In brief

Sign up for amazing moments at Race for Life 2010

This year Cancer Research UK's Race for Life is going to be full of amazing moments for everyone, including you and your patients.

Whether you walk, jog or run the 5k course, you can join thousands of women all round the country in raising money to help beat cancer.



Race for Life is the UK's largest women-only fundraising event. All the money raised goes to funding Cancer Research UK's life-saving work. With over 230 Race for Life events taking place around the country from May to July, why not enter with your friends, family or colleagues and make a great day out this summer?

Enter now at www.raceforlife.org or call 0871 641 1111

Free leaflets to help patients spot cancer early



Cancer Research UK's wide range of free resources includes publications and films that help your patients to be aware of the possible signs of cancer.

■ **Learn more about the films at**

www.spotcancerearly.com


■ **Order free leaflets at**

www.cancerresearchuk.org/pnleaflets

Our nurses are here to help

Free cancer information for you and your patients



 We know people affected by cancer have many questions. Cancer Research UK's patient information services can help both you and them find reliable and clear answers.

Our award-winning website www.cancerhelp.org.uk provides trustworthy information, to more than a million people every month.

CancerHelp UK isn't just for your patients

The site is continually updated by experienced cancer nurses to ensure people can find the most current information on the latest cancer developments. But CancerHelp UK isn't just for your patients. We know health professionals use it as a quick

reference too – to check up on any aspect of cancer; its treatment and clinical trials, or get the facts behind media stories and cancer myths.

Julia Frater, Cancer Research UK's Senior Information Nurse, says: 'Our nurse team answers enquiries about all aspects of cancer and its treatment, but even with our nursing experience we still find CancerHelp UK a useful resource.'

Your patients can also speak to one of Cancer Research UK's specialist nurses by calling freephone **0808 800 4040** between 9am and 5pm Monday to Friday. Or, they can visit Cancer Research UK's online forum www.cancerchat.org.uk to talk to other people affected by cancer.

In brief

Cancer help you can trust




You can order free leaflets, wallet cards and posters to promote Cancer Research UK's patient information services to your visitors and patients. Order free resources at www.cancerresearchuk.org/pnleaflets

Have your say

Cancer Research UK is currently inviting Practice Nurses to join its Primary Care Advisory Group to help us shape our work in policy and health information. We want to ensure that our work is informed by your experience and knowledge of working face-to-face with patients. If you could spare 10-20 hours of your time **per year** to work in partnership with us, we would like to hear from you. For further information or to register your interest, email pcag@cancer.org.uk

IBIS-II breast cancer prevention study

Does chemoprevention have a role to play in preventing breast cancer?

 That's the question being addressed by the IBIS-II trial, which is testing whether the aromatase inhibitor, anastrozole, is more effective in preventing breast cancer and has fewer side effects than tamoxifen.

Between 5% and 10% of women are thought to be at increased risk of developing breast cancer; often having a strong family history of the disease. The IBIS-I trial showed that tamoxifen reduces breast cancer rates by

around a third in women at high risk.¹ But tamoxifen has some significant side effects, so the same team is now leading a second trial to see whether anastrozole is better.

Nearly 5,000 postmenopausal women at increased risk of breast cancer from more than 40 hospitals worldwide have already joined the IBIS-II trial, making it one of the largest cancer prevention studies in the world. To find out more, visit www.ibis-trials.org




Visit www.cancerhelp.org.uk/trials for Cancer Research UK's unique clinical trials database. You can search for trials that are open and recruiting patients, closed or with results.

REFERENCE: ¹ Cuzick J, Forbes J, Edwards R, et al. First results from the International Breast Cancer Intervention Study (IBIS-I): a randomised prevention trial. *Lancet* 2002;360:817-824.

Cervical screening

Why don't women attend?



 Cervical screening saves thousands of lives each year in the UK. In October last year, the NHS Screening Programme reported a rise in uptake, thought largely due to the media coverage about cervical cancer and the sad death of celebrity Jade Goody.

The number of women taking part has been falling

But looking back over the years, the number of women taking part in screening has been falling, and this is likely to continue. Researchers are keen to find out why uptake has been going down, and are investigating what people perceive to be 'barriers' to screening. Dr Jo Waller of the Cancer Research UK Health Behaviour Research Centre recently conducted a study in this area.¹

584 women aged 26-64 were asked about their previous screening history and whether they agreed or disagreed with 13 statements about cervical screening. The statements

covered a range of possible barriers, such as: 'Smear tests are embarrassing', 'I worry that a smear test will be painful' and 'I intend to go when I am due, but don't always get round to it straight away'.

Minimising practical barriers is a more achievable goal

While it's generally been thought that emotional barriers such as embarrassment were the main reason women didn't attend screening, when the responses were analysed, findings showed that practical barriers may actually be more important. This is an interesting find and one which has implications for service provision – as Dr Waller has said, 'minimising practical barriers is a more achievable goal'.

Encourage your patients to work out when they can go, and to make an appointment as soon as their invitation for cervical screening arrives.

In brief

H. pylori and stomach cancer

An infection of the lining of the stomach with *Helicobacter pylori* is the major cause of stomach cancer: A total of 56,000 healthy people are taking part in a large clinical trial exploring whether screening and treating for the bacterial infection in middle age reduces the risk of stomach cancer in later life. If the results show that risk posed by *H. pylori* can be reversed, it would mean that most cases of the disease in the world could be preventable.

Ovarian cancer screening

Cancer Research UK is helping to fund UKCTOCS (the UK Collaborative Trial of Ovarian Cancer Screening) to see if screening for ovarian cancer could save lives. Of the 200,000 women recruited:

- 50,000 are having an annual blood test for CA125
 - 50,000 are being screened annually by ultrasound
 - 100,000 are having no screening
- Early results look encouraging and suggest that routine screening may lead to early diagnosis in many more cases. The results are anticipated in 2015.

Key messages you can use


There are lots of different messages out there about cancer, particularly around risk factors and symptoms. To help ensure that messages are consistent, the Department of Health has led the Key Messages (KMs) programme. The KMs, developed by experts and stakeholders, have no copyright and can be used by anyone. So far Key Messages for breast, bowel, lung, prostate, ovarian and cervical cancers have been developed.

All the Key Messages are available on NHS Choices at www.nhs.uk and as links from www.naedi.org.uk

REFERENCES: 1 Waller, J., Bartoszek, M., Marlow, L., Wardle, J. (2009) Barriers to cervical cancer screening attendance in England: a population-based survey. *Journal of Medical Screening* 16(4) 199-204.

About us Cancer Research UK is the world's leading charity dedicated to beating cancer through research. We have discovered new ways to prevent, diagnose and treat cancer that together have saved millions of lives across the world. We have been at the heart of the progress that has already seen survival rates double in the last thirty years.

We work in partnership with others to achieve the greatest impact in the global fight against cancer. We provide trustworthy information to anyone affected by cancer. We run awareness initiatives so that cancer can be detected early and help people reduce their risk of the disease. And our campaigning and lobbying keeps cancer at the top of the political agenda.

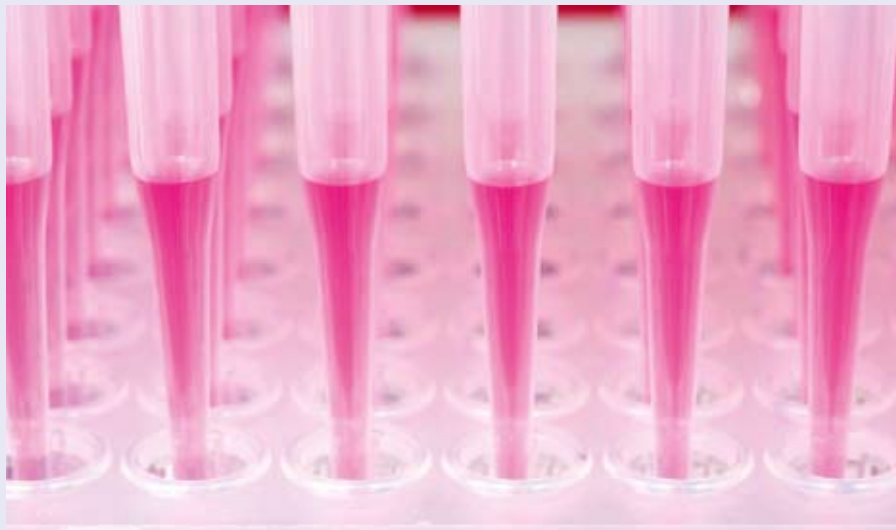
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Together we will beat cancer

CANCER RESEARCH UK 

PSA testing: the latest advice

PSA testing is a difficult issue and your patients will come to you looking for answers



If patients describe to you symptoms of prostate cancer it is important that these are looked into and investigated appropriately. But many men without symptoms (and their partners), may ask you about having a PSA test or about prostate cancer screening.

Help men understand some of the uncertainties about the PSA test

Be prepared to answer their questions and help them understand some of the uncertainties about the PSA test and the potential risks and benefits of having one.

Prostate cancer screening is still controversial. If it was introduced, some men would have their cancer detected early and may live longer than if they did not have screening.

Most men with early prostate cancer don't have symptoms

But this is likely to help very small numbers of men because prostate cancer is not usually a fast-growing disease. The problem is that most men with early prostate cancer don't have symptoms.

In many men, the cancer can grow very slowly and especially if they are older they may be unlikely to die

from it. These men may not benefit from radical treatment. And most radical treatments have side effects which could cause more problems than the cancer.

Some men have faster growing cancers and do need treatment. But, it is sometimes hard to tell which prostate cancers are likely to grow quickly and need treatment and

The PSA test itself is not a stand-alone test for prostate cancer

which can safely be left alone. Also the PSA test itself has limitations. It is not a stand-alone test for prostate cancer, and if the PSA level is raised, a biopsy is usually needed. Sometimes, the biopsy can miss the area of the prostate where the cancer cells are, and sometimes cancer is present even in men with a low PSA.

So if prostate cancer screening was introduced or if an asymptomatic man requests a PSA test:

- Some men with cancer would still be missed
- Other men without cancer would be given tests they did not need
- Some men with very slow-growing cancers would be given treatment they did not need

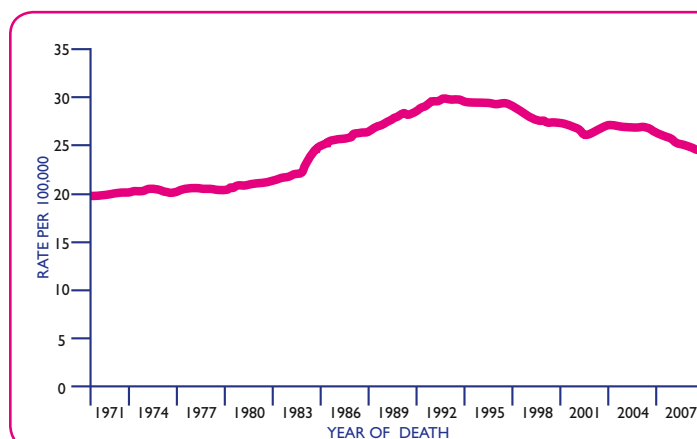
However, as some men may benefit from early treatment for prostate cancer, even if they are asymptomatic, it may be quite reasonable for them to request and have a PSA test as long as they have understood the risks of being tested as well as the benefits.

continued overleaf

Prostate cancer mortality

Prostate cancer is the second most common cause of cancer death in men in the UK (after lung cancer) with around 10,200 men dying each year. Prostate cancer-related deaths increased in the 1980s and early 1990s, peaked in 1992 at 30 per 100,000 men, and fell to 25 per 100,000 by 2007. A decrease in prostate cancer mortality has also been seen in the US since 1991¹ and in Europe since 1993.²

REFERENCES: 1 Jemal A, Thun MJ, Ries LA, et al. Annual report to the nation on the status of cancer, 1975-2005, featuring trends in lung cancer, tobacco use, and tobacco control. *J Natl Cancer Inst* 2008;100:1672-1694. 2 Levi F, Lucchini F, Negri E, et al. Leveling of prostate cancer mortality in Western Europe. *Prostate* 2004;60:46-52.



To help primary care teams explain all this to patients, the Prostate Cancer Risk Management programme has been introduced. An information pack has been sent to all GP surgeries. This includes a decision-making tool for health professionals to go through with their patients and a factsheet about the pros and cons of having a PSA test.

QUICK FACTS

Symptomatic men should be investigated, as treatment may cure them or extend their life.

Screening asymptomatic men is controversial:

- Informed choice is key to helping asymptomatic men decide whether to have a PSA test
- Although some studies suggest screening may save lives, they estimate a high number of men would need to be treated to save one life
- Not all men with early prostate cancer will benefit from curative treatment, and all treatments have side effects
- Further research may shed more light on the value of screening in the general population and higher risk groups



Your surgery's information pack

Your surgery should have been sent the Prostate Cancer Risk Management pack in July or August of last year. If you did not receive one, the packs can be ordered from the Department of Health's publication order line

www.orderline.dh.gov.uk

For more information about the pack visit www.cancerscreening.nhs.uk/prostate/informationpack.html

Links

People affected by prostate cancer can get clear, up-to-date information from:

- CancerHelp UK (the patient information website of Cancer Research UK) www.cancerhelp.org.uk
- Cancer Research UK's free leaflets www.cancerresearchuk.org/pnleaflets
- UK Prostate Link www.prostate-link.org.uk
- The Prostate Cancer Charity www.prostate-cancer.org.uk

Follow us online:



www.cancerresearchuk.org



What's our policy?

Feasibility study needed to identify the necessary NHS changes

Cancer Research UK urges the Government to continue to monitor developments in the area of prostate cancer screening. Despite the risks of unnecessary treatment and the inconsistent results from clinical trials, the fear of developing cancer is likely to lead more men to request a PSA test.

We believe the Government should initiate a feasibility study to identify how an 'already stretched' NHS can meet the anticipated increases in testing, treatment, and counselling. We feel it is important that men are aware of the opportunity for PSA testing and that health professionals have

sufficient information to provide a balanced overview of the benefits and potential harms of having the test. To this end, we welcome the revision of the Prostate Cancer Risk Management programme and support action to ensure that it is widely publicised so that all men have access to clear, accurate information.

We continue to support the efforts of research scientists as they strive to identify markers to distinguish between slow-growing and aggressive forms of prostate cancer, which will ultimately facilitate treatment and monitoring of tumours.