

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 millionⁱ.

The palliative care funding reviewⁱⁱ 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.

Figure 3 Breast care pathway – estimating the number of women in the UK, 2008



Figure 4 Prostate cancer care pathway – estimating the number of men in the UK, 2008



Figure 5 Colorectal cancer care pathway – estimating the number of people in the UK, 2008



Figure 6 Lung cancer care pathway – estimating the number of people in the UK, 2008



Figure 1 People newly diagnosed, people living with cancer by year since diagnosis and deaths for people with a cancer diagnosis, UK, 2008



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 significant late effects have not been made.

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.ⁱⁱⁱ 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 presenting data in this way. We believe the data are directionally correct and that similar estimates could be developed for other tumour groups and other illnesses. These estimates, particularly those identified in progressive illness go some way to quantifying the numbers of people with cancer, not in the last year of life, who could qualify for the palliative care tariff.

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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Figure 2 How have we estimated the cancer care pathway?

