Background
In July, recommendations were laid out in the Cancer Strategy for England 1 which included Macmillan’s exploratory work framing three groups of cancer patients (shown in green), have elevated hospital activity in the first two years after diagnosis. At this point it becomes more complicated. Those who have a recurrence or second primary cancer (cancer complications) also have as high a level of sustained cancer related activity shown in dark maize). However, this is despite their falling into the longer-term survival group.

Prostate is another example: again there is a concentration of activity around diagnosis. However, after this period, for some groups of patients there is a tail of hospital activity continuing over a number of years (figure 4). Those with metastases within 90 days of diagnosis (presented) or subsequently (developed), who generally fall into the intermediate group (shown in green), have elevated hospital activity in the first two years after diagnosis. At this point it becomes more complicated. Those who have a recurrence or second primary cancer (cancer complications) also have as high a level of sustained cancer related activity shown in dark maize). However, this is despite their falling into the longer-term survival group.

Conclusions
The cancer group a patient is in influences their hospital activity. We believe this is indicative of a wider picture where people with intermediate cancers often experience realease or reccurence. This can mean that they face an especially uncertain future with what appears to be often ongoing complex care needs. This group may need a balance of acute intervention, self-management and chronic illness management.

Those in the longer-term survival group may have fewer hospital admissions directly related to their cancer but many are still living with the consequences of cancer and its treatment. Some still face recurrence or secondary primary cancer years after primary treatment. This means self-management with appropriate support can be important, alongside a focus on impact of recovery and late effects, and reducing unnecessary over-treatment.

Early diagnosis and good treatment or palliative care is essential in supporting people with shorter-term survival cancer types.

Survival is improving but 30% of cancer incidence is still in cancers with typically poor survival and 20% in intermediate survival cancers. However, the differences are not just about length of life but differences in needs. Here we have explored hospital activity as a key aspect of need, which has more readily available data: That said, needs for people living with cancer go well beyond acute care. It is important to understand the full extent of the needs people living with cancer and how care can be coordinated to best meet these. If we are to do this, we require more information on outpatient activity as well as activity across primary care, social care and community services.

Every person with cancer is different and support should be tailored to individual needs. However, we believe the three groups provide a broad framework and explanation to explore the complexity, intensity and longevity of needs for people with different cancer types.

Acknowledgements
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References
4. Office for National Statistics. Table 3. Estimated average year of five-year relative survival (% with 95% confidence interval) (CI) for adults (aged 15-74 years) that would be diagnosed in 2013. England, 24 cancer sites by age and sex. 2014. National Cancer Intelligence Network. Imputed stage survival workbook. 2014

Explaining the different complexity, intensity and longevity of broad clinical needs

H McConnell, R White, J Maher. Macmillan Cancer Support

Figure 1 Variation in survival rates between the three cancer groups

Figure 2 Proportion of people in each of the three cancer groups, estimates for the UK

Figure 3 Inpatient cancer-related episodes for those surviving between one and five years after a breast cancer diagnosis in 2004 in England

Figure 4 Inpatient cancer-related episodes for those surviving between one and seven years after a prostate cancer diagnosis in 2004 in England

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<th>1 year</th>
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The chart focuses on the first 48 months post diagnosis for breast cancer and the first 60 months for prostate cancer. This is because, after this period, there were not enough people alive in each cohort to calculate a meaningful number of episodes for each living patient.

For full descriptions and definitions of the survival groups, please see the Routes from Diagnosis report 1.