

# HORIZON

Monthly current awareness from Intelligence and Research

No 48. April 2014

This bulletin will cover externally published information on health and social care issues relating to people affected by cancer. Follow the links in the headlines to see the underlying content.

It is complementary to the [Daily News Digest](#), and the [Monitor](#) available to Macmillan staff on the green rooms.

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## Important items this month:

*Routes from Diagnosis is major and significant step forward in our understanding of cancer survivorship*

### **Routes from Diagnosis report reveals variation in survival, long-term health and costs for four cancers**

This provides the most detailed picture yet of the health issues patients face. Someone may survive cancer, but this doesn't mean they return to good health.

Macmillan Cancer Support. 4 April

### **Cancer's unequal burden**

This report is a summary of the Routes from Diagnosis report.

Macmillan Cancer Support. 4 April

*It is widely believed that integrating health and social care will be beneficial. This report gives a good general overview of the topic*

### **A new settlement for health and social care - interim report**

In this report, the commission explains why it believes England needs a single health and social care system, with a ring-fenced, singly commissioned budget, and more closely aligned entitlements. Drawing on accounts from patients and their families, it argues that the current system is no longer fit for purpose.

Commission on the Future of Health and Social Care in England. 3 April

*Not cancer specific, but this gives a good overview of the public-finance context within which health policy operates.*

### **Is the state shrinking?**

The result of increased pressure on public finances is a shift in state spending away from public services and towards welfare and debt repayments.

Flip Chart Fairy Tales. 2 April

Questions about living with cancer? Call the Macmillan Support Line free on 0808 808 00 00 or visit [macmillan.org.uk](http://macmillan.org.uk)

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## Policy & politics

### **The four health systems of the United Kingdom: how do they compare?**

This report assesses the performance of the NHS on the quality of patient care in all four UK countries since devolution. It attempts to update earlier comparisons of the publicly financed health systems of England, Scotland, Wales and Northern Ireland in terms of funding, inputs and performance before and since devolution. It also includes comparisons with the North East of England, which has been chosen as a better comparator with the three devolved nations than England as a whole. It gives trends over time for a wider range of performance indicators from the late 1990s to 2011/12, or 2012/13 where data were available.

The Health Foundation. 11 April

### **G8 dementia summit: global action against dementia**

This document contains a roundup of the activity at the G8 dementia summit on 11th December 2013. It covers agreed actions from the summit, highlights from some of the speeches, first-hand experience from people affected by dementia and a summary of the discussion panels.

Department of Health. 10 April

### **A new settlement for health and social care - interim report**

In this report, the commission explains why it believes England needs a single health and social care system, with a ring-fenced, singly commissioned budget, and more closely aligned entitlements. Drawing on accounts from patients and their families, it argues that the current system is no longer fit for purpose.

Commission on the Future of Health and Social Care in England. 3 April

### **Solving the NHS care and cash crisis**

This report, authored by the former Minister for Health Reform Lord Warner, argues that NHS funding from general taxation should rise only with inflation and proposes a NHS membership scheme for UK residents. It also argues that the creation of a national health and care service is central to tackling the care crisis and integration of health and social care.

Reform. 31 March

### **Accountable care organisations (ACOs) in the United States and England: testing, evaluating and learning what works**

This paper describes the different types of ACOs emerging in the United States; presents some early evidence on their performance; assesses the future for ACOs; and discusses the implication of these developments for integrated care initiatives in England.

The King's Fund. 27 March

### **Independent report: NHS and social care: public perceptions 2013**

The Department of Health commissions a 'tracker' survey to explore public attitudes towards, and perceptions of, the NHS and social care services. The survey captures the views of a representative cross-section of the public. There are a core set of questions that have been repeated in other waves, and this allows us to track changes in these views over time.

Department of Health. 27 March

### **Independent report: Chief Medical Officer annual report: surveillance volume 2012**

As well as presenting data and evidence, the CMO also comments on overarching trends. This year, information in the report suggests that we may need to rethink what is regarded as 'normal' in relation to our health and our society. Not enough information is collected for some health issues, for example sensory impairment such as blindness and deafness. Where this is the case, the experts have tried to come up with novel ways of getting more information out of existing systems.

Chief Medical Officer. 27 March

### **Financial mechanisms for integrating funds for health and social care: an evidence review**

This evidence review argues that pooling funds across health and social care services should not be considered a panacea that will lead to the successful delivery of integrated care.

Centre for Health Economics, University of York. 24 March

### **Local Healthwatch outcomes and impact development tool version 2**

This outcome and impact development tool has been designed to promote the development of local Healthwatch as an independent organisation that can effectively and efficiently deliver its functions. It is intended to assist local Healthwatch identify what outcomes and impacts a 'Good' local Healthwatch could achieve through the delivery of its functions.

Local Government Association. 24 March

### **London's NHS at the crossroads**

This report proposes an 18-point plan to improve NHS services in London.

Unite. 21 March

## **Contracting out public services to the private sector**

This report brings together evidence from two hearings on contracting out government services, which were held on the basis of reports by the National Audit Office. The report states that it is vital for Parliament and the public to be able to follow the taxpayers' pound to ensure value for money. It calls for three basic transparency measures to ensure this: the extension of Freedom of Information to public contracts with private providers; access rights for the National Audit Office; and a requirement for contractors to open their books up to scrutiny by officials.

Public Accounts Committee. 17 March

## **Next steps for the NHS Constitution: recommendations by the Expert Advisory Group to the NHS constitution**

The Expert Advisory Group to the NHS Constitution has made 10 recommendations to the department and national and local organisations in the health system to increase the impact of the NHS Constitution. The report recommends several ways to bring the NHS Constitution to life and ensure it is a practical tool for patients.

Department of Health. 13 March

## **Commissioning**

### **Cancer's unequal burden**

This report finds that there is a large variation in survival and the long-term impact on survivors' health for breast, prostate, lung and brain cancers. It urges NHS leaders and GPs to adopt the solutions in the report and use the research to better plan cancer services. These include improving early diagnosis; providing equal access to the best available treatment; implementing the 'cancer recovery package'; and encouraging people with cancer to be physically active.

Macmillan Cancer Support. 4 April

### **Routes from Diagnosis report reveals variation in survival, long-term health and costs for four cancers**

Routes from Diagnosis (RfD) is a programme of research that retrospectively analyses almost 85,000 patients' interactions with the NHS in England over seven years. It provides the most detailed picture yet of the health issues patients face. Someone may survive cancer, but this doesn't mean they return to good health. This first report describes the findings for the first four cancers to be analysed using this technique – breast, lung and prostate cancer, and brain and central nervous system tumours.

Macmillan Cancer Support. 4 April

### **Putting patients first: business plan 2014-15 to 2016-17**

This is the refreshed business plan for NHS England and it describes the role of the organisation, both as a direct commissioner and as a leader, partner and enabler of the NHS commissioning system. It reaffirms NHS England's commitment to improving the quality of care, improving equality and reducing health inequalities and ensuring that

patients and the public are continually involved in decisions about their care and the future of the NHS.

NHS England. 1 April

### **Clinical commissioning groups one year on: member engagement and primary care development**

This slideshow presents the results of a survey of GPs in six CCG areas which investigated the experiences of member of CCGs over their first year. Whilst less than half of the GPs surveyed felt that decisions made by CCGs reflected their views, the research also suggests that three times as many GPs think that they can influence the work of their CCG than they could their predecessors, PCTs. The survey is an interim finding from ongoing work between The King's Fund and the Nuffield Trust to understand how CCGs are developing.

The Nuffield Trust. 1 April

### **Unit costs of health and social care 2013**

This publication collects and lists the unit costs of health and social care services and has been updated to reflect changes in the health and social care system since the reforms.

Personal Social Services Research Unit. 14 March

### **'Early access' scheme unveiled for innovative medicines**

People with advanced cancer and other serious illnesses like dementia could soon benefit from early access to innovative and promising treatments. The Early Access to Medicines scheme would enable safe and promising drugs to be "fast tracked" into the NHS before they have even been granted a licence for use. The new scheme will allow patients without other treatment options to be given experimental drugs that have not yet been licensed but that have been deemed safe and effective through clinical trials.

Department of Health. 14 March

### **Better Care Fund - technical guidance (revised)**

Following the initial submission of draft Better Care Fund plans, a number of common issues arose that needed addressing and/or clarifying. A number of documents have been updated to help clarify these issues.

NHS England. 12 March

### **Ripping off the sticking plaster: whole-system solutions for urgent and emergency care**

Mounting pressures on England's urgent and emergency care services have been well documented in local and national media over recent months. This report acts as a roadmap to the fundamental changes required to create a sustainable and high-quality urgent and emergency care system that can meet the needs of patients now and in the future.

NHS Confederation. 10 March

## Quality

### **Guidance: Supporting public service transformation: cost benefit analysis guidance for local partnerships**

This guidance is intended for use by local partnerships in order to assess and evaluate public service transformation proposals and to better understand fiscal, economic and public benefits, and how these are apportioned across local and national organisations and communities.

HM Treasury. 2 April

### **Halving avoidable harm and saving up to 6,000 lives**

A new ambition to reduce avoidable harm in the NHS by half over the next three years, cut costs and save up to 6,000 lives has been outlined by Jeremy Hunt. The Secretary of State has announced details of how NHS organisations can work together to improve patient safety and save money. Each NHS organisation will be invited to 'Sign up to Safety' and set out publicly their ambitious plans for reducing avoidable harm, such as medication errors, blood clots and bed sores over the next three years.

Department of Health. 26 March

## Workforce

### **Running on empty: NHS staff stretched to the limit**

This survey of almost 3,000 nurses from across the UK highlights the pressures staffing levels in the NHS. The survey reveals that 65% of staff said that they did not have enough time with patients and 55% reporting that as a result care was left undone. The report also highlights research that demonstrates the clear link between appropriate patient staff ratios and patient mortality.

Unison. 14 April

### **How to ensure the right people, with the right skills, are in the right place at the right time**

This guidance has been jointly issued by NHS England and the Care Quality Commission in order to help deliver on the commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels.

NHS England. 1 April

### **Values mapping tool**

This tool aims to help organisations to map their values to those in the NHS Constitution. It has been developed as part of Health Education England's Values Based Recruitment programme which will ensure that selection into all new NHS funded training posts incorporates testing of values based recruitment by March 2015.

NHS Employers. 20 March

## Frontline First: more than just a number

This report reveals that there are 3,994 fewer full time equivalent nursing staff working in senior positions than in April 2010. Staff working at this level include ward sisters, community matrons, clinical nurse specialists and advanced nurse practitioners. It warns that with almost 4,000 fewer senior nursing posts than 2010, the NHS is being drained of valuable leadership, experience and specialist knowledge from the health service.

Royal College of Nursing. 11 March

## Primary/community care

### Improving general practice: a call to action - phase 1 report

This report contains a future strategy for commissioning general practice services. It focuses on the central role NHS England wants general practice to play in wider systems of primary care, and it describes NHS England's ambition for greater collaboration with clinical commissioning groups in the commissioning of general practice services

NHS England. 12 March

## Public Health

### The future of public health - a horizon scan

Public Health England (PHE) commissioned RAND Europe to undertake a horizon scanning study exploring the future of public health and related scientific services. This work was intended to help inform thinking at the strategic level within PHE, firstly in relation to the wider vision of the Agency and, secondly, in relation to the proposals for the creation of an integrated public health science hub. The report focuses on the different future public health science needs and the extent to which an integrated science hub could serve PHE as it evolves over the next twenty years.

RAND Europe. 20 March

## Physical Activity

# Inequalities



### The "snowy white peaks" of the NHS

This study finds that the black and minority ethnic (BME) population is largely excluded from senior positions both as NHS managers and as NHS trust board members. It finds that the pattern extends to all national NHS bodies, and appears to be particularly serious in London. It also considers the extent of the gap between the diversity within the workforce and the local population, and that visible among trust leaderships and senior management.

That gap is then considered in the light of growing evidence about the impact of staff and board diversity on the effectiveness of healthcare provision and the patient experience.

Middlesex University London. 14 April

### **Men in most deprived areas of England more than twice as likely to smoke**

As part of No Smoking Day, the ONS have published analysis showing a link between the rate of smoking and area deprivation in England

Office for National Statistics. 12 March

### **How does money influence health?**

This study looks at hundreds of theories to consider how income influences health. It identifies four ways money affects people's wellbeing: material, psychosocial, behaviour and reverse causation.

Joseph Rowntree Foundation. 10 March

### **Hidden needs: identifying key vulnerable groups in data collections: vulnerable migrants, gypsies and travellers, homeless people, and sex workers**

This report argues that the health care needs of the most vulnerable groups in society not being met because of gaps in health information and data gaps. It is aimed at data providers, healthcare professionals, commissioners and others working to improve the health of the vulnerable groups and signposts the way to good data.

Department of Health. 10 March

## **Older People**

### **Delivering a Better Life for older people with high support needs in Scotland**

*A Better Life* was a major five year programme of work developed by the Joseph Rowntree Foundation which explored how to achieve a good quality of life for older people with high support needs. This briefing has been produced by IRISS to ensure that the messages and challenges of *A Better Life* are understood in the context of the current policy drivers in Scotland and are translated into practice across the country.

Institute for Research and Innovation in Social Services. 1 April

### **Focus on: social care for older people - reductions in adult social services for older people in England**

This report examines the scale and scope of cuts to social services for older people in England from 2009/10 to 2012/13. It reveals that most local authorities are tightly rationing social care for the over-65s in response to cuts, resulting in significant drops in the number of people receiving services.

Nuffield Trust. 26 March

## **Telehealth and telecare**

The UK's elderly population is growing and with it the number of people with long-term health problems. This is putting pressure on the health and social care systems. Increased use of technology such as telehealth and telecare may help to improve quality of care and reduce costs. This note describes current UK telehealth and telecare initiatives and the role they may play in delivering future care.

House of Commons Library. 18 March

## **2030 vision: The best - and worst - futures for older people in the UK**

This report provides a futures perspective on how we make the UK the best country to grow old in. It examines both the best and worst case scenarios and the rising costs associated with an ageing population.

International Longevity Centre UK. 14 March

# Social Care



## **Commissioning in adult social care: the LGiU and Mears thought leader series - a summary**

From May 2013 to February 2014 LGiU worked in partnership with social care provider Mears to deliver a series of roundtables. It was decided that the topic needed exploring in greater depth through a programme of events which would draw together thought leaders in adult social care to focus on different aspects of commissioning. This publication brings together in one place the notes from the series.

Local Government Information Unit. 3 April

## **Supporting employees who are caring for someone with dementia**

With our ageing population and workforce, dementia is becoming an increasingly significant issue in the workplace, with more and more people combining work with caring for a loved one. In recognition of this, Carers UK and Employers for Carers carried out an employer and employee survey between October 2013 and January 2014 to find out the impact of working while also caring for someone with dementia. This report sets out the key findings and emerging issues from these surveys. It concludes by making 10 recommendations for employers, health and social care services and government to take to facilitate better support for employees who are caring for loved ones with dementia.

Carers UK. 25 March

## **Adult social care in England: an overview**

This report highlights the main risks and challenges as the adult social care system changes radically. It argues that the government does not know if the limits of the capacity of the care system to continue to absorb pressures are being approached and warns that

major changes to the system to improve outcomes and reduce costs will be challenging to achieve.

National Audit Office. 13 March

## Palliative/end of life care



### Difficult conversations with dying people and their families

This survey of over 1,000 GPs reveals that terminally ill people are not getting access to the right care when they need it. The report highlights issues surrounding round-the-clock care with families reporting having to chase after prescriptions, nurses waiting hours for vital drugs to arrive, and locums unable to prescribe.

Marie Curie Cancer Care. 11 March

### National Survey of Bereaved People (VOICES) by NHS Area Team (England), 2011-12

Overall quality of care is consistent across the majority of NHS Area Teams in England. Reports of 'always' being treated with dignity and respect are high across all medical professions, although numerous areas differ significantly from the national average. Relief of pain is managed least well at Home and this is more geographically consistent than any other aspect of care assessed. Across NHS Area Teams, between 48% and 58% of people died in their preferred place of death, with the majority of NHS Area Teams showing no significant difference from the national average.

Office for National Statistics. 6 March

## Blogs and Opinion



### What you believe

I've been thinking... it's been a bad week for thinking. Sure, there are more people who need more help. Don't tell me we can't afford it. I believe we can. Sure, we can do more, be more efficient and smart but the simple truth is; it's going to cost more. Get over it. There is no 'funding gap' there is just a gap in our thinking, our philosophy. As in 1948, in the aftermath of austerity and war, the NHS was born; so in 2014 a war is over and we, again, face austerity and if we want it, the NHS can be reborn.

Roy Lilley. 4 April

## **It is time for a new settlement for health and social care in England**

Coming new to the topic of health and social care, I have found the past nine months, as the chair of the Commission on the Future of Health and Social Care in England, surprising, moving and very challenging. Surprising because of the stark difference between the public funding of health care and social care; moving because of the stories from patients and their carers; challenging because we are seeking to narrow a deep-rooted divide. In the interim report of the commission, published today, we explain why there are some truths here which must be faced, and then propose some options for change.

Kate Barker. Kings Fund. 3 April

## **Is the state shrinking?**

Whatever measure you use, the state-shrinkage seems fairly modest, taking us back to somewhere between the early and mid-2000s, more or less undoing the Blair-Brown public spending rises but hardly a fundamental rolling back of the state. But here is where the problems start. Firstly, the population isn't the same as it was in the mid 2000s. It contains a lot more old people who receive state pensions and associated benefits. Secondly, the labour market is weak. People in low pay, zero hours contracts and precarious self-employment don't deliver much tax revenue and a lot of them rely on benefits. The result of this increased pressure on public finances is a shift in state spending away from public services and towards welfare and debt repayments.

Flip Chart Fairy Tales. 2 April

## **Can Simon Stevens build a coalition for change?**

It's exactly a year since the Health and Social Care Act came into force. One of the key planks of the reforms was the establishment of a new NHS Commissioning Board (now NHS England) to oversee the commissioning of services and the allocation of NHS resources. Today its new chief executive, Simon Stevens, takes up his post with an inbox that will be full to overflowing. Three issues demand his immediate attention.

Chris Ham. Kings Fund. 1 April

## **What can we learn from how other countries fund health and social care?**

England is not alone in facing the implications of an ageing population with changing patterns of illness. To inform the work of the independent commission on the future of health and social care in England, I have spent the past few months looking at how other countries are responding to these challenges. By comparison with other OECD countries, two features of the English system stand out. First, we have an unusually defined split between our health and social care systems. Second, we are at the lower end of the range for public spending on social care, although it is difficult to establish direct comparisons as we do not report on social care funding to the OECD.

Sarah Gregory. Kings Fund. 26 March

## **Are the wheels finally coming off the NHS' finances?**

With productivity unable to fill the financial gap, the NHS has been coping by living off some big one-off savings: wage restraint, administrative cost reductions and falling drug costs for

GP prescribing. As the Health Select Committee recently highlighted, progress in making the transformative change so widely trumpeted as a possible answer has been slow. Hospitals are finding it increasingly difficult to identify and deliver their Cost Improvement Programmes.

Anita Charlesworth. BMJ. 10 March

### **How can the NHS tackle its innovation deficit?**

Innovation is not just about new ideas, it is also about how and why ideas spread. There are similar stories in every industry. Why have DVDs spread across the world but Blu-ray never really caught on? But in healthcare the stakes are high, because the rapid adoption of new therapies, drugs or technologies can save or improve countless lives.

Michael Macdonnell. The Guardian. 10 March

### **What is 'good' healthcare?**

In almost 15 years of interviewing people all over the country about their experiences of health and illness for this website, we've heard lots of examples of good healthcare and sadly some examples of not so good healthcare. Much can be learnt about improving healthcare provision from listening to people's experiences so we were really pleased to be commissioned to come up with a list of what makes up the core components of 'good' healthcare.

Health Experiences Research Group, University of Oxford. 17th February

# Clinical research



## Macmillan funded research or researcher

### **Gastrointestinal consequences of cancer treatment and the wider context: A bad gut feeling**

The percentage of people living with a diagnosis of cancer is rising globally. Between 20% and 25% of people treated for cancer experience a consequence of cancer which has an adverse impact on the quality of their life. Gastrointestinal symptoms are the most common and have the greatest impact on daily activity. A holistic, multifaceted and multidisciplinary approach is required to manage those consequences long-term.

Acta Oncologica. 27 March

### **The 10th Palliative Care Congress. Harrogate International Centre**

Oral and poster presentations.

BMJ Supportive and Palliative Care. Supplement. 20 March

### **Relational mechanisms and psychological outcomes in couples affected by breast cancer: a systematic narrative analysis of the literature**

Relationships are a significant dimension of illness experience. At the couple level, partners will respond to illness as an interpersonal unit rather than individuals in isolation. Research adopting a relational perspective have focused on communication, relational coping and relationship functioning and satisfaction. To our knowledge, there is no published systematic review of literature that reports associations between a couple's relationship and psychological outcomes of patients and partners affected by breast cancer. While there remain many opportunities for contributing to the theoretical and empirical work in this field, there is sufficient evidence to propose a relational approach to supporting people affected by cancer

BMJ Supportive and Palliative Care. 20 March

### **Using the Clinical Research Network for psychosocial cancer research: lessons learned from two observational studies**

Patient recruitment to psychosocial oncology research has increased but the many studies have been single-site or small-scale. The National Institute for Health Research Clinical Research Network, supports National Institute for Health Research portfolio studies through provision of research staff for recruitment and follow-up. These studies are usually clinical trials of an investigational medicinal product. Psychosocial researchers have little used this resource. Some challenges were similar to those in delivery of clinical trials of an investigational medicinal product. The pros and cons of being involved in ePOCS from the research nurse perspective are also described. Overall the approaches used were successful with both studies reaching their recruitment targets.

BMJ Supportive and Palliative Care. 20 March

### **Defining the illness trajectory of metastatic breast cancer**

This is the first study to systematically explore the experience of women over time to define the metastatic breast cancer illness trajectory and provides evidence that current care provision is inadequate. Alternative models of care which address women's increasingly complex problems are needed.

BMJ Supportive and Palliative Care. 20 March

### **Time to act: the challenges of working during and after cancer, initiatives in research and practice**

A diagnosis of cancer has a significant impact on work and employment. With improvements in cancer treatments more people are surviving longer, and it is estimated that there are approximately 700,000 people of working age with cancer in the UK. This figure is increasing year on year, not least because people are working later in life. While many people are able to remain in or return to work, a sizeable number experience problems: research shows that people with cancer are 1.37 times more likely to be unemployed than those without. Patients experience a lack of well-timed and appropriate support, both in the acute phase and in the months and years following treatment. Health care professionals, in turn, report that they feel ill-equipped to respond adequately to patients' work-related difficulties.

European Journal of Oncology Nursing. 19 March

## Other research

### **Bowel cancer linked to fine-tuning 'microRNA'**

A tiny genetic 'fine-tuner' called a microRNA could play an important role in the development of bowel cancer, an international team of scientists suggest. The molecule, known as microRNA 135b, was linked to several important cancer genes that are involved in the progression of the disease. And the study could lead to new ways to target bowel cancer and shut down the effects of these cancer-causing genes in one hit.

Cancer Cell. 14 April

### **Study finds prostate cancer tests underestimate disease in half of cases**

Tests to grade and stage prostate cancer underestimated the severity of the disease in half of men whose cancers would have been classified as 'slow growing'. Scientists compared the staging and grading of over 800 men's cancers before and after they had surgery to remove their prostate. They found that in the 415 men whose prostate cancer was classified as slow growing and confined to just the prostate after an initial biopsy, half (209) – when assessed again after surgery – had more aggressive cancer than originally thought. And almost a third (131) had cancers that had spread beyond the prostate.

British Journal of Cancer. 11 April

### **Discovery to help predict who will benefit from lung cancer treatment**

Scientists have discovered the structure of an abnormal protein which causes an aggressive type of lung cancer. Unveiling the structure of this protein – formed by a genetic fault – could enable doctors to predict who will benefit from a specific lung cancer treatment, while saving other patients from receiving it unnecessarily.

Proceedings of the National Academy of Science. 24 March

### **Radiotherapy after mastectomy could benefit more women with breast cancer**

Women whose breast cancer has spread to just a few lymph nodes under the arm could benefit from radiotherapy treatment following mastectomy. Current NHS guidelines say that women should be offered radiotherapy if their breast cancer has spread to four or more under arm lymph nodes. But the new study shows that radiotherapy may also improve survival for women whose cancer has spread to between one and three lymph nodes, and also help prevent their disease from returning.

Lancet. 20 March

### **Lung cancer rates climb by three quarters in women while halving in men**

Lung cancer rates in women have risen by a staggering three quarters (73 per cent) over the last forty years. But while the rate for women has continued to climb, the figures show lung cancer rates have fallen by nearly half (47 per cent) in men over the same period and by a fifth (20 per cent) for people overall.

Cancer Research UK. 19 March