The expanding role of primary care in cancer control

A Lancet Oncology Commission

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'Health services striving for affordable cancer care seek optimal models of care delivery, which may require the re-engineering of some deeply held socio-medical cultural practices'
The Lancet Oncology: The expanding role of primary care in cancer control

36 authors with clinical and academic cancer expertise; backgrounds in primary care, public health, oncology, psychology, health policy.

Aim: to distil the evidence for the effectiveness of interventions for cancer control based in primary care at each stage of the cancer journey and to consider how cancer care might be delivered differently in the future.

Focus: high-income countries with universal health care systems
Integrated care is vital if we are to optimise the quality and outcomes of care.
Action points for integrated cancer care

• Care pathways are key to integrated care, but effective lines of communication need to be established to ensure their success
• Cross-sector education is central to integrated care and should extend beyond clinical content to include care pathways, systems, and quality improvement
• Patient navigators show promise as a means to enhance integrated care, and their contribution should be further assessed
• Health-care providers and policy makers should adapt evidence-based models and tools to improve integration between primary and specialist care for each phase of cancer control
• These models and tools should be introduced with strategies for implementation, adoption, and sustainability that have proven effectiveness
Primary prevention offers considerable potential for reducing incidence of cancer but is not well implemented.
There are variations and inequalities in uptake of cancer screening
Prevention: action points

• Primary care needs to move beyond its focus on smoking and alcohol use in primary prevention, and engage effectively in initiatives to promote physical activity and reduce obesity.

• Primary care should prepare itself for growth in genomic information and how this information can be incorporated with lifestyle and other factors to develop individualised preventive strategies.

• Population-level early diagnosis and screening strategies need to fully engage primary care to maximise their potential.
Patient-related delays are an important contributor to overall time to diagnosis.
Symptoms that could be cancer are common in primary care, but cancer is rare.
Symptomatic diagnosis: action points

• Advances in the epidemiology of cancer symptoms in primary care allow more accurate risk assessment and selection of patients who need urgent investigation
• Internationally, evidence for the epidemiology of symptoms should be systematically applied to inform diagnostic pathways aimed at reducing time to cancer diagnosis
• Risk assessment tools and electronic clinical decision support could potentially improve early diagnosis of many cancers in primary care, but trials are needed to study their efficacy
• If research confirms their usefulness, such tools should be rapidly incorporated into the clinical software used by primary-care physicians
• Certain cancers might be inherently more difficult to diagnose than others in primary care, and the development of accurate biomarkers is needed to support early diagnosis
• Effective biomarkers for early diagnosis, both in symptomatic patients and in those with a high baseline risk, are a research priority
Follow-up care for cancer requires expertise in managing its wider physical and psychological sequelae.
People will continue to die as a result of cancer and wish to do so in comfort and at home.
Action points: survivorship and palliative care

• Primary care, with its holistic approach, has a potentially important role in cancer survivorship care, but the its role in such care needs to be clearly defined
• New models of cancer follow-up care should draw on the principles that apply for other long-term conditions
• After further development to arrive at the optimal model, plans for survivorship care should become a feature of follow-up care
• Evidence suggests that primary-care-based and shared-care models of follow-up can be just as effective as secondary-care-led follow-up for breast and colon cancers; good communication between all care providers and clear guidance for primary-care professionals are key
• Primary-care physicians should participate in provision of palliative care; they should be supported, provided with high-quality training, and adequately resourced to do so
• All patients receiving palliative care should have an advance care plan, which should include a plan for their clinical care
What impact have we had?

- Hard copies were sent to 50 key opinion leaders in the countries represented by the author group. A number of these KOLs have volunteered that they have read it and are using it, including the Health Secretary of one country!
- The Commission is heavily influencing a national cancer research strategy in UK as well as a European cancer strategy.
- In Denmark, GPs formed a national ‘virtual journal club’ to read and summarise each chapter.
- In Australia, there is a national move to integrated care, as well as state and federal programmes for models of shared survivorship care.
- Canada’s first cancer care conference will include a session on the role of primary care in cancer diagnosis.
- The Commission is informing models of shared care in 2 Indian states

34 citations (Google Scholar) since publication in October 2015
## Greatest progress? | Least progress?
---|---
Integrated care models | Biomarkers for diagnosis
Research agendas | Novel referral pathways for CTYA cancer
Primary care promotion of screening uptake | Incorporating genomic information into assessment of the symptomatic patient
Integrated models of follow-up care | Lifestyle interventions in primary care
Audit and performance feedback | Advance care plans

Existing health care funding systems represent an important barrier to change. Can they change to provide the right incentives for integrated care?
In summary…..

• Cancer is placing increasing demands on the health care systems of high-income countries
• There is much that general practice can contribute to meet this, given…
  • Better access to diagnostic services
  • Care pathways that integrate primary and specialist care services
  • Resources to support a more extended role
  • Continuing professional development and support
• As expert generalists, GPs can bring a dimension to many aspects of cancer care that enhances both its clinical quality and the patient experience.
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