

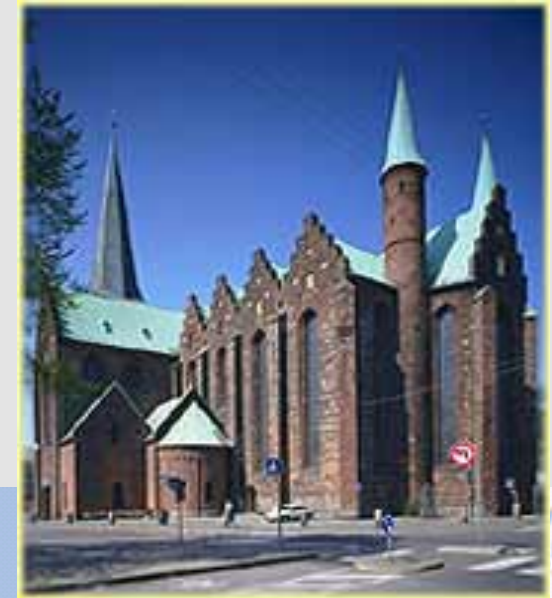
Frede Olesen

Professor, DrMedSc, GP, FRCGP(hon.)

The Research Unit for General Practice, Aarhus University
Chairman of the board of The Danish Cancer Society



Denmark - City of Aarhus





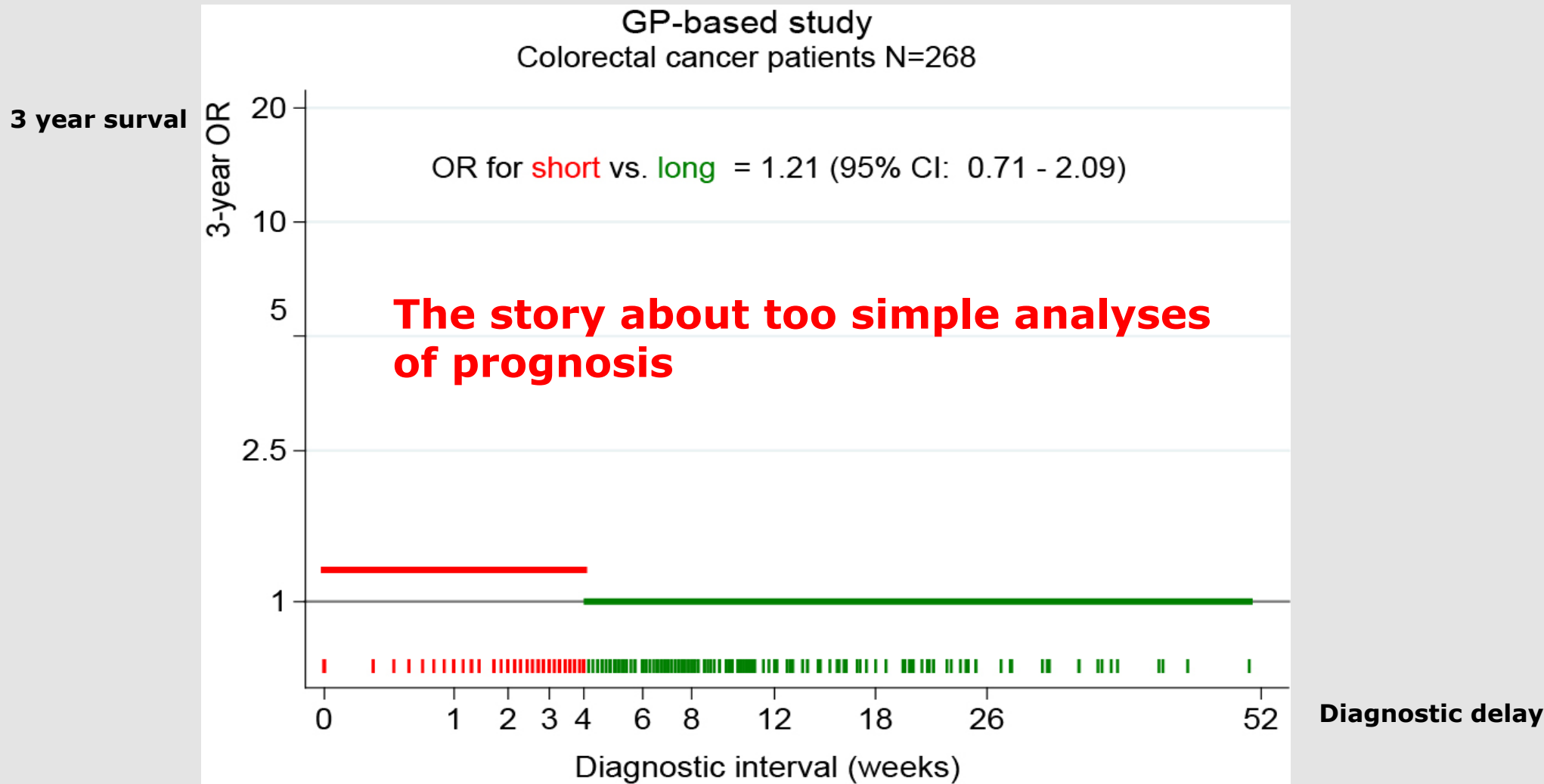
How to get better results in cancer treatment

- or the story about the lost opportunity for improvement

- Prevention – impact on incidence
- Better treatment – impact on prognosis
 - Basic, clinical and health services research
 - Quality
- Screening – impact on prognosis
 - GOOD, BUT EFFECT ON TOTAL CANCER BURDEN VERY OVEREMPHASIZED
- A fast journey from 'symptom to treatment' - impact on prognosis
 - Awareness
 - Fast diagnostic work up from first attendance to health care

Delay in the diagnostic proces and prognosis...

- does it matter?



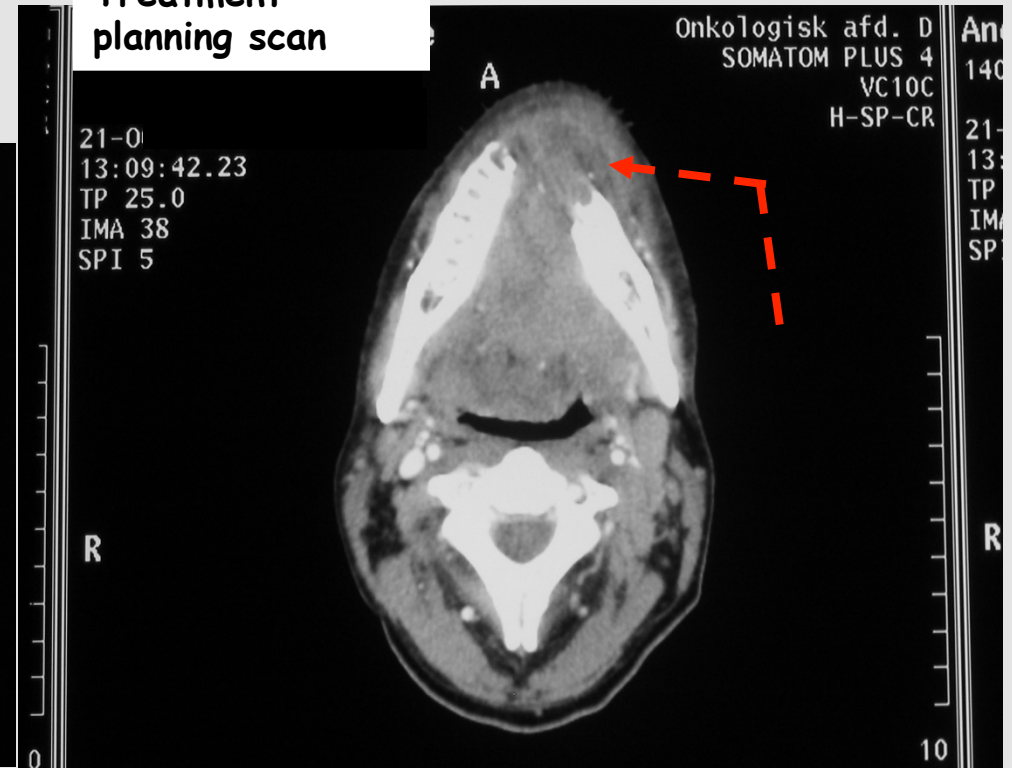
Thesis 2011. Marie Louise Tørring, British Journal of Cancer (2011), 1 –7

Progression in Tumor-size, but stage unchanged (T4)

Diagnostic
scan



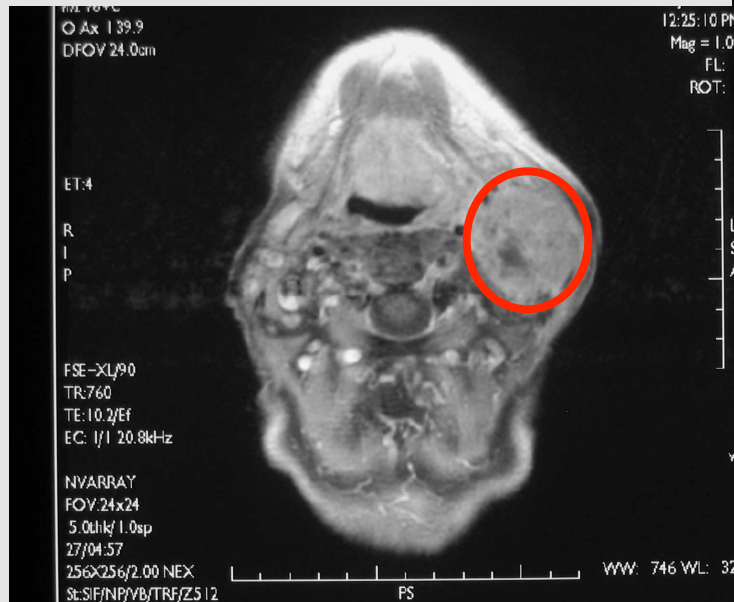
Treatment
planning scan



→ A patient with 19 days between scans. Note the bone destruction

Progression in N-site, but stage unchanged (N3)

Diagnostic
scan



Treatment
planning scan



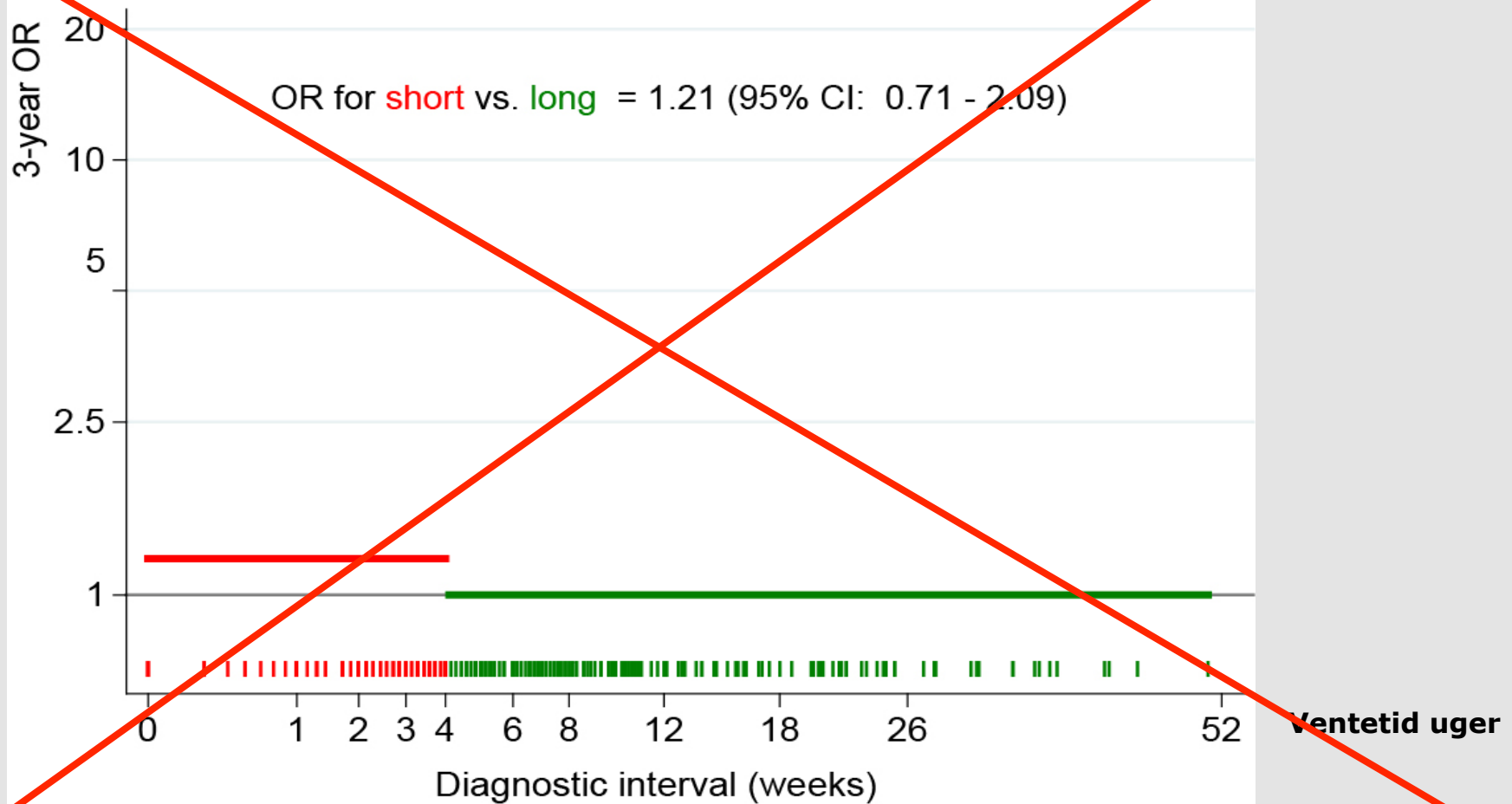
→ A patient with 47 days in between scans.
Note growth of the lymph node metastasis and appearance of a contralaterale metastasis

AR Jensen et al. Radiother Oncol 2007

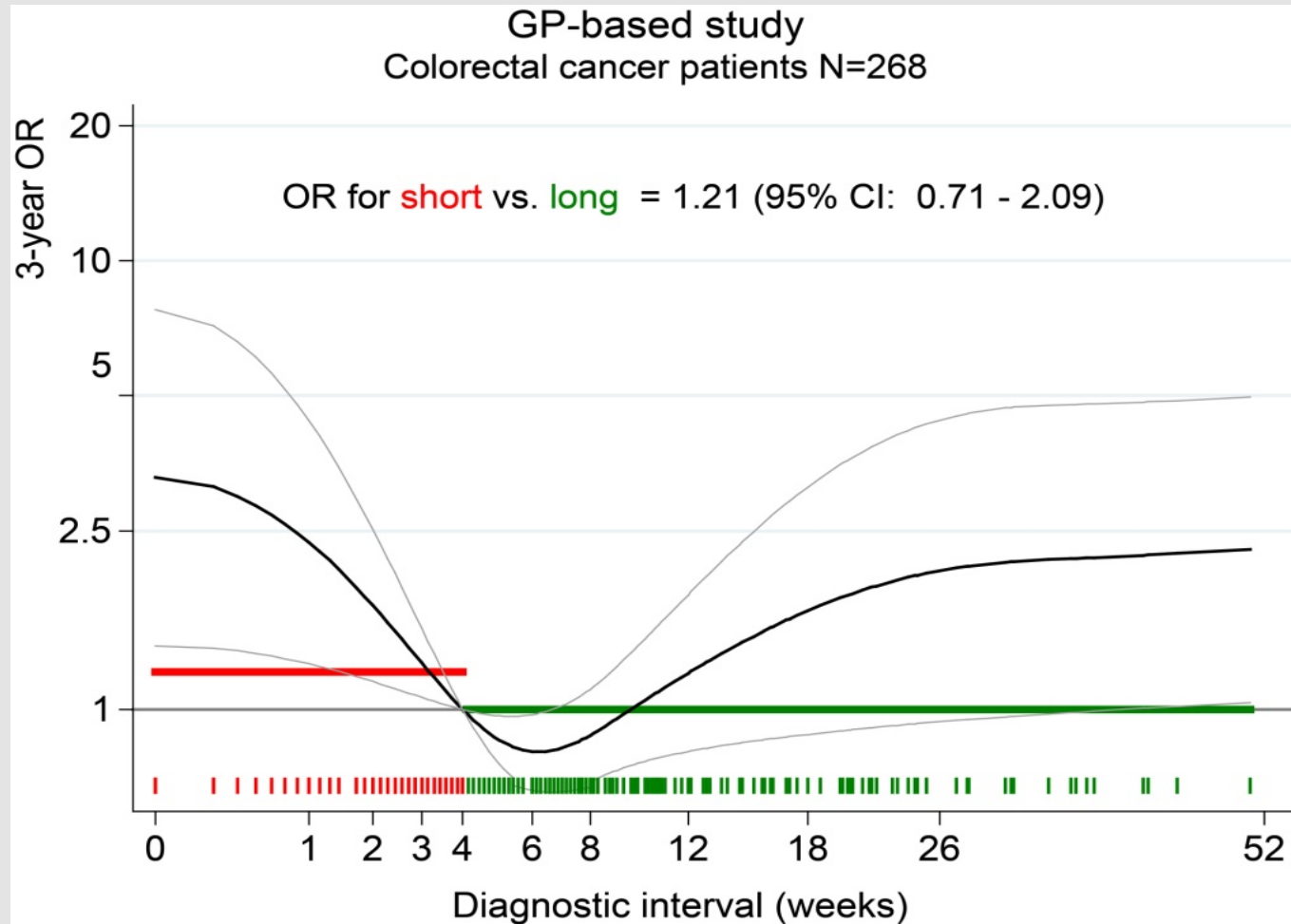
A wrong way of analysing data ...

GP-based study
Colorectal cancer patients N=268

Dødsrisiko
efter 3 år

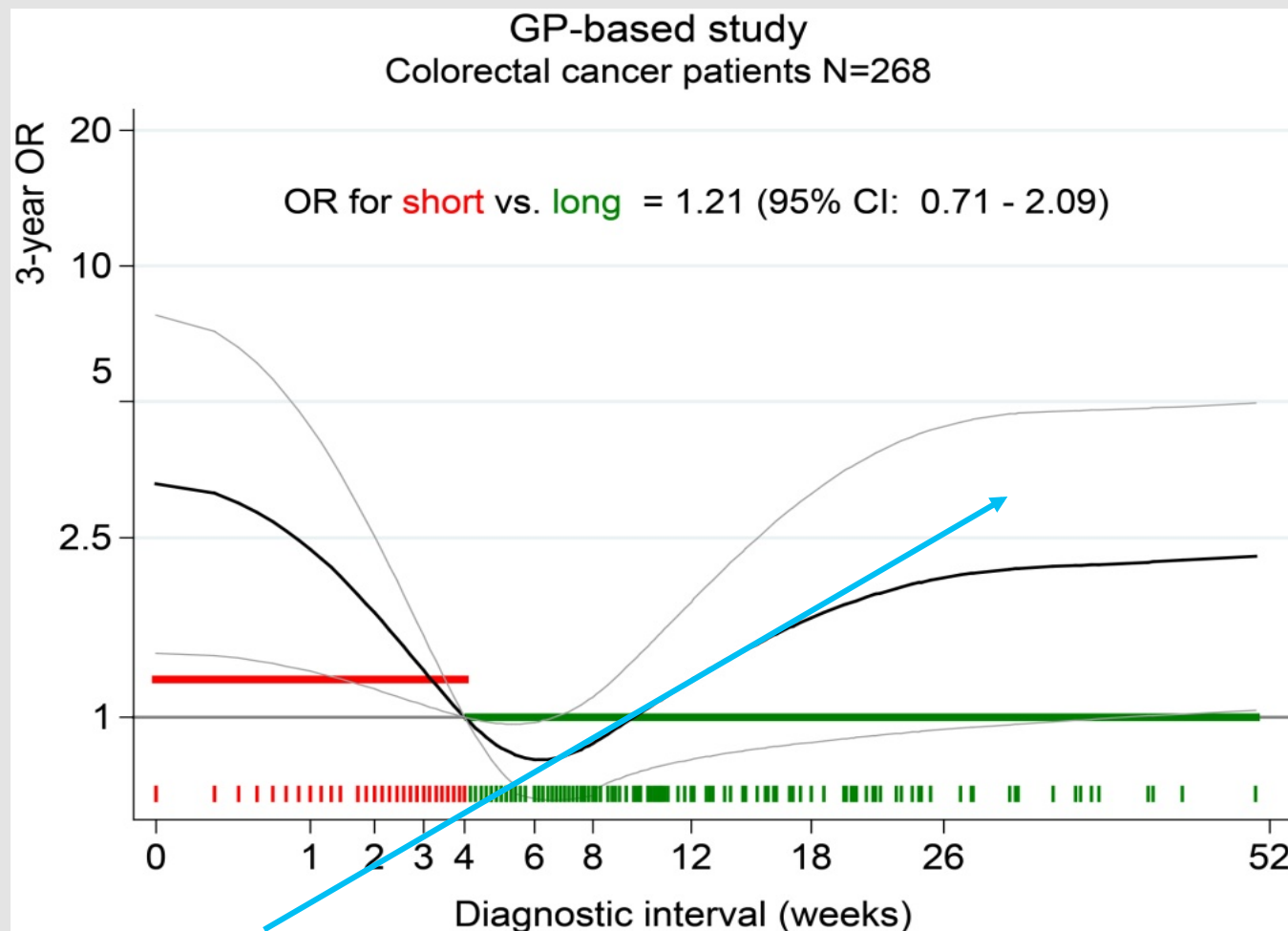


Reanalysis of data in continuous (day by day) statistical model



Thesis 2011. Marie Louise Tørring, British Journal of Cancer (2011), 1 –7

Each lost day influence prognosis ...



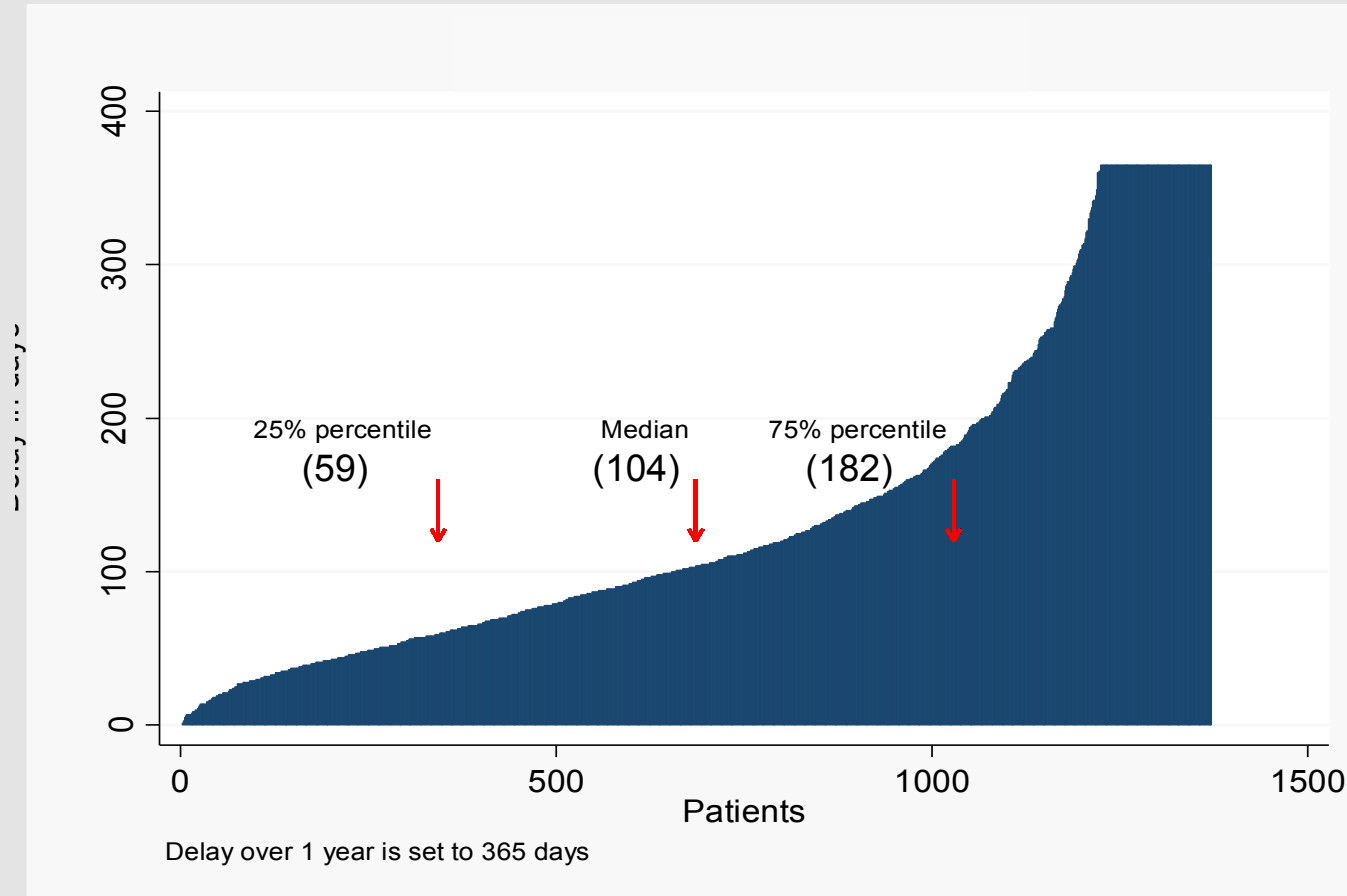
Thesis 2011. Marie Louise Tørring, British Journal of Cancer (2011), 1 –7

A slow diaginic process influences prognosis

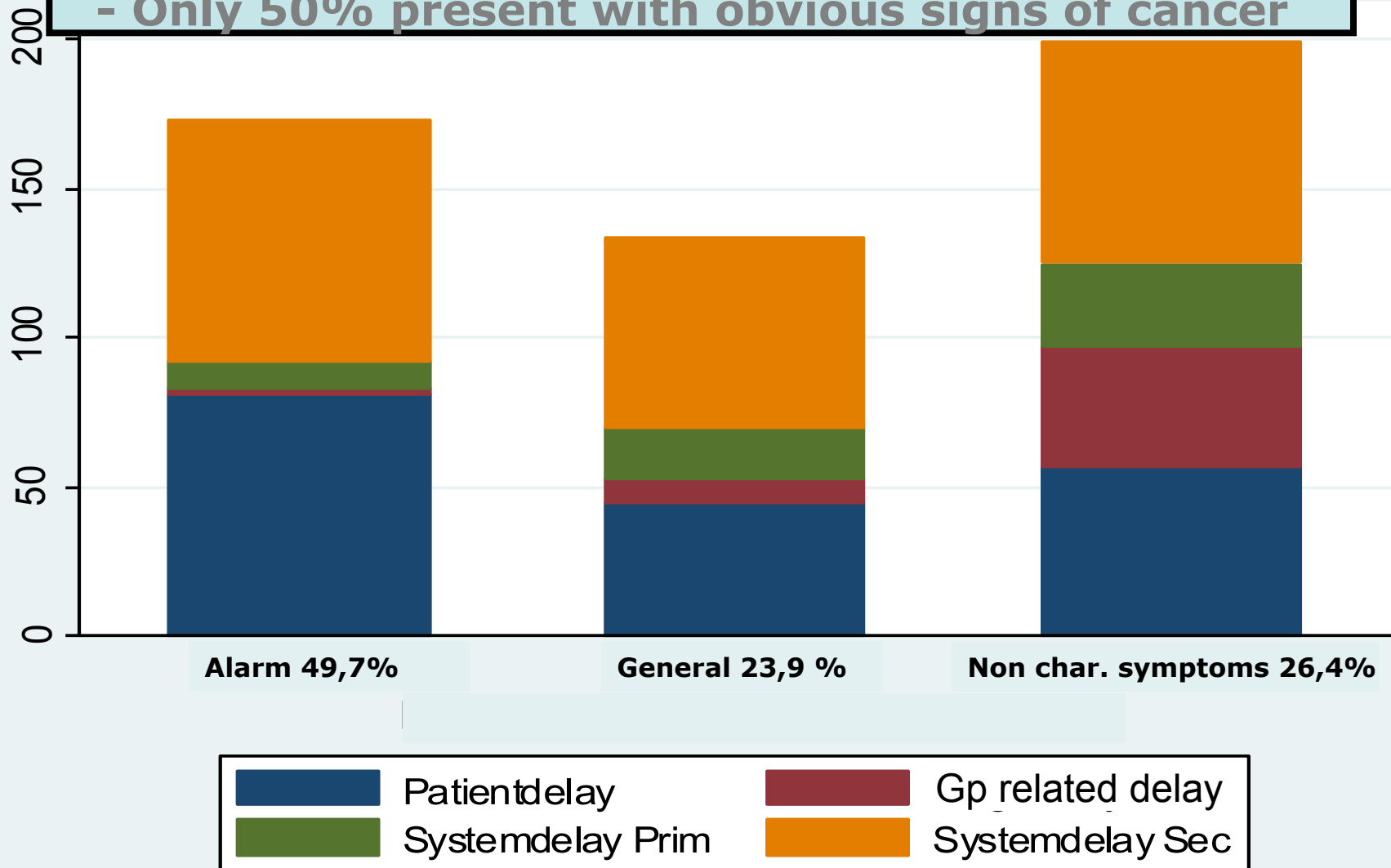
- a UK estimate: 5 -10.000 lives/year

-in Denmark with 5.5 mill. inhab.: 500 – 1000/year

The diagnostic pathway for a cohort of all cancers in Aarhus County, Denmark – before 2007



Patient, doctor and system delay in a cohort - Only 50% present with obvious signs of cancer



Waits are unacceptable: Cancer as an acute disease

– the 3-point strategy from the Danish Cancer Society in 2007

- **1: Improved access to relevant diagnostic investigations without waits when required by the front line care in a health care system (general practice)**
 - Reduce double gatekeeping – capacity - research in best way to diagnose
- **2: Diagnostic centres at all major hospitals**
 - Multidisciplinary acute assessment by specialists without waits
 - A patient can be referred with the diagnosis: 'I suspect serious disease, but I do not know which disease – cancer is a possibility'
- **3: Fast track clinical pathways when a specific cancer is considered**
 - The fast track packages have been developed by multidisciplinary cancer groups in a process led by the National Board of Health
 - *Regional multidisciplinary cancer groups implement the strategy*

FROM 2007 MASSIVE POLITICAL AND MANAGEMENT FOCUS ON CANCER AS AN ACUTE DISEASE

32 national multidisciplinary developed fast trackpackages describing the diagnostic proces for common cancers and for patient with non characteristic symptoms

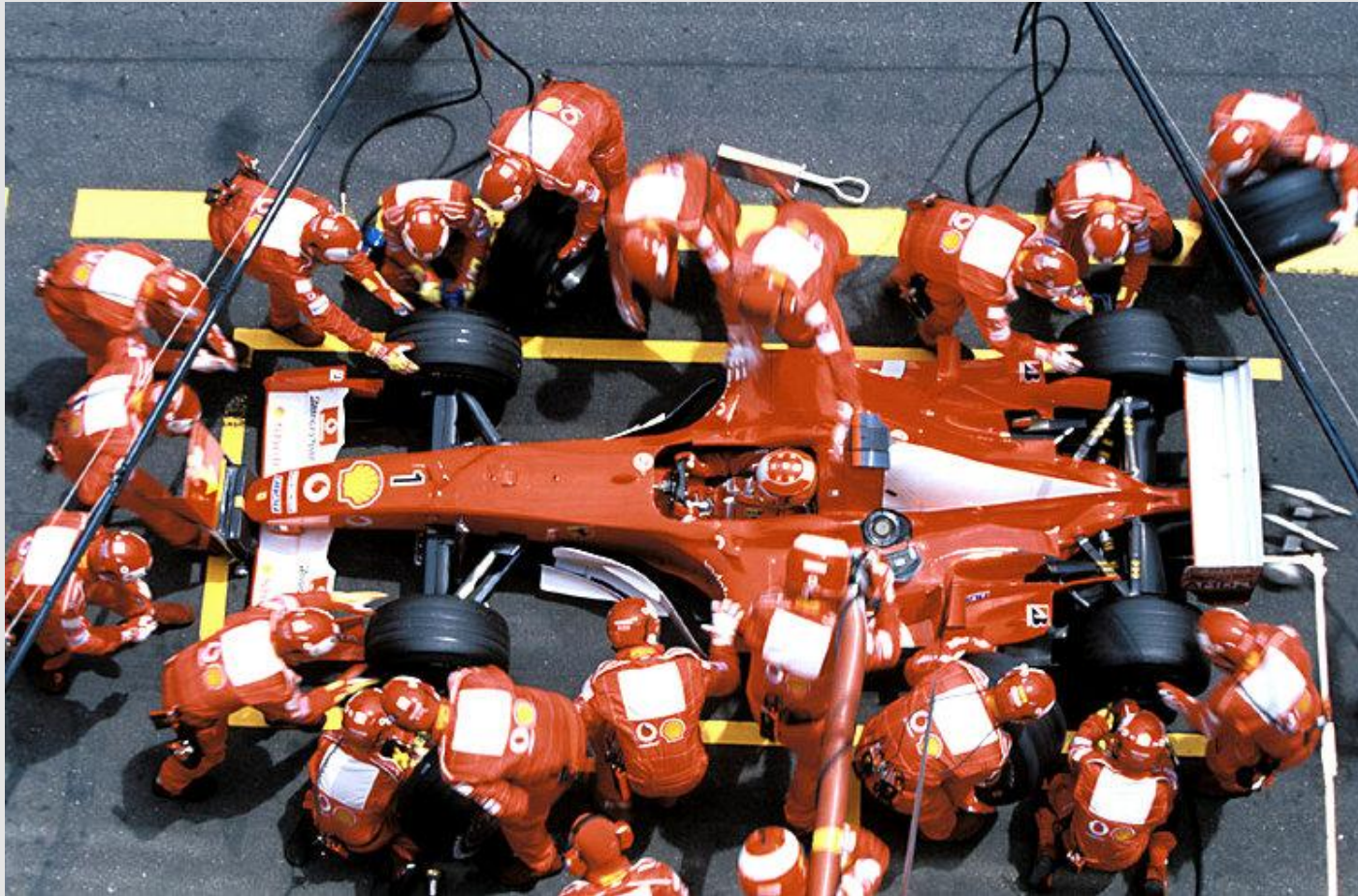
The problem: can only be used, when cancer is very likely

-But most (>50%) cancers start with a symtom that may be the sign of many other diseases

-Therefore: more focus on service to first line diagnosis



A hospital based diagnostic centre ...



The impact on the general approach to appropriate and quick diagnosis in the Danish health care

- a large locomotive for a faster diagnostic process for all diseases – new law 2012



Monitoring: Results

Cancer disease	Median waiting-time 2007	Median waiting-time 2011
Brain	29	22
Breast	27	27
Colorectal	33	27
Female genitalia	30	27
Head and neck	41	36
Hematological	49	34
Kidney and bladder	34	28
Lung	47	40
Melanomia	20	7
Male genitalia	87	66
Upper gastrointestinal tract	39	37



CA-PRI
The Cancer And Primary Care
Research International Network

Home Groups Bibliography News

What's CA-PRI? Aim & Tasks Meetings Become member Executive group Debate Forum Links

What's Ca-PRI

The Cancer and Primary Care Research International Network (Ca-PRI) is an open, multidisciplinary network for researchers in primary cancer care and related areas. Ca-PRI was founded in 2008 and welcomes researchers from all disciplines related to research and development in the fields of cancer care in primary care.

Ca-PRI 6th Annual Conference

will be held 15th - 16th April 2013

University of Cambridge, UK

Reserve the dates

(The conference will overlap with the UK's National Awareness and Early Diagnosis Initiative (NEADI) on the 16th/17th April)