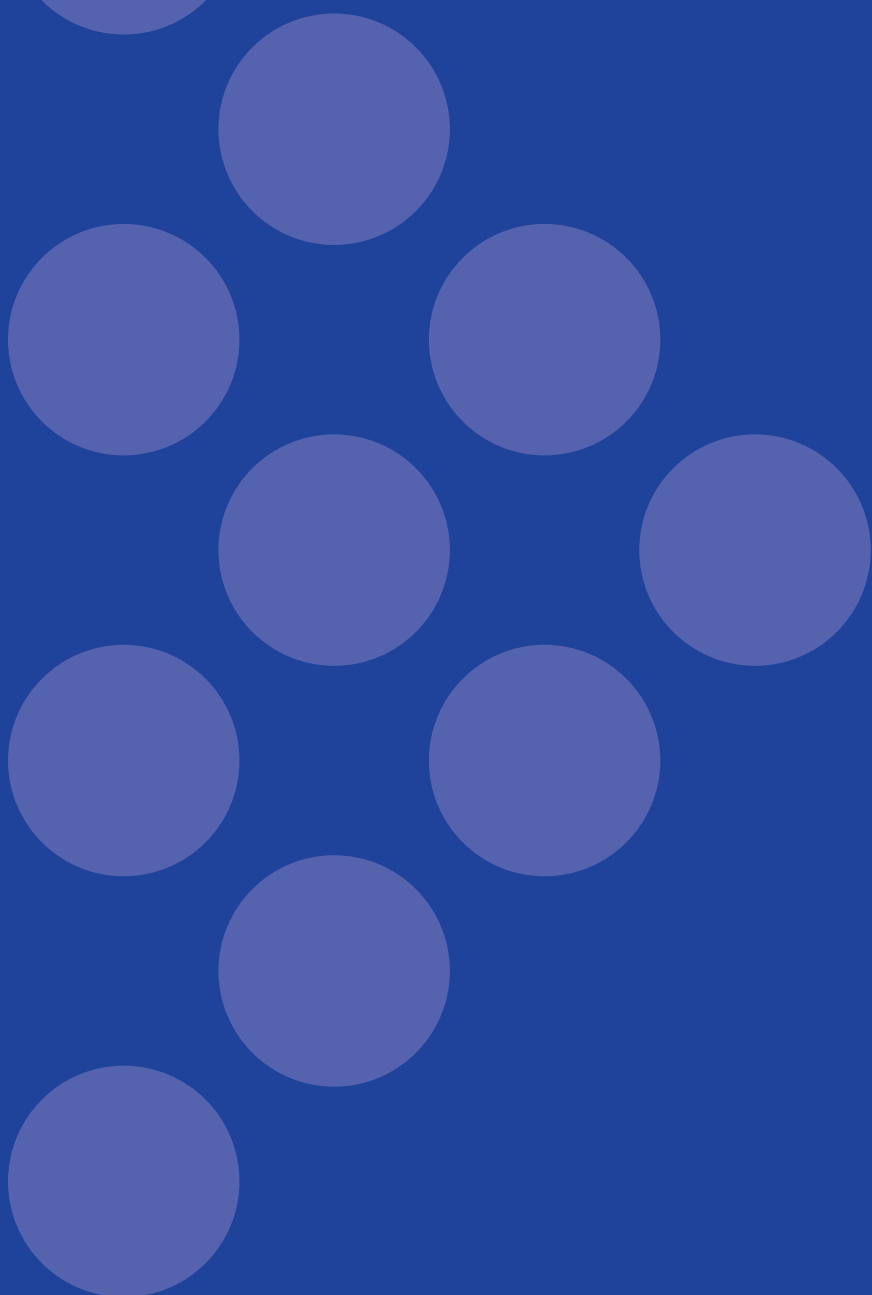


Cancer Research UK's
Manifesto for Scotland

Scottish Parliamentary Elections 2007



Together we will beat cancer

Cancer touches all of us, whether directly or through our friends and family. We know that as Scotland's population ages and if current trends continue, there will be an increase in cancer incidence, with predictions of around 650 additional cases per year in the under 75s and around 1,200 additional cases per year in those aged 75 and over by 2020.¹

The decisions our politicians make to ensure effective prevention, treatment and research have never been more important. Cancer is a political issue and one that is becoming increasingly relevant to a growing number of voters.

Through targeted investment, and in partnership with the charity sector, Government has a real opportunity to build on the substantial progress already made in cancer and deliver a better future for cancer patients and the people of Scotland. This document sets out recommendations for Government action in four important areas. We look forward to working with the next Government and to seeing these recommendations implemented.

¹ Scottish Executive. Cancer Incidence Projections for Scotland (2001-2020), 2004.

Executive summary

Cancer Research UK calls on all parties to commit to:

- 1 Implementing an updated cancer strategy as soon as possible following its publication.
- 2 Continuing the focus on tobacco control measures to reduce tobacco-related deaths.
- 3 Raising awareness of the potential risks associated with sunbed use and introducing legislation to regulate sunbed salons.
- 4 Promoting healthy eating, physical activity and sensible drinking.
- 5 Making cancer a reportable condition and improving the collection of ethnicity data.
- 6 Ensuring equal access to appropriate treatment for all patients.
- 7 Planning for workforce changes and implementing the Radiotherapy Activity Plan for Scotland.
- 8 Encouraging attendance at screening and ensuring smooth implementation of the bowel screening programme.
- 9 Driving innovation in the development of new drugs and the translation of research findings to patients.
- 10 Improving the survival rates in less researched cancers.
- 11 Encouraging and supporting recruitment to clinical trials as an integral part of a person's cancer treatment.
- 12 Investing in Primary Care and prevention research.

*Cancer Research UK
calls on all parties to commit to:*

Planning for the future

I Implementing an updated *Cancer in Scotland* strategy

Scotland's current cancer strategy, *Cancer in Scotland*, represented an important commitment to improving cancer outcomes. Welcome advances in cancer prevention, detection, treatment and care have been made since the strategy was launched in 2001. Cancer Research UK welcomes the recent announcement that the Chief Medical Officer will lead on work to update the strategy in the course of 2007.

Our Cancer 2020 campaign asked for a commitment to revise and update the cancer strategy to ensure that cancer services are prepared for the dramatic changes in the picture of cancer up to 2020 and beyond. We urge all parties to keep cancer at the top of the agenda and prepare for the future. This is particularly important since funding for cancer services has ceased to be ring-fenced and there is no longer a Lead Cancer Clinician for Scotland. **Cancer Research UK urges the next Government to implement an updated cancer strategy as soon as possible following its publication.**

Cancer prevention and public health

2 Continuing to monitor the impact of smokefree legislation and introducing other tobacco control measures to sustain success in reducing the burden of tobacco-related cancer deaths in the future

Whilst smoking prevalence has fallen over the last few years, more attention needs to be paid to manual workers and lower socio-economic groups, in which more people smoke, and where prevalence has remained largely unchanged. When grouped according to deprivation status, 41% of adults in the 1st quintile (most deprived group) identified themselves as smokers in 2005 compared to 14% of adults in the 5th quintile (the least deprived)². Cancer Research UK welcomes the report of the Smoking Prevention Working Group, *Towards a Future Without Tobacco*, and its recommendations for reducing smoking rates in Scotland. We look forward to seeing these implemented in the near future. **Cancer Research UK urges the next Government to continue its focus on tobacco control measures to reduce tobacco-related deaths.**

3 Encouraging public understanding of the risks associated with sunbed use and introducing legislation to regulate sunbed salons

Incidence of malignant melanoma, the most serious form of skin cancer, has more than tripled in the last thirty years, with 8,100 new cases each year in the UK and 1,800 deaths. Higher rates of melanoma incidence have been reported in Scotland than in the rest of the UK³. We know that sunbed use can increase the risk of skin cancer. We believe that the sunbed industry is under-regulated and that the regulation of cosmetic sunbed premises would help to tackle the skin cancer epidemic in Scotland. A licensing scheme would also bring about an end to unmanned salons and prevent children from using commercial salons. **Cancer Research UK urges the next Government to raise awareness of the potential risks associated with sunbed use and to introduce legislation to regulate sunbed salons.**



² Scottish Executive. Scotland's People: Annual Report: Results from 2005 Scottish Household Survey, 2006.

³ Cancer Research UK. CancerStats. <http://info.cancerresearchuk.org/cancerstats/types/melanoma/incidence/>.

⁴ Int. J Cancer: 2007 Mar 1; 120(5):1116-22.

Cancer Research UK calls on all parties to commit to:



4 **Doing more to prevent obesity and tackle alcohol misuse**

Individuals need to be empowered to make healthy choices more easily, to adopt healthier diets and to be physically active. After smoking, an unhealthy diet and excess bodyweight are among the most important modifiable risk factors for cancer. Researchers estimate that a third of all cancers are caused by poor diet, alcohol consumption and obesity⁵⁶⁷. The 2003 Scottish Health Survey estimated that in Scotland around 22% of men and 24% of women were obese, and almost two-thirds of men (64%) and more than half of women (57%) were overweight (including obese)⁸. Cancer Research UK believes that the prevention of obesity in children is an essential part of cancer and other chronic disease prevention. We therefore support appropriate initiatives to enable consumers to make healthy choices more easily.

Clear, consistent and evidence-based messages for the public on healthy eating, physical activity and sensible drinking are also important. Sustained and well-funded public education campaigns are needed that explain why and how to make healthy food choices and to increase awareness of appropriate portion sizes. It is important that the Government continues to promote sensible drinking guidelines and ensures that people understand what these mean. In 2003, 27% of men and 14% of women reported drinking more than the recommended limit per week⁹. Awareness of alcohol as a risk factor for cancer is relatively low, so public education must be supported by measures designed to tackle alcohol misuse and to promote the reduction of heavy drinking.

Cancer Research UK urges the next Government to promote healthy eating, physical activity and sensible drinking.

5 **Including cancer as a reportable condition for public health and improving the collection of ethnicity data by cancer registries**

We believe that defining cancer as a 'statutory reportable condition' will help facilitate the planning and delivery of services to prevent and treat cancer, and to target and monitor the effectiveness of preventive and treatment services. Placing a statutory duty on public and private sector organisations involved in caring for cancer patients or investigating its extent in a population, would require them to report on a regular basis the numbers and details relating to cancer incidence and specified factors involved in its causation.

Improving the collection of ethnicity data will provide the evidence for us to understand fully how patterns of cancer vary between different ethnic groups, and how this can be addressed through prevention messages, patient involvement initiatives, patient information needs and treatment options.

Cancer Research UK urges the next Government to make cancer a reportable condition and improve the collection of ethnicity data.

5 Doll, R. & Peto, R. The causes of cancer: quantitative estimates of avoidable risks of cancer in the United States today. *J Natl Cancer Inst* 66, 1191-308 (1981).

6 WCRF & AICR. 37-145 (American Institute for Cancer Research, Washington, 1997).

7 Willett, W. Diet, nutrition and avoidable cancer. *Environ Health Perspect* 103 Suppl 8, 165-70.

8 Scottish Executive. The Scottish Health Survey 2003, 2005.

9 Scottish Executive. The Scottish Health Survey 2003, 2005.

Improving cancer treatment

6 Ensuring that access to treatments is equitable throughout Scotland to patients in all geographical areas, whatever their cancer

Wherever a cancer patient lives, they should be treated in an appropriate clinical setting by an expert clinical team, with the best available therapy.

The latest cancer waiting times (to end September 2006) show 82.5% of patients were treated within the target time of 62 days of urgent referral to treatment, which falls far short of the target of 95% for 2005. There are also significant regional variations in wait across health boards, ranging from 66.7% to 100% compliance¹⁰.

Variations in the use of approved cancer drugs across the country remain. We want all health boards to make Scottish Medicines Consortium approved drugs available to all appropriate patients. The Scottish Executive must ensure that resources are in place to allow health boards to comply with recommendations so that new treatments are available to patients as soon as possible. **Cancer Research UK urges the next Government to ensure equal access to appropriate treatment for all patients.**

7 Planning for changes in NHS workforce requirements, including continuing to implement the recommendations of the *Radiotherapy Activity Planning for Scotland 2011-2015* report

Changes in treatments, and in the way treatments are delivered, will have an impact on NHS workforce requirements, particularly in the light of Government emphasis on moving care to community settings. *Delivering for Health* recommends the delivery of care at local and community level, where it is safe and appropriate to do so.

The Radiotherapy Advisory Group published its report on Radiotherapy Activity Planning in January 2006. The report recognised that 'the current service model is not adequate to achieve the required capacity [in] 2011-2015'¹¹ and recommended service redesign to meet additional need. This will incorporate a national workforce strategy to support recruitment, training, retention and development of the workforce, to service 25 linear accelerators in operation across Scotland, carrying comparable workloads. **Cancer Research UK urges the next Government to plan for workforce changes and implement the Radiotherapy Activity Plan for Scotland.**



¹⁰ Scottish Executive. Waiting Times 2006 Data, 2007.

¹¹ Scottish Executive. Cancer in Scotland: Radiotherapy Activity Planning 2011-15, 2006.

Cancer Research UK calls on all parties to commit to:



8 Encouraging attendance at current screening programmes, particularly among low-attendance groups, and continuing to support the implementation of the bowel screening programme

Attendance for breast and cervical screening is relatively high (76.3%¹² and 78%¹³ respectively), but more work needs to be done to encourage attendance by ethnic minority groups, people from deprived areas, and those with learning difficulties. Cancer Research UK welcomes the introduction of two-view mammography for every breast screening visit in Scotland. We also welcome the implementation of bowel cancer screening in Scotland. In both of these cases infrastructural issues, particularly staffing and resources, must be addressed to enable effective implementation. Awareness raising campaigns will also be required to inform the public about the arrangements for, and benefits of, participating in the bowel screening programme. **Cancer Research UK urges the next Government to encourage attendance at screening and ensure smooth implementation of the bowel screening programme.**

¹² ISD Scotland. Breast Screening Performance Data 2004/05, 2005.

¹³ ISD Scotland. Percentage uptake for cervical screening in the previous 3.5 years, 2006.

Science, research and technology

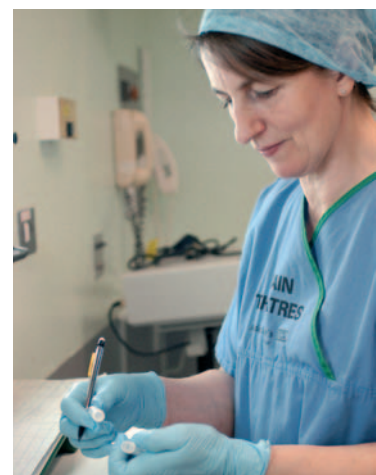
9 Driving innovation in the development of new drugs and the translation of the results of research to patients

Both basic and applied research have an important role to play in maintaining the Scottish research base. A focus on translational research is also important if scientific discoveries are to be transformed into real benefit for patients. In its consultation on a Science Strategy for Scotland, the Scottish Executive noted 'a mismatch between the strength of the science research base and the weakness of the knowledge exploiters in the industry base'.¹⁴

The Scottish Medicines Consortium must plan for a new generation of cancer drugs to encourage innovation and ensure that patients gain access to the best treatment. The next Government should ensure that structures are in place to sustain Scotland's international excellence in science, encourage and promote technology transfer and support the NHS to offer new treatments in an appropriate and timely manner. **Cancer Research UK urges the next Government to drive innovation in the development of new drugs and the translation of research findings to patients.**

10 Improving the poor survival rate in less researched cancers

Some patients face worse outcomes because of their cancer type. For example, while five-year survival rates for breast cancer have reached 80%¹⁵, for pancreatic cancer the equivalent figure is around 3%¹⁶ and for lung cancer it is around 7%¹⁷. These cancers often have a poor survival rate because they are difficult to diagnose until they have reached a stage at which they are difficult to treat. More Government investment is needed in prevention, symptom recognition, awareness raising, treatment, and research relating to poor survival cancers to improve survival rates. Patients with rarer cancers need access to specialist skills, knowledge, cancer information organisations and support groups. Health professionals also need access to training and information on cancers that they are likely to encounter less often. **Cancer Research UK urges the next Government to improve the survival rates in less researched cancers.**



¹⁴ Scottish Executive. Science and Innovation Strategy for Scotland: Consultation Paper, 2006.

¹⁵ ISD Scotland. 5 year relative survival for patients diagnosed between 1997 and 2001. <http://www.isdscotland.org/isd/1420.html>

¹⁶ ISD Scotland. 5 year relative survival for patients diagnosed between 1997 and 2001. <http://www.isdscotland.org/isd/1498.html>

¹⁷ ISD Scotland. 5 year relative survival for patients diagnosed between 1997 and 2001. <http://www.isdscotland.org/isd/1451.html>

Cancer Research UK calls on all parties to commit to:

11 Developing a national patient information campaign specific to cancer clinical trials to help more patients make informed choices about their treatment options

The Scottish Cancer Research Network (SCRN) has been fully established since December 2003. Cancer Research UK welcomes its success in achieving its target to double patient recruitment. In 2004, 2774 patients entered clinical trials in Scotland compared to 967 in 2001¹⁸. The SCRN requires sustained and increased investment in order to continue to recruit patients to clinical trials and to expand the trials portfolio. Additional support is needed for both research nurses and data managers, and to ensure that treatment facilities have the capacity to treat patients using new therapies.



It is also vital to encourage recruitment to clinical trials from currently under-represented groups, and for rarer cancers. Clinical trials are the central pillar of clinical research. Through involvement in trials patients can have access to the latest and most innovative treatments. There is good evidence to show that cancer patients who are treated in a research active environment have better health outcomes compared to those who are not. It is important that all patients are given the opportunity to be involved in clinical research where it is relevant to them, wherever they live. **Cancer Research UK urges the next Government to encourage and support recruitment to clinical trials as an integral part of a person's cancer treatment.**

12 Investing in and encouraging Primary Care practitioners to undertake cancer research, and increasing spending on cancer prevention and prevention research

As more people are living for longer with cancer, there is a need for further research into where it is most appropriate for cancer care to be provided, and to involve practitioners from all stages of the patient pathway in research. Encouraging and supporting more GPs to undertake research would feed into this work, improve relations between GPs and specialists and lead to more rapid referrals and earlier diagnoses.

In addition, more should be spent on cancer prevention and prevention research. Currently, only 2.5% of health research investment across the UK is dedicated to research focused on the primary prevention of disease.¹⁹ The National Cancer Research Institute has identified this as a priority, based on economic evaluation of the benefits of this type of research. **Cancer Research UK urges the next Government to invest in Primary Care and prevention research.**

¹⁸ Scottish Executive. Scottish Cancer Research Network Progress Report, 2005.

¹⁹ IUK Clinical Research Collaborative. UK Health Research Analysis, 2006.

About us

Cancer Research UK is the largest volunteer-supported cancer research organisation in the world. In 2005/06 we spent more than £257 million on research, which was raised almost entirely through public donations²⁰. In Scotland, Cancer Research UK spends nearly £27 million per year.

Around 39,000 volunteers freely give their time to Cancer Research UK, and more than one million people are regular donors. The commitment and generosity of each and every one of these supporters demonstrates the importance of cancer research to the general public.

The funds we raise support the work of 3,000 scientists through a comprehensive programme of research in institutes, hospitals, universities and medical schools throughout Great Britain and Northern Ireland. Our research portfolio targets all aspects of cancer and covers work in the areas of the biology and causes of cancer; developing cancer treatments, cancer prevention and improving quality of life for cancer patients.



Contact us

Cancer Research UK's Public Affairs team is the first point of contact for enquiries on areas of health or scientific policy and can provide briefings on cancer issues on request.

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