The reality behind improving cancer survival rates
CONTENTS

• Foreword
• Executive summary
• The reality behind improving cancer survival rates
• Improving survival outcomes
• Conclusion
• References
Survival rates for some cancers have soared over the past 40 years in England. In the early 1970s, overall median survival time for all cancer types — the time by which half of people with cancer have died and half have survived — was just one year. Now it is predicted to be nearly six years, testament to the good work of the NHS and advances in diagnosis, treatment and care. But there is a grim reality hidden behind these numbers.

New research led by Macmillan Cancer Support reveals what happens to people in England after they are diagnosed with cancer in more detail than ever before. The findings are a stark reminder of just how heavy a burden cancer is for many people. For example, we know that lung cancer has a particularly poor prognosis, with fewer than one in three people living for a year or more after diagnosis. Our new figures show one in five people with lung cancer die within just one month of diagnosis.

People who develop breast or prostate cancer may have a better overall prognosis — these cancers have the third and fifth highest five-year survival rates of the 20 most common cancers — but surviving does not necessarily mean living well. Our research shows only one in five women with breast cancer and one in four men with prostate cancer will survive both long-term and in good health. The remaining long-term survivors have to cope with other serious health conditions such as heart, kidney or liver disease, get another type of cancer, or their cancer spreads or comes back.

These new figures are taken from our groundbreaking Routes from Diagnosis research programme, which links routinely collected NHS data to show what happens to people after they are diagnosed with cancer in more detail than ever before. The findings from the first phase of Routes from Diagnosis, summarised in this report, show that cancer still leaves a cruel legacy for far too many people. We simply cannot afford any complacency when it comes to improving cancer care. And the good news is that we know delivering the right interventions after a cancer diagnosis can make a significant difference to people’s long-term outcomes.

NHS leaders must ensure every person with cancer receives the best treatment available, regardless of their age or where they live. GPs must use every tool at their disposal to improve early diagnosis. And every person diagnosed with cancer in the UK must receive a ‘Recovery Package’ of care and support, to help reduce the burden of other health conditions and prevent cancer recurrence. This may sound like an expensive undertaking, but investing in these areas has the potential to significantly reduce the overall cost of cancer care as well as greatly improving the lives of those with cancer.

Routes from Diagnosis, developed in partnership with strategy consultancy Monitor Deloitte and Public Health England’s National Cancer Intelligence Network (NCIN), also shows us the value of linking and analysing routinely collected NHS data. Only by combining data from cancer registries with hospital records have we been able to produce such a powerful picture of what happens to people after they are diagnosed with cancer and which groups of people in particular need more support.

This insight could not have come at a more important time. Political parties across the UK are preparing for national elections in 2015 and 2016. By 2020, there will be three million people living with or beyond cancer in the UK, and almost one in two of us will face cancer in our lifetimes. Many people will have to cope with cancer without the practical or emotional support they need. The more we understand about what happens to people after they are diagnosed, the more urgent the case for taking action becomes. Measuring success by one- and five-year survival rates is simply no longer enough. We must see the reality — and the people — behind the numbers.

Ciarán Devane, Chief Executive, Macmillan Cancer Support

‘This insight could not have come at a more important time.’

Cancer’s unequal burden – The reality behind improving cancer survival rates
Cancer’s unequal burden summarises key findings from the first phase of the Routes from Diagnosis research programme, which shows what happens to people with one of four cancer types (breast, prostate, lung or brain/central nervous system (CNS) cancer) after they are diagnosed with cancer, in more detail than ever before.

- Cancer’s unequal burden summarises key findings from the first phase of the Routes from Diagnosis research programme, which shows what happens to people with one of four cancer types (breast, prostate, lung or brain/central nervous system (CNS) cancer) after they are diagnosed with cancer, in more detail than ever before.

- The richness of the data allows us to break down the survival outcomes of people with cancer into more than 20 detailed survivorship profiles for each cancer type, describing length of survival as well as the extent to which people experience a range of other serious health conditions.

- These profiles show us that only one in five (20%) women diagnosed with breast cancer, and one in four (25%) men diagnosed with prostate cancer, will survive both long-term and in good health. The remaining long-term survivors will experience a range of other serious health conditions.

- One in five (21%) people with lung cancer die within one month of being diagnosed. Fewer than 1% will survive long-term and in good health.

- Survival for people with brain or CNS cancer varies widely depending on which specific type of cancer they have. Fewer than 2% of people with glioblastoma will live for seven years or more, compared with almost two in three (64%) people with meningioma and more than four in five (87%) people with nerve sheath cancer.

- Many people with cancer have other serious health conditions that make their cancer harder to treat and reduce their overall quality of life. People with cancer also have an increased risk of developing certain other conditions. For example, women with breast cancer who survive at least five years after diagnosis have a 40% increased risk of having a serious genitourinary condition and a 30% increased risk of being diagnosed with a new cancer. Men with prostate cancer who survive at least five years after diagnosis have a 60% increased risk of having a serious genitourinary condition, a 60% increased risk of having a serious digestive condition and a 30% increased risk of being diagnosed with a new cancer.

- The cost of inpatient hospital treatment for cancer varies considerably even between people with the same type of cancer, depending on how long they survive and their overall health. The cost breakdowns suggest that shifting people towards better survival outcomes could save the NHS a considerable amount of money. For example, improving outcomes for just 100 men with prostate cancer could reduce the cost of hospital treatment by £800,000.

- These initial results from Routes from Diagnosis make the case for action to improve cancer care more urgent than ever. NHS leaders must ensure every person with cancer receives the best treatment available, regardless of their age or where they live. GPs must use every tool at their disposal to improve early diagnosis. And every person diagnosed with cancer in the UK must receive a ‘Recovery Package’ of care and support, to help reduce the burden of other concurrent health conditions and prevent cancer recurrence.

‘Many people with cancer have other serious health conditions that make their cancer harder to treat and reduce their overall quality of life.’
THE REALITY BEHIND IMPROVING CANCER SURVIVAL RATES

How well do we understand what happens to people after they are diagnosed with cancer? Crude measures such as one- and five-year survival rates are useful but they present only a snapshot of a highly complex picture. To deliver improvements in cancer care we must understand more about survival outcomes, the overall health of people with cancer and the cost of their cancer treatment – and new research led by Macmillan Cancer Support enables us to do just that.

This report, Cancer’s unequal burden, summarises key findings from the first phase of the Routes from Diagnosis research programme, which brings together expertise from the charitable, private and public sectors to show what happens to people after they are diagnosed with cancer in more detail than ever before.

Led by Macmillan in partnership with strategy consultancy Monitor Deloitte and Public Health England’s National Cancer Intelligence Network (NCIN), the first phase of Routes from Diagnosis provides a retrospective analysis of almost 85,000 cancer patients’ interactions with the NHS in England over a seven-year period (2004–2011).

The patients studied in this first phase of the programme have one of four common cancer types:

- Breast cancer
- Prostate cancer
- Lung cancer
- Brain or central nervous system (CNS) cancer

Around 140,000 people are diagnosed with one of these types of cancer each year in the UK, representing around 40% of all new cancer diagnoses. Breast, lung and prostate cancer are the first, second and third most commonly diagnosed cancers in the UK respectively, while brain/CNS cancer is the ninth most common.

The relative five-year survival rate is over 80% for breast and prostate cancer, around 15% for brain cancer and around 10% for lung cancer. The findings from Routes from Diagnosis, however, reveal the stark reality hidden behind these simplistic survival rates and make the case for action to improve cancer care more urgent than ever.

By linking data from cancer registries and hospital records, Routes from Diagnosis has enabled us to break down the survival outcomes of people with cancer into more than 20 detailed survivorship profiles and eight simplified profiles for each cancer. In this report we highlight just a sample of these profiles – for the full picture, see the main report, Routes from Diagnosis: The most detailed map of cancer survivorship yet.

Breast cancer
Only one in five (20%) women diagnosed with breast cancer will survive for both at least seven years after diagnosis and in good health, defined as the initial treatment for their cancer being successful and not needing hospital care for a range of other serious conditions apart from their cancer. Although more than two in three (69%) — men with breast cancer — will live for at least seven years after being diagnosed, more than one in four (29%) will survive this long-term and have one or more of a range of other serious health conditions such as heart, kidney or liver diseases. Around one in 10 (11%) will survive for seven years or more but find that their cancer comes back or spreads, or that they get another type of cancer.

A small proportion of women with breast cancer — 3.2%, or around 850 of the women in the Routes from Diagnosis study — die within a year of being diagnosed despite the cancer never spreading beyond the breast or nearby tissue. More than two in three of these women (70%) are aged 75 or over. Conversely, a very small proportion of women — 0.7%, or around 180 women in the study — live for at least seven years after diagnosis despite their cancer having spread throughout their body by the time it is diagnosed. Three in four (75%) of these women are aged under 65 and they are generally in better health than average for women with breast cancer.

Prostate cancer
Only one in four (25%) men with prostate cancer will survive both long-term and in good health. More than half (55%) will live for at least seven years after being diagnosed, but around one in five (19%) will survive this long-term and have one or more of a range of other serious health conditions. Around one in 10 (11%) will survive for seven years or more but find that their cancer comes back or spreads, or that they get another type of cancer.

A small proportion of men with prostate cancer — 25%, or around 850 of the men in the Routes from Diagnosis study — die within a year of being diagnosed despite the cancer never spreading beyond the prostate. Four in five (82%) of these men are aged 75 or over. Around one in eight (13%) men with prostate cancer who survive at least one year after diagnosis will find that their cancer spreads.

Lung cancer
One in five (21%) people with lung cancer die within just one month of being diagnosed. More than half (56%) die within six months of diagnosis, and almost three in four (73%) die within a year. At least three in 10 (30%) will die within six months of diagnosis and spend at least a quarter of their final months in hospital.

Detailed survival breakdowns
‘My dad was told he had suspected lung cancer in July, then when the diagnosis was confirmed we found out it had already spread to all of his organs. He died in October, just three months later. It was devastating. He never complained or spoke much about how he felt, but this was a man who did not want to die’

Tessa, 44, from Surrey

Just one in 20 (5%) people with lung cancer live for at least seven years after diagnosis, however most people who survive this long will have one or more of a range of other serious health conditions or will find that their cancer comes back or spreads, or that they get another type of cancer. Fewer than 1% will survive long-term and in good health.

Three in 10 (31%) people with lung cancer die within six months of diagnosis despite the cancer never spreading beyond their lungs.

‘This research makes the invisible, visible. We can now see the long-term burden of cancer and the knock-on effect it has on a person’s health. Fortunately there are low-cost solutions, such as keeping active during treatment and receiving a cancer ‘Recovery Package’, which can make a huge difference to the long-term health of cancer survivors.’

Professor Jane Maher, Joint Chief Medical Officer, Macmillan Cancer Support

Brain/CNS cancer

Survival for people with brain or CNS cancer varies widely depending on which specific type of cancer they have. More than half (55%) of people with glioblastoma die within six months of being diagnosed, and more than one in three (38%) will survive just this short amount of time and spend more than a quarter of their final months in hospital. Fewer than 2% will live for seven years or more. Glioblastomas are highly malignant and quickly spread throughout the brain, making them almost impossible to remove surgically.

In contrast, almost two in three (64%) people with meningioma and more than four in five (87%) people with nerve sheath cancer will survive at least seven years after diagnosis. Almost one in four (23%) of those with meningioma and one in three (34%) of those with nerve sheath cancer will survive this long and in good health.
The burden of morbidities

Many people with cancer have other serious health conditions that make their cancer harder to treat and reduce their overall quality of life, known as morbidities. People with cancer also have an increased risk of developing certain other conditions after diagnosis.

To investigate this further, we compared the risk of having other serious health conditions for those with cancer to a similar group of people who had received treatment in hospital for a health condition in general.

Our comparisons show that women with breast cancer who survive at least five years after diagnosis have a 40% increased risk of having a serious genitourinary condition, such as fertility issues. They also have a 30% increased risk of being diagnosed with another cancer.

Men with prostate cancer who survive at least five years after diagnosis have a 60% increased risk of having a serious genitourinary condition, a 60% increased risk of having a serious digestive condition such as an anal or rectal fistula, and a 30% increased risk of being diagnosed with another cancer.

Many of these increased risks are likely to be related to the long-term effects of cancer treatment, particularly where people have received radiotherapy to the pelvic area.

People with lung cancer who survive at least five years have a 200% increased risk of having a serious respiratory condition, such as emphysema or chronic obstructive pulmonary disease (COPD), and a 300% increased risk of being diagnosed with another cancer.

The reasons why people with lung cancer are at a greater risk of another cancer than people with breast or prostate cancer could include long-term damage caused by smoking among those who have smoked, and the fact that some lung cancer patients who smoked before they were diagnosed continue to smoke after they are diagnosed.

As well as coping with the long-term effects of breast cancer treatment, I’ve been back and forth to hospital for scans because I developed an ovarian cyst. I also have osteoarthritis and hip dysplasia. I’ve been trying to help myself by going swimming regularly, but I find life pretty difficult some days.”

Fiona, 46, from Shropshire

People with brain/CNS cancer who survive at least five years have around an 800% increased risk of having another serious condition affecting the nervous system, such as epilepsy, meningitis or spinal abscesses.

The small proportion of people with glioblastoma who survive at least five years after diagnosis have a high risk of being diagnosed with another cancer, which may be caused by the long-term effects of radiotherapy.

Prostate cancer 60%
Breast cancer 67%
Brain/CNS cancer 66%
Lung cancer 77%
Average cost of inpatient hospital treatment per person for up to seven years post-diagnosis in England

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>£10,200</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>£7,900</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>£9,900</td>
</tr>
<tr>
<td>Brain/CNS cancer</td>
<td>£13,200</td>
</tr>
</tbody>
</table>

Figures from Routes from Diagnosis show that the cost of inpatient hospital treatment for breast, prostate, lung and brain/CNS cancers is more than £1bn each yearxiv. This only represents treatment given to people who are admitted to hospital as inpatients, so the total cost of treating these four cancers in hospital, the community or primary care combined will be substantially higher.

The cost per person varies considerably depending on their survival profile. Unsurprisingly, people whose cancer spreads or comes back cost more to treat than those who survive a similar amount of time but whose cancer doesn’t spread or recur. More unexpectedly, when people have other serious health conditions as well as cancer, the cost of their care after their first round of cancer treatment is often more than the cost of the cancer treatment itself.

For example, women with breast cancer who survive for between one and seven years after diagnosis and have one or more other serious health conditions incur treatment costs of around £4,500 on average in the first year after they are diagnosed (when the bulk of their main cancer treatment will take place) compared with around £7,500 from a year post-diagnosis onwards. For more details on cost breakdowns, see the main report, Routes from Diagnosis: The most detailed map of cancer survivorship yet.

These findings suggest that giving people better survival outcomes could save the NHS a considerable amount of money. The cost of providing care and treatment for cancer is increasing year-on-year as our population grows and people live longer. By addressing issues such as morbidities, delays in diagnosis and cancer recurrence, we can improve care for patients, improve their outcomes and save the NHS money.

Better care, cheaper care?
Potential reduction in cost of hospital treatment from improving outcomes for 100 people with cancer (crude estimate only; excludes any costs associated with improving outcomes)

- **Breast cancer** – preventing other serious health conditions in 100 women who survive at least seven years from diagnosisxvi:
  - £390K

- **Lung cancer** – stopping cancer spreading or coming back, or another cancer developing, in 100 people who survive between one and seven years from diagnosisxvii:
  - £800K

- **Prostate cancer** – stopping cancer spreading or coming back, or another cancer developing, in 100 men who survive at least seven years from diagnosisxv:
  - £500K
Overall, cancer outcomes are continuing to improve in the UK. By 2020 only around one in three (36%) breast and prostate cancer patients will ultimately die from their cancer, down from around two in three (67%) in the early 1990s\textsuperscript{xxviii}. However, outcomes still vary hugely by cancer type and, as the initial results from Routes from Diagnosis show, simply surviving does not necessarily mean living well. There is still a huge amount to do to improve survival outcomes for people diagnosed with cancer in the past, today and in the future.

Some of the key things Macmillan believes would deliver the greatest improvements for people with cancer in terms of survival are as follows:

- Earlier diagnosis
- Access to the best available treatment, regardless of age or where you live in the UK
- A ‘Recovery Package’ of care and support for everyone diagnosed with cancer
- Increased physical activity

### Earlier diagnosis

GPs have a vital role to play in ensuring that cancer is diagnosed at an early stage to give people the best possible chance of survival and good outcomes. However, despite the fact that by 2020 almost one in two of us will get cancer in our lifetimes, cancer is still a relatively unusual condition for an individual GP to encounter in their day-to-day practice.

To help GPs decide which patients to refer for further tests, Macmillan has developed computer software that integrates with a GP’s existing IT systems and alerts them when a patient’s symptoms may indicate cancer. The Electronic Cancer Decision Support (eCDS) tool is being used by GPs across England and currently focuses on five cancer types, including lung cancer. The tool will be rolled out across England in 2014 and we urge all GPs to use it to aid early diagnosis.

‘GPs only have around 10 minutes with each patient, so it’s vital that they ask the right questions and can quickly calculate someone’s cancer risk. Macmillan hopes that our clinical decision support tool will support GPs to identify the symptoms of cancer and help to improve cancer survival rates.’

Dr Rosie Loftus, Joint Chief Medical Officer, Macmillan Cancer Support

- Access to the best available treatment
- postcode lotteries exist for some treatments that offer the best clinical outcome, such as surgery for lung cancer. The likelihood of receiving surgery for lung cancer varies significantly between different areas of England and Wales, even after taking various factors such as age, gender and overall health into account\textsuperscript{xxvi}.

There is also evidence that some older people with cancer may not be receiving treatment because of their chronological age. A recent study found that women aged 85 or over in England are 80% less likely to receive surgery for breast cancer than women aged 70–74, after adjusting for the fact that older women are more likely to have poorer health. This is despite 26% of breast cancer occurring in women aged 85 or over\textsuperscript{xxvii}.

At Macmillan we want everyone with cancer to receive the best available treatment, regardless of their age or where they live. The barriers that prevent people getting treatment – which may include age discrimination as well as inadequate assessment methods, postcode lotteries and other factors – must be tackled now.

### Recovery Package

We know that too many people with cancer have unmet needs and concerns after the end of treatment. To better support people after treatment, health and social care leaders must ensure that everyone diagnosed with cancer receives a ‘Recovery Package’ of care and support. This should include:

- Holistic Needs Assessments and care plans at key points during treatment and recovery
- A Treatment Summary, completed at the end of treatment and sent to the patient and their GP
- A Cancer Care Review, completed six months after treatment by the patient’s GP or practice nurse, to discuss the patient’s needs and the possible long-term consequences of cancer and its treatment
- A patient education and support event such as a Health and Wellbeing Clinic, to help the patient work towards supported self-management and a healthy lifestyle, including physical activity

At Macmillan we believe that the Recovery Package can help reduce the burden of other serious health conditions affecting people with cancer, as well as helping to prevent their cancer coming back or helping to diagnose recurrence earlier.

### Physical activity

Being physically active has clear benefits for people with cancer. An evidence review carried out for Macmillan’s Move More campaign showed that physical activity after treatment for cancer can reduce the risk of recurrence for some cancers\textsuperscript{xxviii}. It can also help reduce the impact of long-term consequences of treatment and having other health conditions as well as cancer. Physical activity can also benefit people with cancer during treatment by helping them maintain their physical fitness and improving self-esteem and mood.

Macmillan is supporting people with cancer to achieve more active lifestyles throughout their cancer experience. For example, the Walking for Health scheme, coordinated by Macmillan and the Ramblers, offers short, free and friendly walks suitable for people living with cancer in England\textsuperscript{xxx}.

Through my treatment I just tried to walk whenever I could, even if it was only a little. After I left hospital I carried on walking, building up slowly. I now lead Walking for Health walks. It’s good for your mental attitude and it helps you get out and meet people.’

Ian, 61, from Surrey
These initial results from the Routes from Diagnosis programme show how important it is to look beyond simple survival rates when it comes to cancer. We now know, in more detail than ever before, what happens to people diagnosed with four of the most common cancers in the UK and we can see which groups of people affected by these cancers need particular support.

The finding that one in five people with lung cancer die within just one month of diagnosis backs up previous research, which also showed people with lung cancer in England were more than 10 times as likely to die within a month of diagnosis as those with breast cancer, and people with lung cancer in England were twice as likely to die within a month of diagnosis as those with lung cancer in Sweden. These stark figures make the case for prevention and earlier diagnosis more urgent than ever.

For breast and prostate cancer – the most common cancer type for women and men respectively – we can see how desperately we need better support after treatment ends.

In many cases, it costs a similar amount to treat people who survive cancer long-term in good health in a hospital inpatient setting as it does to treat people who unfortunately only survive a short time. It often costs substantially less to treat those with the best outcomes in hospital than those who survive a moderate length of time with other serious health conditions or whose cancer progresses.

Although we have not done a detailed health economics analysis, we know that inpatient care is particularly expensive and it is reasonable to assume that improving outcomes for people with cancer and therefore reducing the need for inpatient treatment could reduce the overall cost of cancer care.

Understanding what happens to people with cancer after diagnosis in this level of detail should also enable us to deliver care more efficiently. The techniques used in Routes from Diagnosis can help us plan care pathways better and direct targeted interventions at the people who need them most. The Routes from Diagnosis programme also clearly demonstrates the powerful benefits of linking routinely collected NHS data. But there are still gaps in our knowledge.

The data we have on what other health conditions affect people with cancer so far only include those serious enough to be included in their inpatient hospital records. We need data from other care settings, such as primary care and outpatient clinics, to more fully understand the true burden of morbidities for those with cancer and to most effectively use the finite resources of the NHS and social care to meet people’s needs.

Every year, more and more people get cancer, and even cancers with reasonably good survival rates inflict a heavy toll on the people they affect. As our political parties prepare for the UK’s upcoming national elections, we hope that Cancer’s unequal burden reminds them just how urgently people with cancer still need their support.

‘These stark figures make the case for prevention and earlier diagnosis more urgent than ever.’
References


x The health conditions other than cancer that were included in the Routes from Diagnosis programme are those that the programme’s clinical advisory group felt were clinically important for people living with each type of cancer, according to the following three inclusion criteria: common conditions likely to be more prevalent for people with that type of cancer compared with the general population; common conditions likely to affect treatment decisions; or common conditions related to complications or long-term consequences of cancer or its treatment. The condition is then only included in the Routes from Diagnosis analysis if it is recorded in the patient’s hospital record (specifically their inpatient Hospital Episode Statistics (HES) entry). Therefore although this list is comprehensive, it does not cover all reasons why someone with cancer would be admitted to hospital – having an accident, for example, is not included. The full list of conditions is listed in the appendix of the main Routes from Diagnosis report

x 31% of women who survive at least seven years despite presenting with metastatic breast cancer have two or more morbidities, compared with an average of 37% for all women with breast cancer

x Please note that in this context ‘brain/CNS cancer’ includes both malignant and benign tumours as well as those of unknown behaviour (ICD-10 codes C70, C71, C72, D32, D33, D42, and D43)

x Some of this increased risk could be due to the people in the Routes from Diagnosis programme already being treated in an inpatient setting, and being more likely to have another health condition diagnosed as a result of this level of care and monitoring

x Of those with breast cancer who were still alive five years from diagnosis, 3.8% had been diagnosed with a new primary cancer, compared with 2.9% of the comparison population who developed a primary cancer.

x Of those with lung cancer still alive five years from diagnosis, 40% will have a respiratory morbidity, compared with 13% of the comparison population, and 33% will have developed a new primary cancer, compared with 8% of the comparison population

x Of those with a brain/CNS tumour still alive five years from diagnosis, 25–27% will have a nervous system morbidity, compared with 3% of the comparison population

x This figure refers to 2010 and reflects the cost to the NHS budget, i.e. what commissioners pay hospitals to provide the care based on the NHS National Tariff, rather than the exact cost to hospitals of providing the care. The breakdown by cancer type is as follows: breast – £387m; prostate – £277m; lung – £270m; brain/CNS – £80m

x The average cost of inpatient hospital treatment in the first seven years post-diagnosis for men with prostate cancer who survive at least seven years from diagnosis whose cancer spreads or comes back, or who develop a second cancer, is around £11,700, compared with around £3,700 for men who survive this long either in good health or with other serious health conditions but whose cancer does not spread or come back and who do not develop a second cancer

x The average cost of inpatient hospital treatment in the first seven years post-diagnosis for women with breast cancer who survive at least seven years from diagnosis who have other serious health conditions but whose cancer does not spread or come back, and who do not develop a second cancer, is around £8,600, compared with around £4,700 for women who survive this long without other conditions and without their cancer spreading or coming back or developing a second cancer

x The average cost of inpatient hospital treatment in the first seven years post-diagnosis for people with lung cancer who survive between one and seven years from diagnosis whose cancer spreads or comes back, or who develop a second cancer, is around £13,700, compared with around £8,800 for those who survive this long either in good health or with other serious health conditions but whose cancer does not spread or come back and who do not develop a second cancer

Cancer’s unequal burden – The reality behind improving cancer survival rates


www.walkingforhealth.org.uk

When you have cancer, you don’t just worry about what will happen to your body, you worry about what will happen to your life. Whether it’s concerns about who you can talk to, planning for the extra costs or what to do about work, at Macmillan we understand how a cancer diagnosis can affect everything.

No one should face cancer alone. So when you need someone to turn to, we’re here. Right from the moment you’re diagnosed, through your treatment and beyond, we’re a constant source of support, giving you the energy and inspiration to help you take back control of your life.

For support, information or if you just want to chat, call us free on 0808 808 00 00 (Monday to Friday, 9am–8pm) or visit macmillan.org.uk