

1. Estimate based on applying routes to diagnosis data from Elliss-Brookes L *et al.* Routes to diagnosis for cancer – determining the patient journey using multiple routine data sets. *Br J Cancer* 2012; 107: 1220–1226 <http://www.nature.com/bjc/journal/v107/n8/full/bjc2012408a.html>. For diagnoses made in 2006-2008, 24% were diagnosed through the Emergency Presentation route. Assuming that the same proportion of Emergency Presentation diagnoses applies to the total new cancer diagnoses expected in each of the 6 years between 2015 and 2020 inclusive (total cancer incidence for the UK from Macmillan estimate of number of people diagnosed with cancer, based on incidence data from Office for National Statistics; Information Services Division (ISD) Scotland; Welsh Cancer Intelligence & Surveillance Unit; Northern Ireland Cancer Registry; and incidence projections from Mistry M, et al. 2011. Cancer incidence in the UK: Projections to the year 2030, *Br J Cancer*. 105: 1795-1803; and assuming 5% of people get two or more primary diagnoses of cancer as noted in Sasieni P.D, et al. What is the lifetime risk of developing cancer?: the effect of adjusting for multiple primaries. *Br J Cancer*. 2011. 105: 460 – 465.), we calculate that a cumulative total of 499,000 people would be diagnosed with cancer in the UK via the Emergency Presentation route.

2. Estimate based on applying current cancer patient experience data (at present only for England) on the proportion of cancer patients responding positively to the question “Do you feel that you were treated as a ‘set of symptoms’ rather than a person?” (from the Cancer Patient Experience Survey 2013, England. Results are based on responses from patients with a cancer diagnosis who were discharged from hospital between 1st September and 30th November 2012 from 155 NHS trusts in England) and applying this proportion to a UK-wide estimate based on England data of the total number of people who might be going for their first treatment for cancer. For 2013 in England, 19% responded positively to the ‘set of symptoms’ question in the cancer patient experience survey. Assuming that this same proportion applies to an estimate of the total people receiving first treatment for cancer in each of the 6 years between 2015 and 2020 inclusive (total cancer incidence for England from Macmillan estimate of number of people diagnosed with cancer, based on incidence data from Office for National Statistics and incidence projections from Mistry M, et al. 2011. Cancer incidence in the UK: Projections to the year 2030, *Br J Cancer*. 105: 1795-1803; Estimate of number of patients admitted to hospital each year in England for their first definitive cancer treatment comes from: Department of Health provider based cancer waiting times for on Q4 2012/3 for patients undergoing first definitive treatment (all cancers) within 31 days or more than 31 days from diagnosis. The quarterly figures have been multiplied to arrive at an annual figure. <http://transparency.dh.gov.uk/cancer-waiting-times/>. Please note (a) a patient may have more than one primary cancer for which they received treatment for within the same 12 months and hence may be double counted; (b) admitted figure includes ordinary admissions and day cases in addition to patients admitted for an overnight stay; (c) using these figures to estimate the number of people who are affected may lead to an overestimate as the figure includes patients who are treated as both day cases and overnight stays. The same growth rate predicted for incidence was assumed to also apply to the number of people estimated to receive their first treatment for cancer.), we calculate that a cumulative total of 250,000 people going for treatment for cancer could potentially experience this particular aspect of poor experience, assuming that all of them are eligible patients as part of the Cancer Patient Experience survey.

3. Estimate based on applying latest available place of death data for people dying of cancer in England and Wales (from Office for National Statistics. Place of death for cancer patients 2012, England and Wales – personal communication) and applying this proportion to our UK-wide forecasted cancer mortality data. For 2013 in England and Wales, 38% of people dying from cancer died in hospital. Assuming that this same proportion applies to the total forecasted people dying from cancer in each of the 6 years between 2015 and 2020 inclusive (total cancer mortality

for the UK from Macmillan Cancer Support estimates cancer mortality trends to 2030 assuming trends from 2000 to 2010, continue at the same rate. 2000 to 2010 data are provided by Office for National Statistics (England and Wales); Scottish Cancer Registry & Northern Ireland Cancer Registry) we calculate that a cumulative total of over 370,000 people dying from cancer would die in hospital. Macmillan's own research (from Macmillan Cancer Support, February 2010 online survey of 1,019 UK adults living with cancer. Survey results have not been weighted) shows that less than 1% of people living with cancer would actually prefer to die in hospital. There are many reasons why people with cancer do not currently die in their place of choice.

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