



**Surrey Total Health**  
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# Oncology for General Practice

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# Contents

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- Shifting paradigms in cancer care in the UK
- Managing patients living with cancer in the community.
- Specific issues in particular cancer types

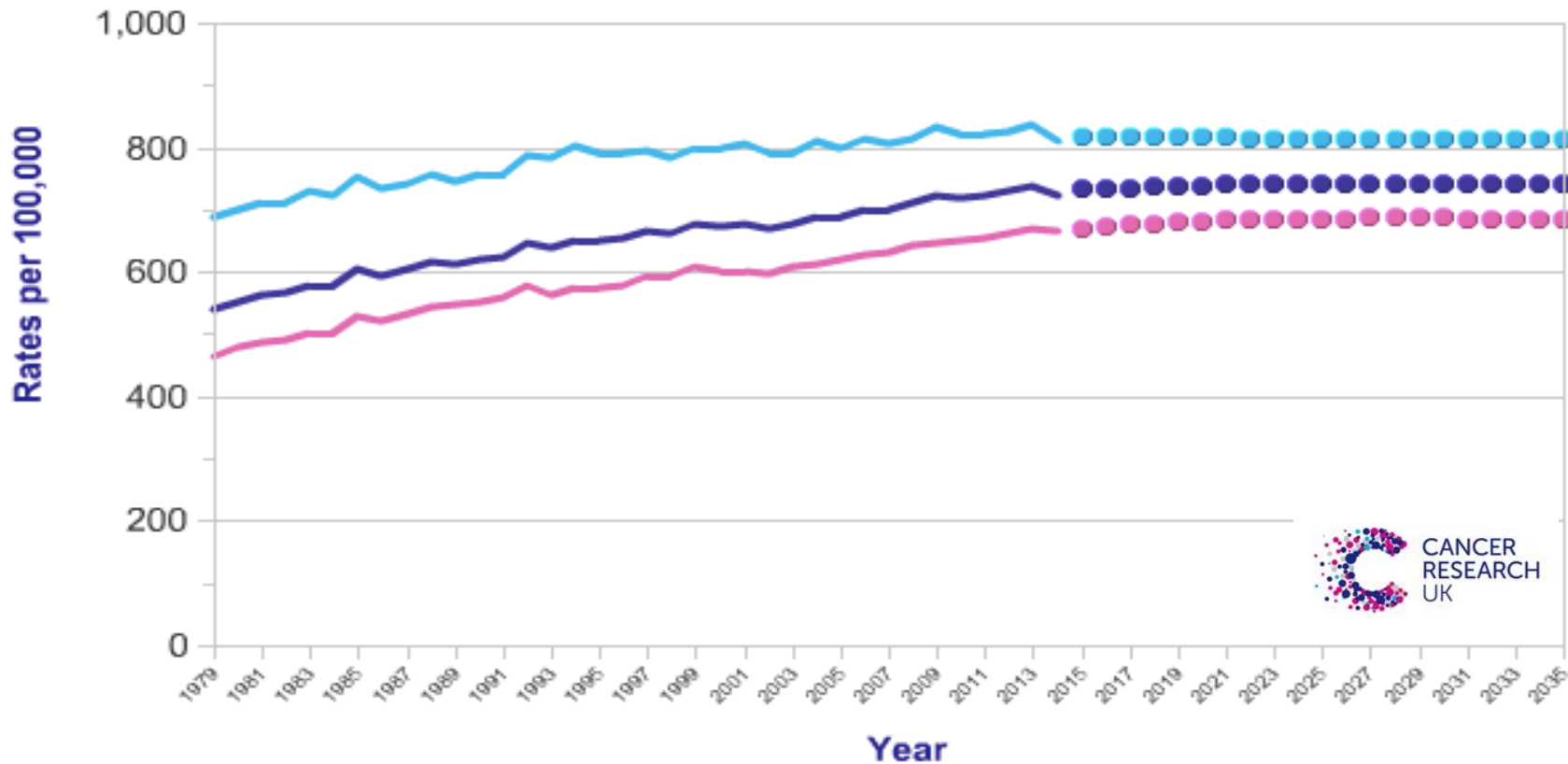


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# Mail Online

**UK ranks BOTTOM for cancer survival rates for five types of tumour including lung and pancreatic, major study finds**

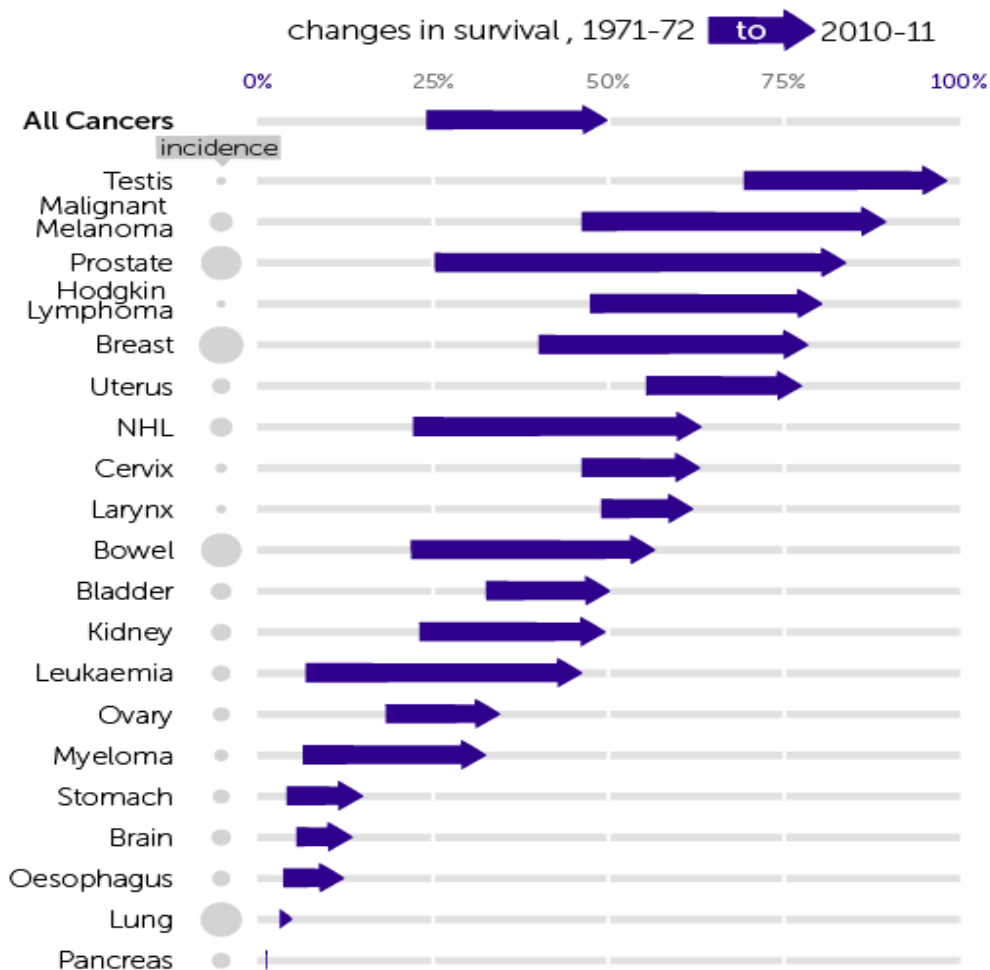
# Incidence of all cancers in the UK over the last 40 years



- Female, Observed ASR
- Female, Projected ASR
- Male, Observed ASR
- Male, Projected ASR
- Persons, Observed ASR
- Persons, Projected ASR



# Age-Standardised Ten-Year Net Survival, Selected Cancers, Adults (Aged 15-99), England and Wales, 2010-2011



# The story so far

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- Cancer outcomes have improved dramatically and are continuing to do so.
- Improvements due to a multitude of factors.
- Success however brings new challenges and unless the service adapts the rate of improvement will slow.

# Current challenges in secondary care

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- Increasing patient numbers
  - More patients diagnosed
  - More patients living with cancer
- Increasing numbers and complexity of treatments.
- Dated infrastructure.
- Staff shortages

# The solutions

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- Focus of cancer strategy is on earlier diagnosis and on reducing time to start of treatment.
- In order to facilitate this increasing focus on reducing hospital attendances in treated patients.
- = Earlier discharge to community services!





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- Patients who remain on active treatment.
  - Patients with chronic health issues as a result of a cancer diagnosis and treatment.
  - New symptoms and when to refer back.
  - Directing patients as to who to contact.

# Breast cancer

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Open access follow up for all patients diagnosed with early breast cancer.

Patients continue to have annual mammograms for five years.

Telephone access to breast clinical nurse specialist.

Documented plan for switching hormone therapies, DEXA scans etc.

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# Breast cancer

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Bisphosphonates:

Post-menopausal women commencing treatment with aromatase inhibitors are routinely offered adjuvant bisphosphonate therapy as part of their cancer treatment.

# Breast cancer

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## Hormone therapy

The period of time that patients are on hormone therapy for is increasing up to 10 – 15 years.

Menopausal side effects are common.

Remedies containing hormones are not recommended for patients with hormone sensitive breast cancer with the exception of short courses of topical oestrogens for problems relating to atrophic vaginitis.

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# Referring back

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- Cancer is unpredictable.
- Recurrence is commonest within the first 2 years after diagnosis. Notable exceptions include breast and thyroid cancer.
- Non-specific symptoms which may have a multitude of causes should not be assumed to be due to a diagnosis of cancer.

# Signposting patients

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- Patients who remain under follow up will have contact details for a cancer nurse specialist.
- Patients on treatment will have access to a 24-hour hotline to discuss any concerns about side effects of treatment.
- Patients who have been discharged will need re-referral.

# Immunotherapy

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- Used in many different cancer types.
- Most common types are PD-1/PDL-1 inhibitors.
- Work by enhancing the immune system's ability to recognise cancer cells.
- Usually funded for a finite period of time.

# Immunotherapy

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- Side effects relate to the immune system acting against tissues that you don't wish it to.
- Common side effects include diarrhoea (colitis), lung fibrosis, hepatitis and endocrinopathies.
- Advice on managing side effects are readily available on cancer centre's websites.

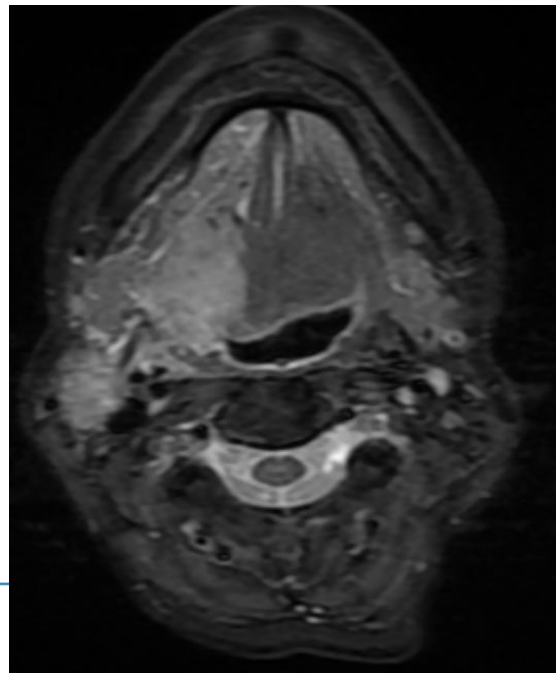
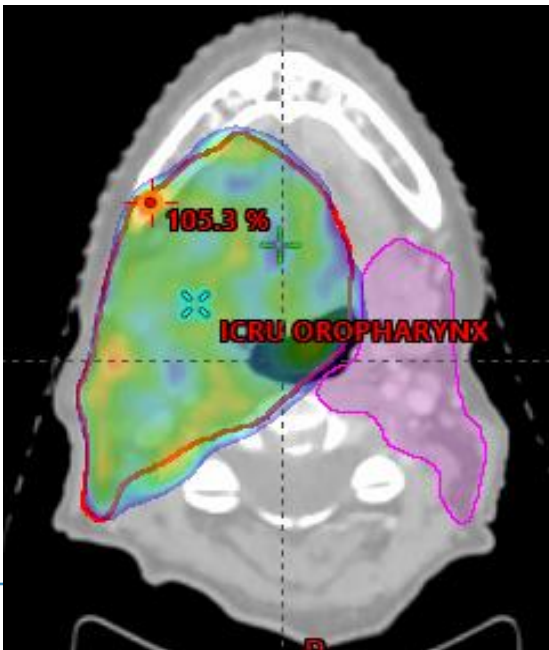
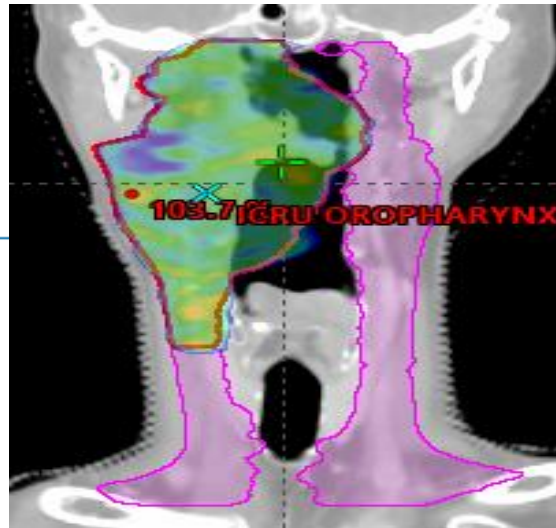
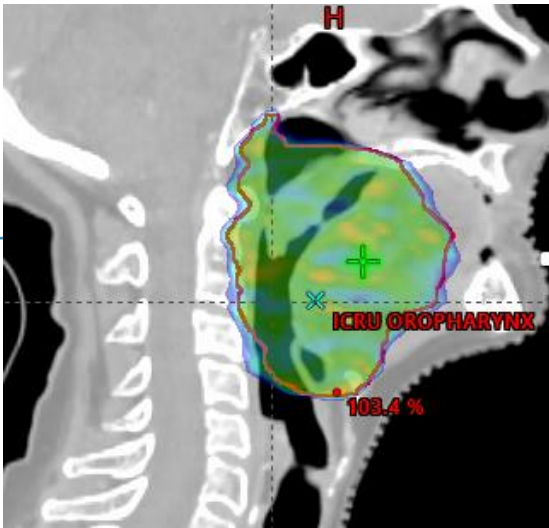


# Radiotherapy

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- Targeted therapy directed at the site of the primary tumour and draining lymph nodes.
- Side effects are predictable according to the anatomical region being treated and should settle within 3 months of treatment.
- Late side effects may occur years after discharge. These may need to be re-referred back to the cancer service.



# New technologies

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- Cyberknife/Stereotactic Ablative Body radiotherapy (SABR).
  - Highly targeted photon beam
  - Used to treat small tumours delivering a high dose in a small number of fractions.
  - Small lung cancers and some brain tumours will be treated curatively otherwise use is palliative.
- Proton therapy
  - New centres in Manchester and London

# Head & Neck cancer

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- The incidence of Oropharyngeal cancers is rising.
- The patient profile has changed – this is no longer a cancer solely associated with heavy smoking/drinking.
- The HPV virus is the leading cause across the developed world.
- These are highly curable cancers.
- Patients must stop smoking.

# Non-melanoma skin cancer

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- Radiotherapy offers a valid alternative to surgery particularly in cosmetically sensitive areas.
- Can be considered in patients over the age of 60 years.
- Equivalent cure rate to surgery.
- Longer overall treatment time but no scar!

# Thyroid cancer

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- All patients: TSH to be kept in low normal range after diagnosis (TSH <2.0).
- Following total thyroidectomy and radioactive iodine TSH should remain <0.05 for the first 6 – 9 months.
- Following risk stratification at this time some patients will be asked to maintain this level of suppression for up to 5 years.
- Metastatic thyroid cancer <0.05.



The isolated thoracic location and imaging features are atypical for a simple osteoporotic insufficiency fracture. A myeloma and screening blood tests recommended in the first instance.

If the patient is being considered for spinal intervention a surgical biopsy could be planned otherwise a body CT also recommended.

# Future directions

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- Increasing focus on “patient directed” follow up.
- Ever increasing pressure to diagnose and treat people more quickly.
- Greater focus on molecular diagnostics and personalised medicine.





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**Thank You**

**Any Questions?**