How many people need expert symptom assessment but are not in the last year of life?

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Background
Two million people in the UK have had a cancer diagnosis (Figure 1). If current trends continue by 2030 there will be 4 million.

The palliative care funding review classified needs according to phase of illness, and recognises the challenge of identifying people in these phases. Data are currently not routinely collected to enable calculation of the numbers at different phases of illness. We have used incidence, prevalence, survival and mortality data together with transparent clinically-led assumptions to segment the population in order to stimulate interest and debate to ensure that accurate data are collected in the future.

Recognising progressive illness
Five main phases on the care pathway have been identified (Figure 2). We assume one phase of ‘unstable illness’ will be at the start of ‘progressive illness’. Progressive illness is assumed to be a phase in the pathway from diagnosis of incurable disease up to but not including the last year of life.

Progressive illness is estimated using mortality data (excluding those in the last year of life) and median survival for incurable disease. The numbers in the progressive illness group will be underestimated and the numbers in the monitoring groups will be overestimated as separate estimates for people with ‘unstable illness’ who would be in our progressive illness phase – this estimate only includes an estimate of those with metastatic cancer (and no-one with lung cancer). There are likely to be higher numbers of people with ‘unstable illness’ who would be in our progressive illness phase if data were available to identify severe consequences to be higher numbers of people with ‘unstable illness’ who would be in our progressive illness phase – this estimate only includes an estimate of those with metastatic cancer (and no-one with lung cancer). There are likely to be higher numbers of people with ‘unstable illness’ who would be in our progressive illness phase if data were available to identify severe consequences of treatment.

Results
Figures 3-6 provide indicative estimates of the number of people in each phase of the care pathway for four of the most common cancers in the UK – breast, prostate, colorectal and lung cancer. These cancers accounted for more than 50 per cent of new diagnoses in 2008. Around 60,000 people are in our progressive illness phase – this estimate only includes an estimate of those with metastatic cancer (and no-one with lung cancer). There are likely to be higher numbers of people with ‘unstable illness’ who would be in our progressive illness phase if data were available to identify severe consequences of treatment.

Conclusion
We use readily available data to segment the population living with cancer into needs-based segments to allow targeting of interventions and redistribution of resources. We model four tumour groups to illustrate the potential utility of needs-based segments to allow targeting of interventions and redistribution of resources. We model four tumour groups to illustrate the potential utility of needs-based segments to allow targeting of interventions and redistribution of resources. We model four tumour groups to illustrate the potential utility of needs-based segments to allow targeting of interventions and redistribution of resources. We model four tumour groups to illustrate the potential utility of needs-based segments to allow targeting of interventions and redistribution of resources.

Notes and data sources for figures:
See handout for full detail of data and sources presented in this poster or contact the corresponding author.

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References:
iii. Office for National Statistics; Information Services Division (ISD) Scotland; Welsh Cancer Intelligence & Surveillance Unit; Northern Ireland Cancer Registry.