

The Increasing Burden of Cancer Survivors

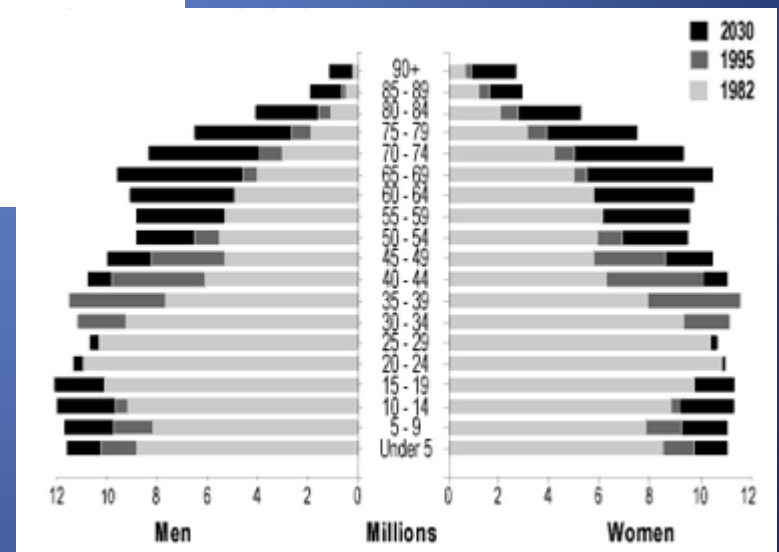
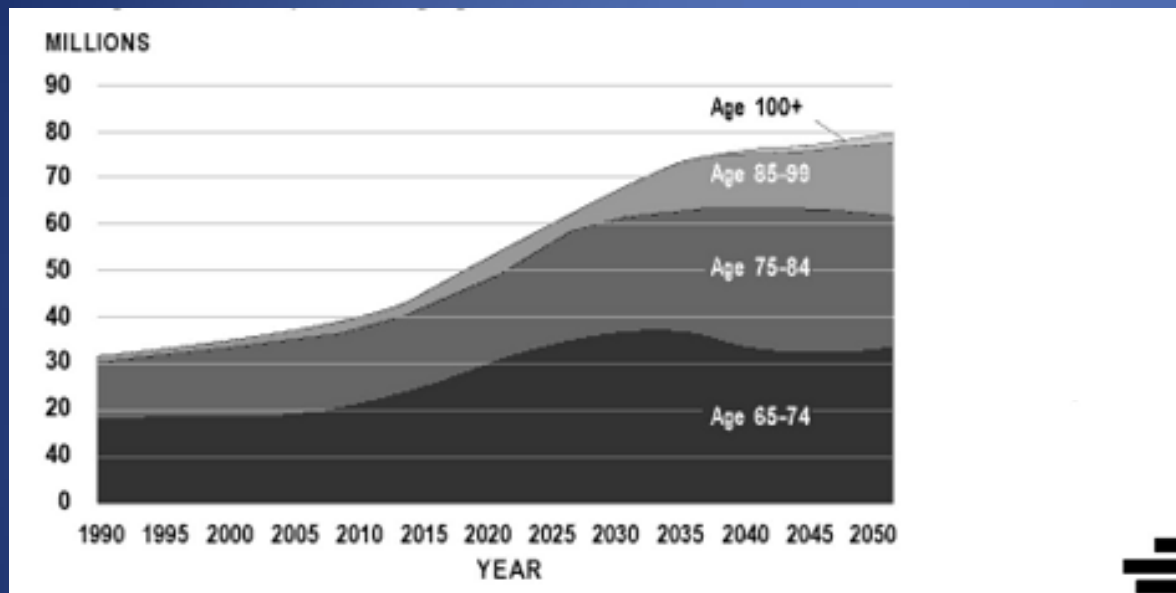
Shaun Costello

Clinical Director Southern Cancer
Network

Success 1

The demographic time bomb

Demographics

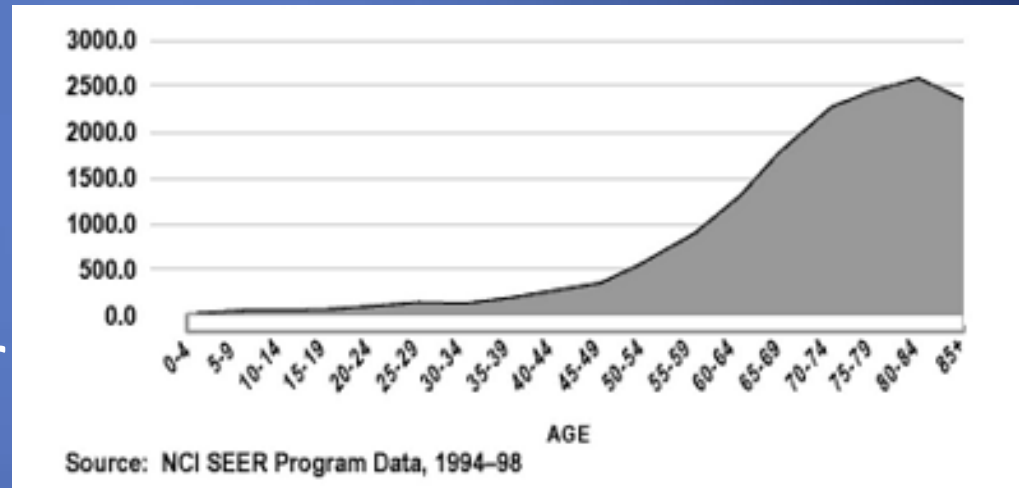


Success 2

With age comes increasing cancers

Demographics

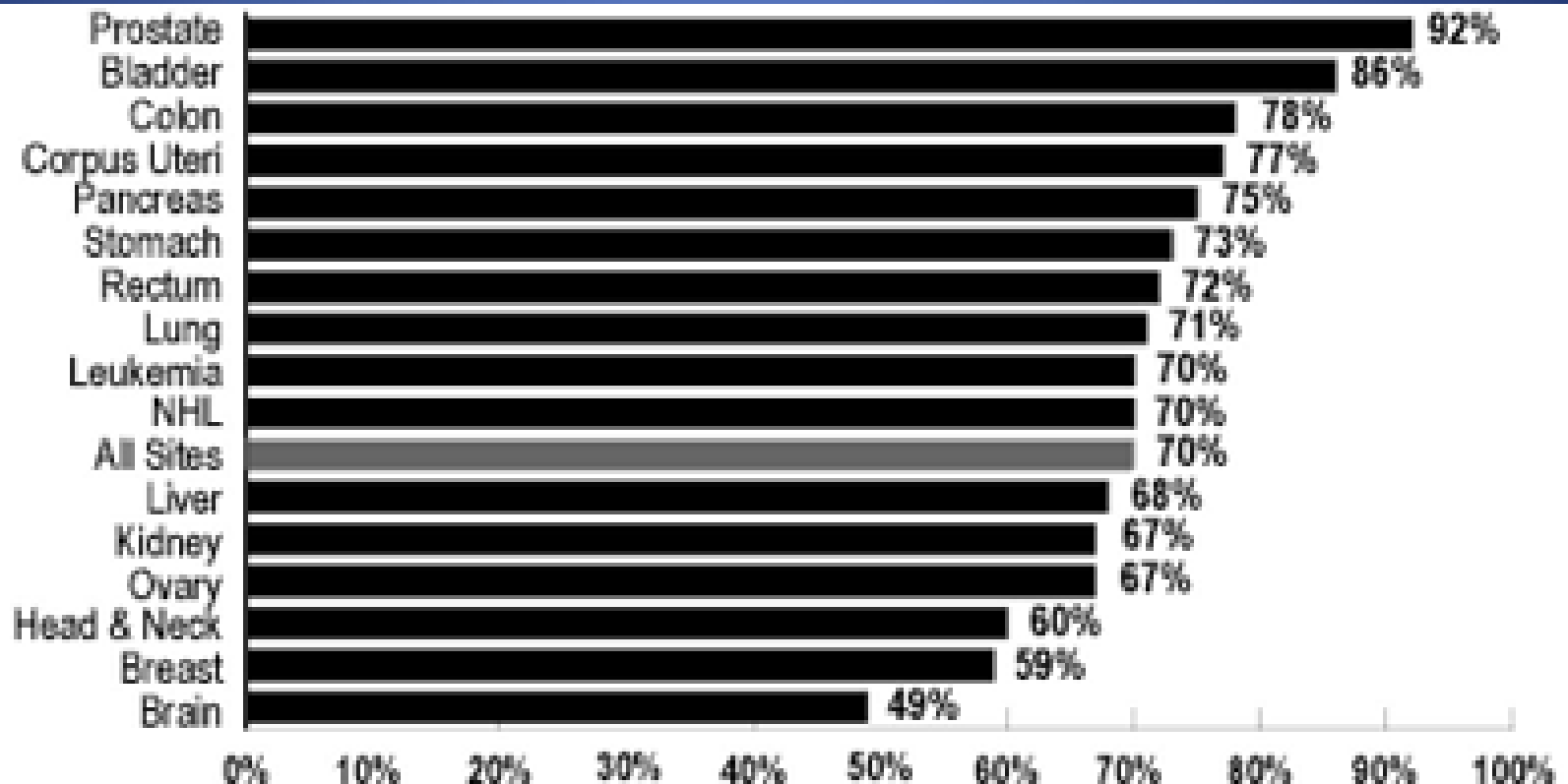
- Cancer is a disease mainly of old age with two peaks a smaller one in childhood (0- 4) and an increasing incidence there after with rapid increases in the post 50 years age group



Success 3

- Older people get treatable cancers

Cancer Incidence in the over 65 age group



Source: NCI SEER Program Data, 1994-1998

Success 4

- Cancer survival is improved

Survival by Year of Diagnosis

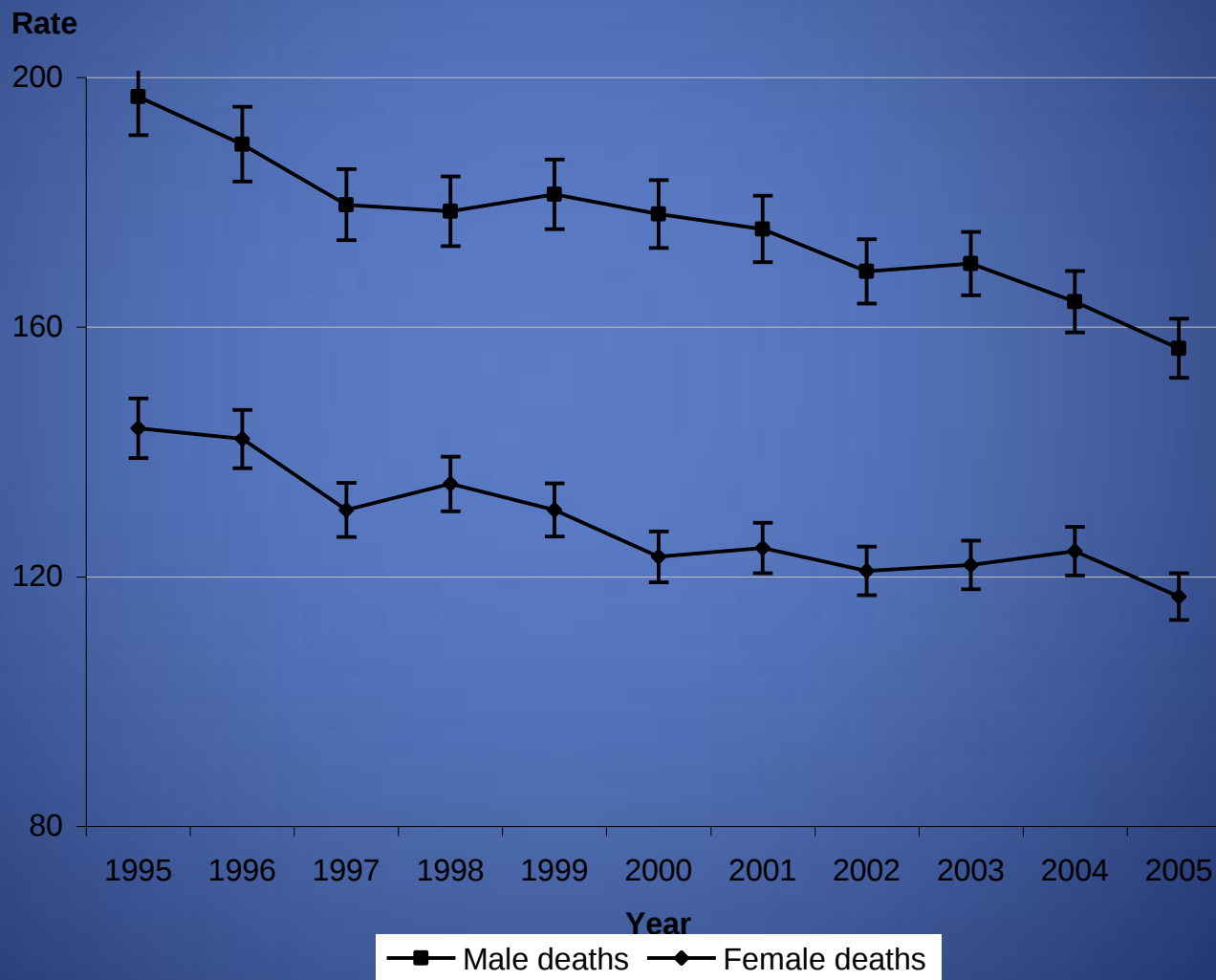
SEER^a Relative Survival (Percent)
By Year of Diagnosis

All Races, Males and Females

Year of Diagnosis

[illegible]

Age standardised rates for all NZ cancer deaths 1995-2005



Cancer Specific

Cancer of the breast – five-year cumulative relative survival ratios, by sex and ethnicity

Registration years	Females		
	Māori population	Non-Māori population	Total population
1998–1999	0.670	0.805	0.792
2000–2001	0.756	0.838	0.830
2002–2003	0.730	0.842	0.831
2004–2005	0.711	0.850	0.836
2006–2007	0.751	0.867	0.855

Colorectal cancer – five-year cumulative relative survival ratios, by sex and ethnicity

Registration years	Māori population			Non-Māori population			Total population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1998–1999	0.379	0.309	0.348	0.576	0.595	0.586	0.569	0.586	0.578
2000–2001	0.406	0.382	0.397	0.598	0.624	0.611	0.590	0.616	0.603
2002–2003	0.334	0.550	0.423	0.607	0.619	0.614	0.594	0.617	0.606
2004–2005	0.429	0.416	0.425	0.609	0.606	0.608	0.601	0.598	0.600
2006–2007	0.428	0.594	0.497	0.619	0.611	0.615	0.611	0.610	0.610

Cancer of the prostate – five-year cumulative relative survival ratios, by sex and ethnicity

Registration years	Males		
	Māori population	Non-Māori population	Total population
1998–1999	0.683	0.823	0.818
2000–2001	0.621	0.847	0.837
2002–2003	0.706	0.855	0.849
2004–2005	0.718	0.908	0.899
2006–2007	0.736	0.924	0.914

Success 5

- Age has no bearing on survival

Age at Diagnosis vs. Survival

Prostate

5-Year Relative Survival (Percent), 2001-2007 ^c		
Age at Diagnosis:		
Ages <45	96.4	-
Ages 45-54	98.2	-
Ages 55-64	99.5	-
Ages 65-74	100.0	-
Ages 75+	97.4	-
Ages <65	99.1	-
Ages 65+	99.5	-

Breast

5-Year Relative Survival (Percent), 2001-2007 ^c			
Age at Diagnosis:			
Ages <45	86.9	-	-
Ages 45-54	89.8	-	-
Ages 55-64	90.1	-	-
Ages 65-74	90.5	-	-
Ages 75+	87.2	-	-
Ages <65	89.2	-	-
Ages 65+	88.9	-	-

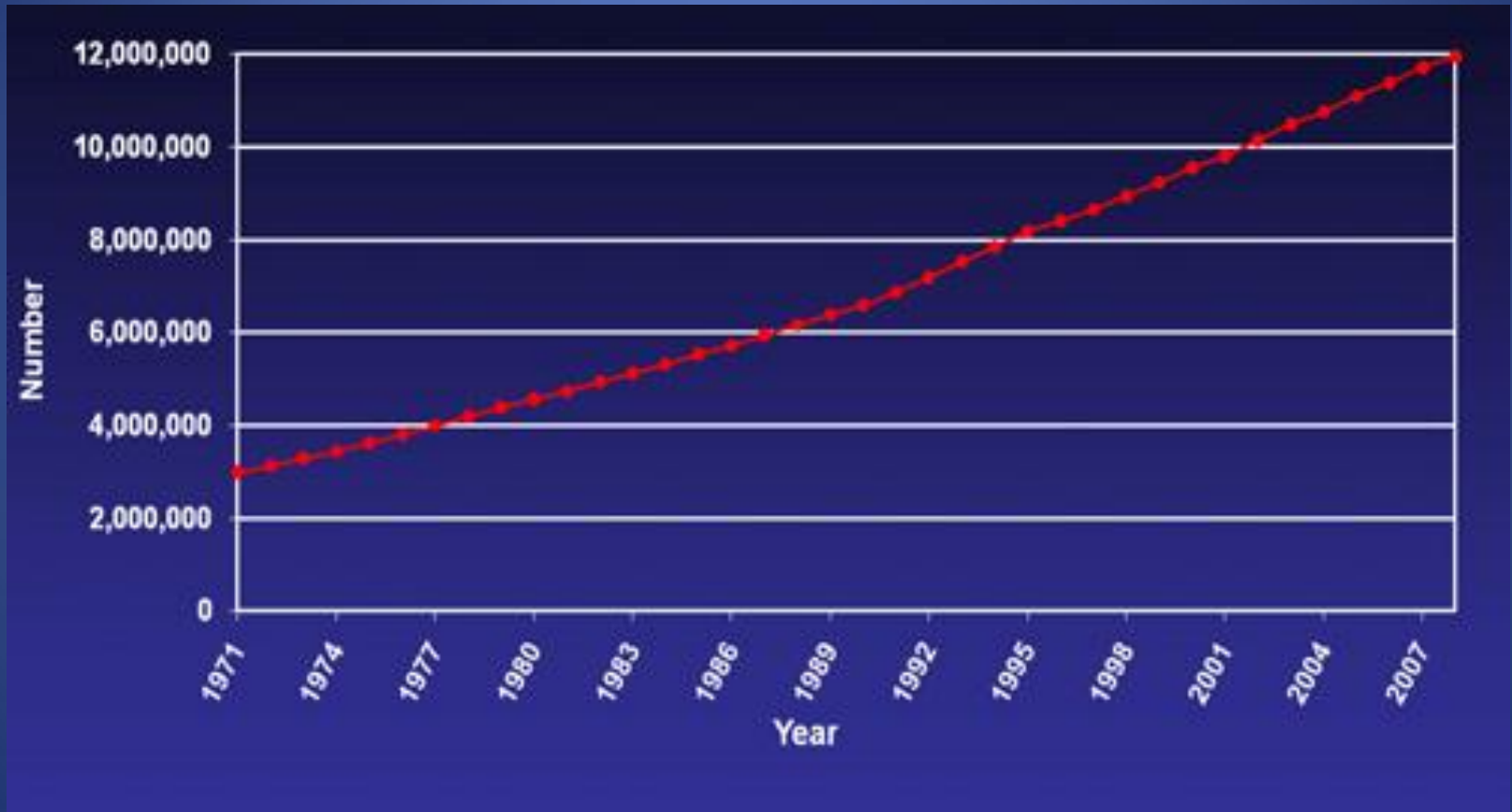
Colo-Rectal

5-Year Relative Survival (Percent), 2001-2007 ^c			
Age at Diagnosis:			
Ages <45	67.3	66.1	68.6
Ages 45-54	69.5	68.4	70.9
Ages 55-64	67.8	67.2	68.8
Ages 65-74	66.4	66.1	66.8
Ages 75+	58.4	59.0	58.0
Ages <65	68.3	67.4	69.5
Ages 65+	61.7	62.4	61.1

Success 5

- The cancer survivors club has a rapidly growing membership

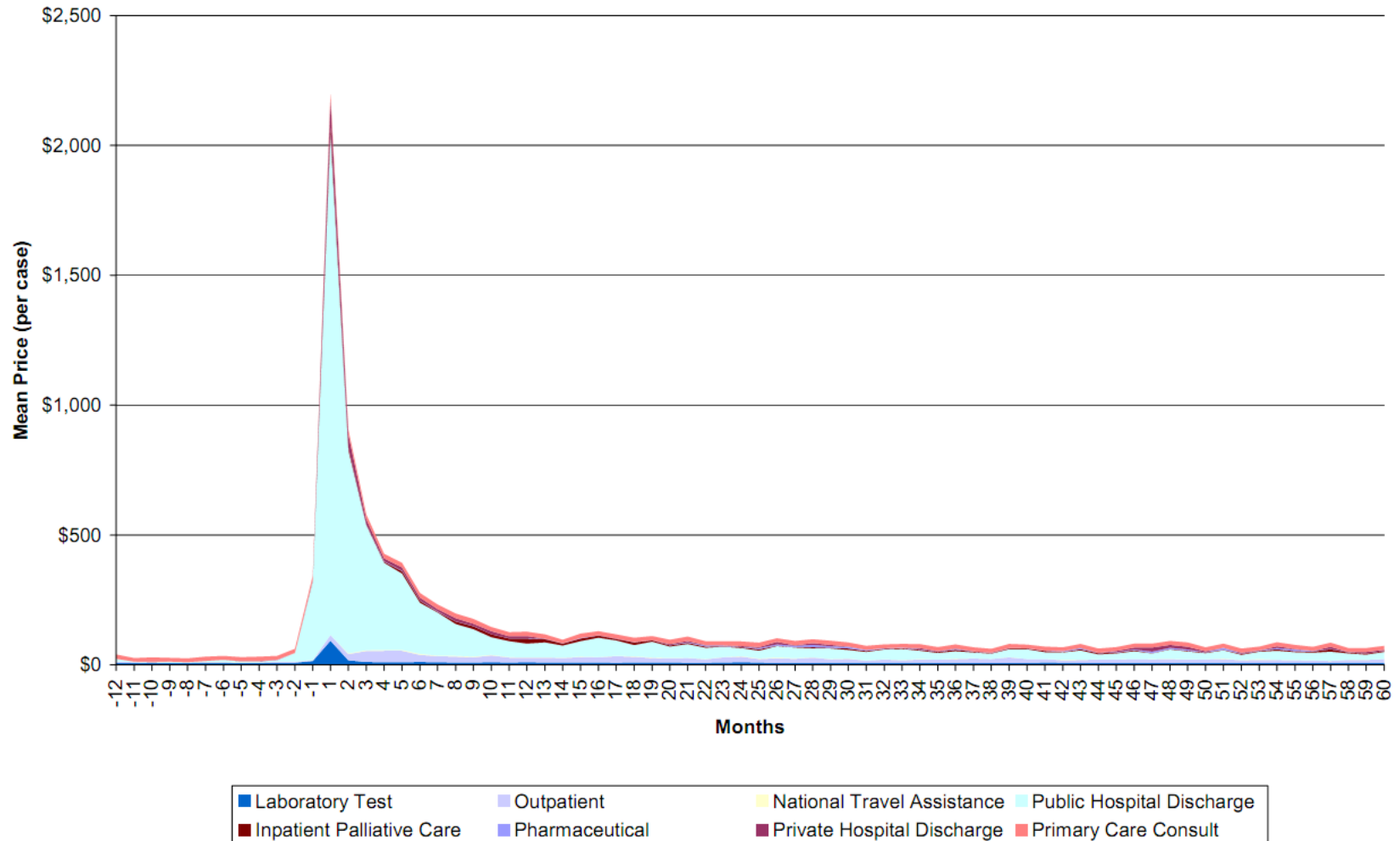
Estimated Number of Cancer Survivors in the United States From 1971 to 2008



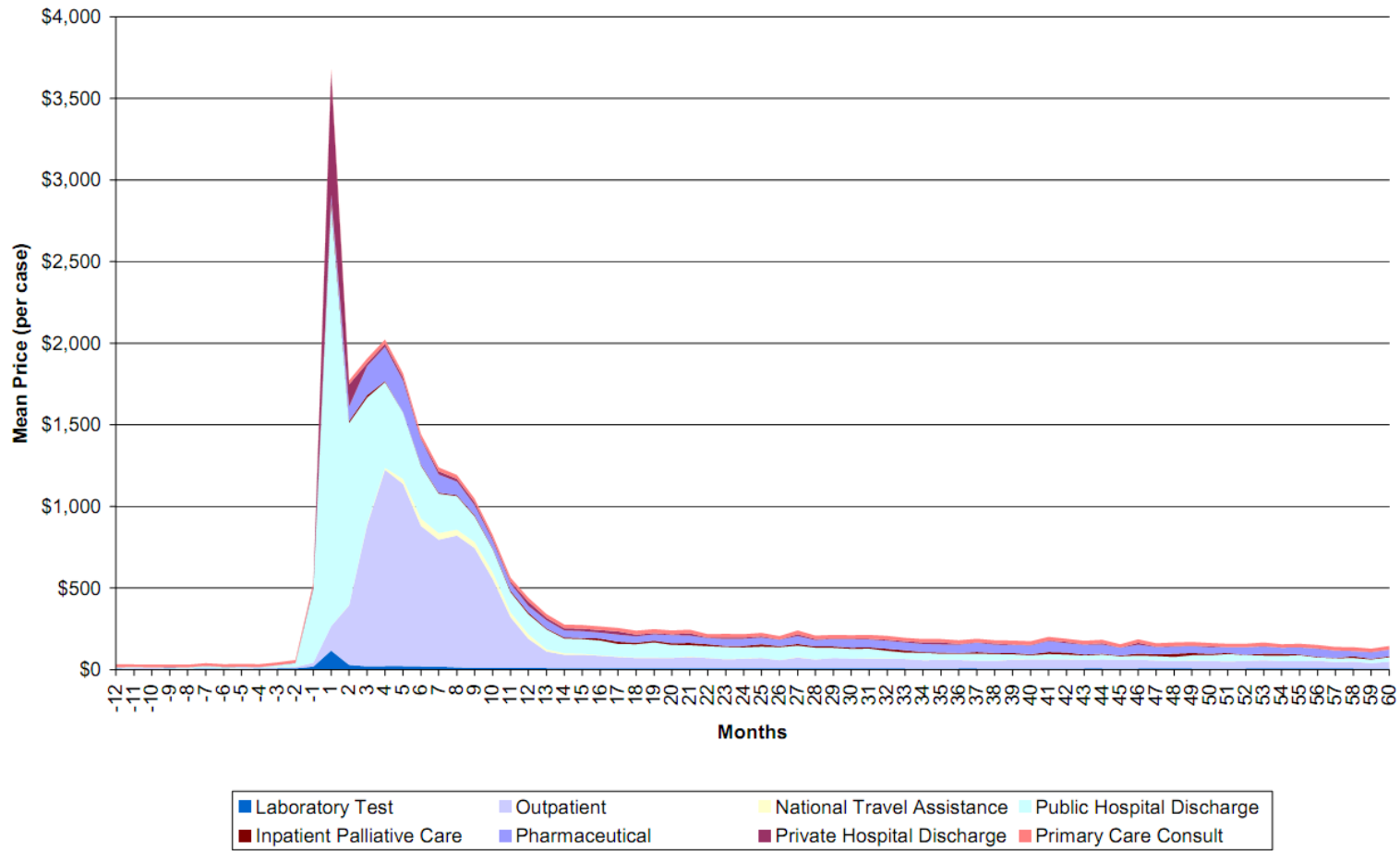
Success 6

- Cancer treatment is “relatively “ cheap but care continues for a long long time

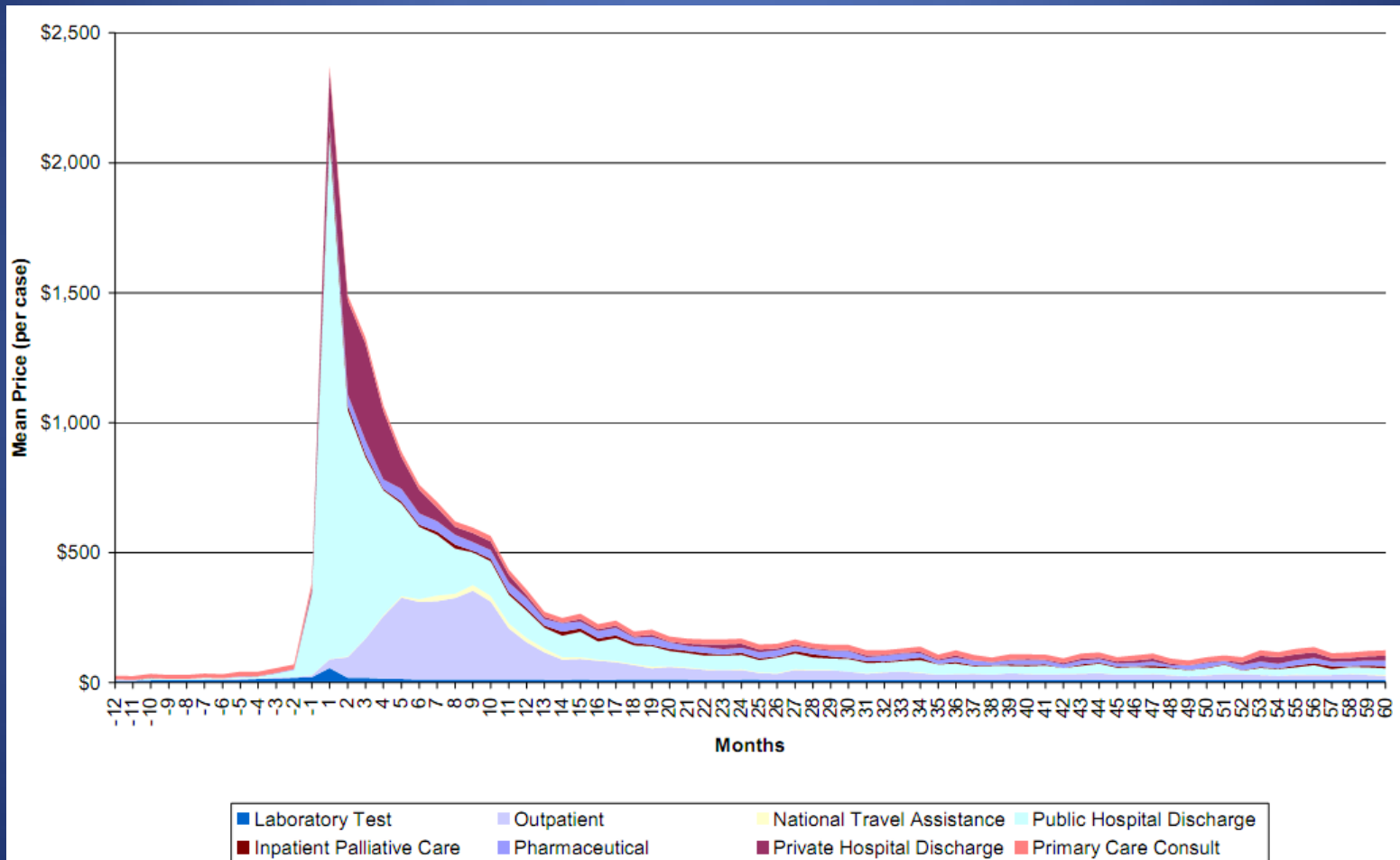
Melanoma - Price of cancer



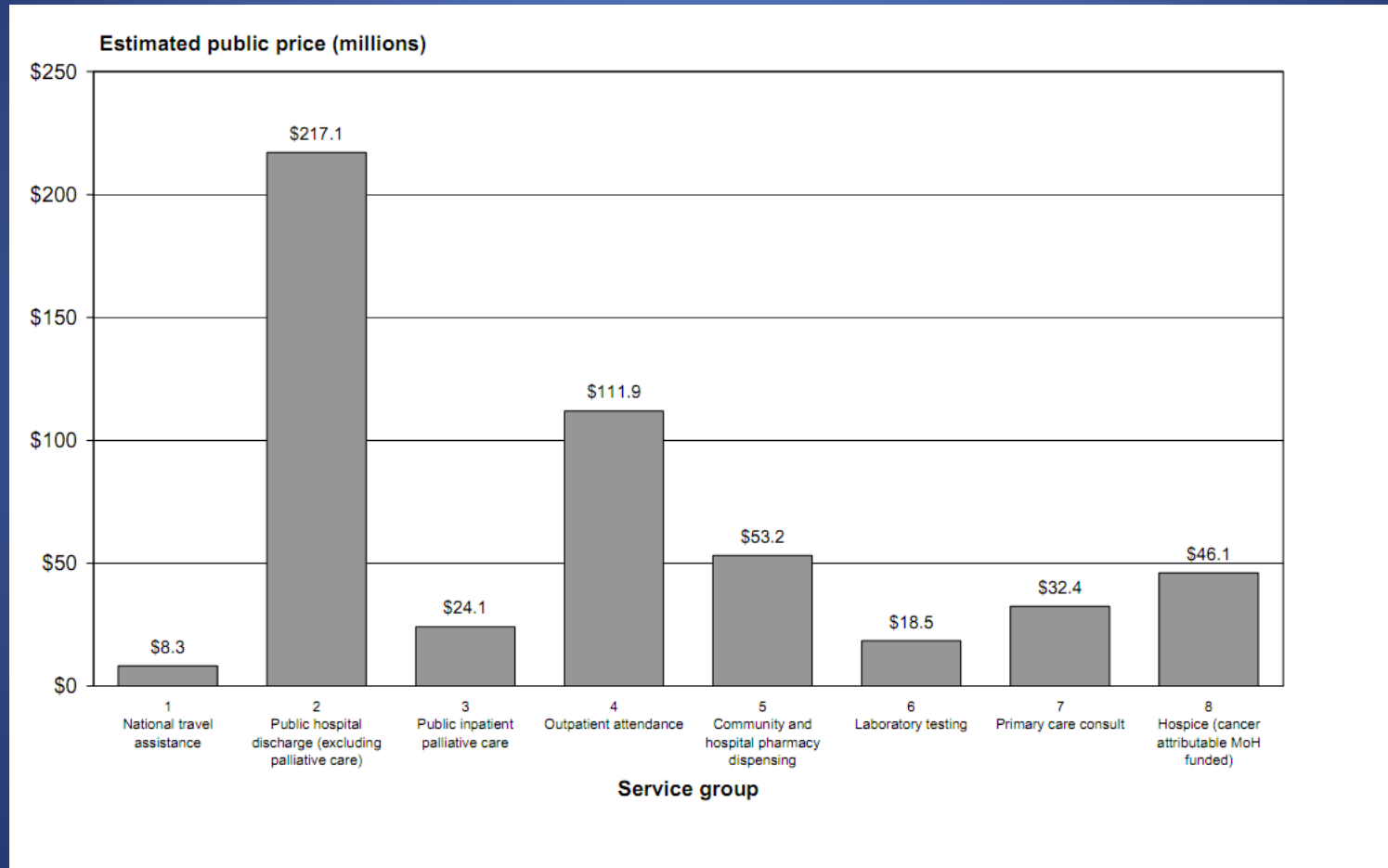
Breast Mean Price per Case



Prostate Mean Price per case



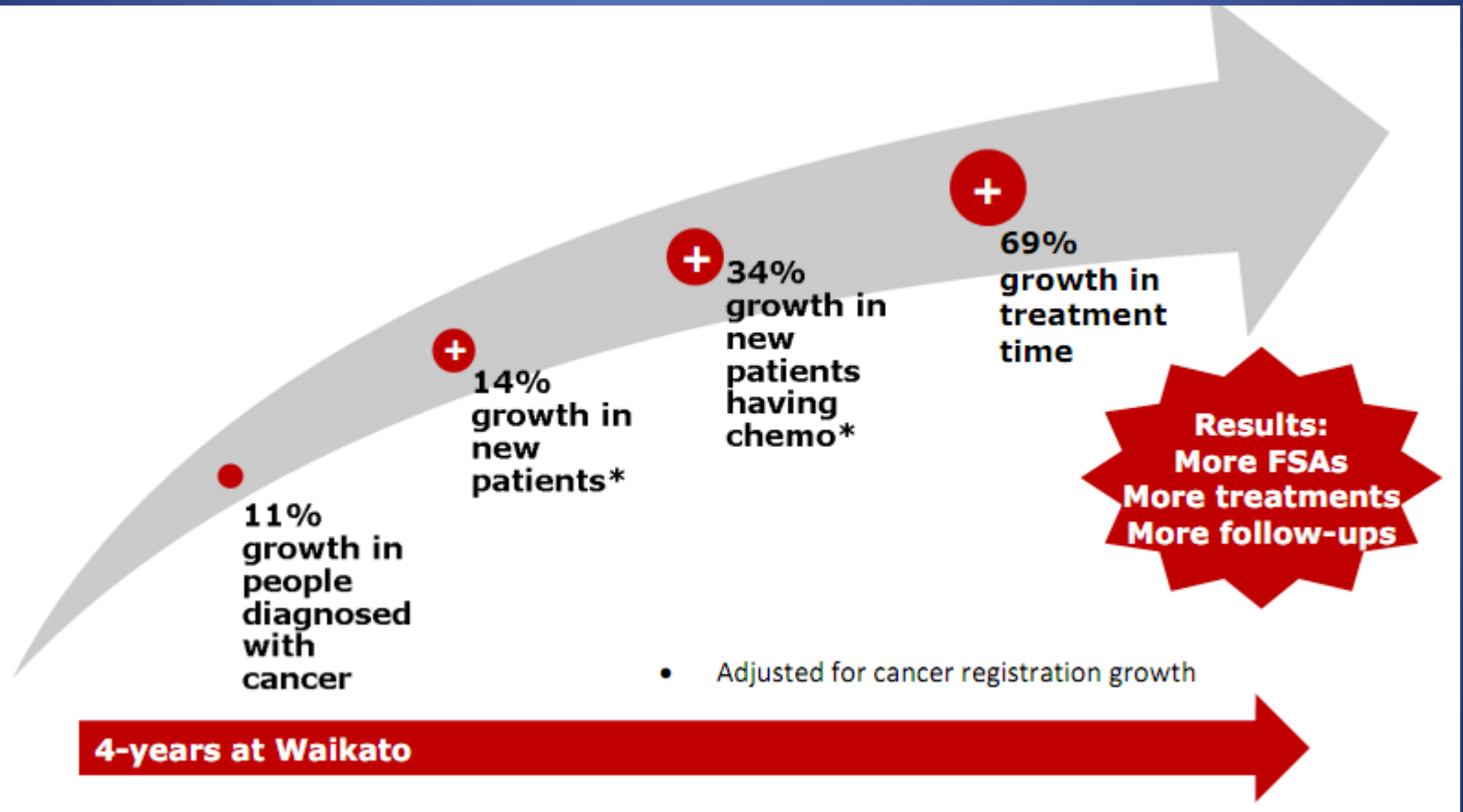
All cancers – estimated public price by service group (\$ Mill)



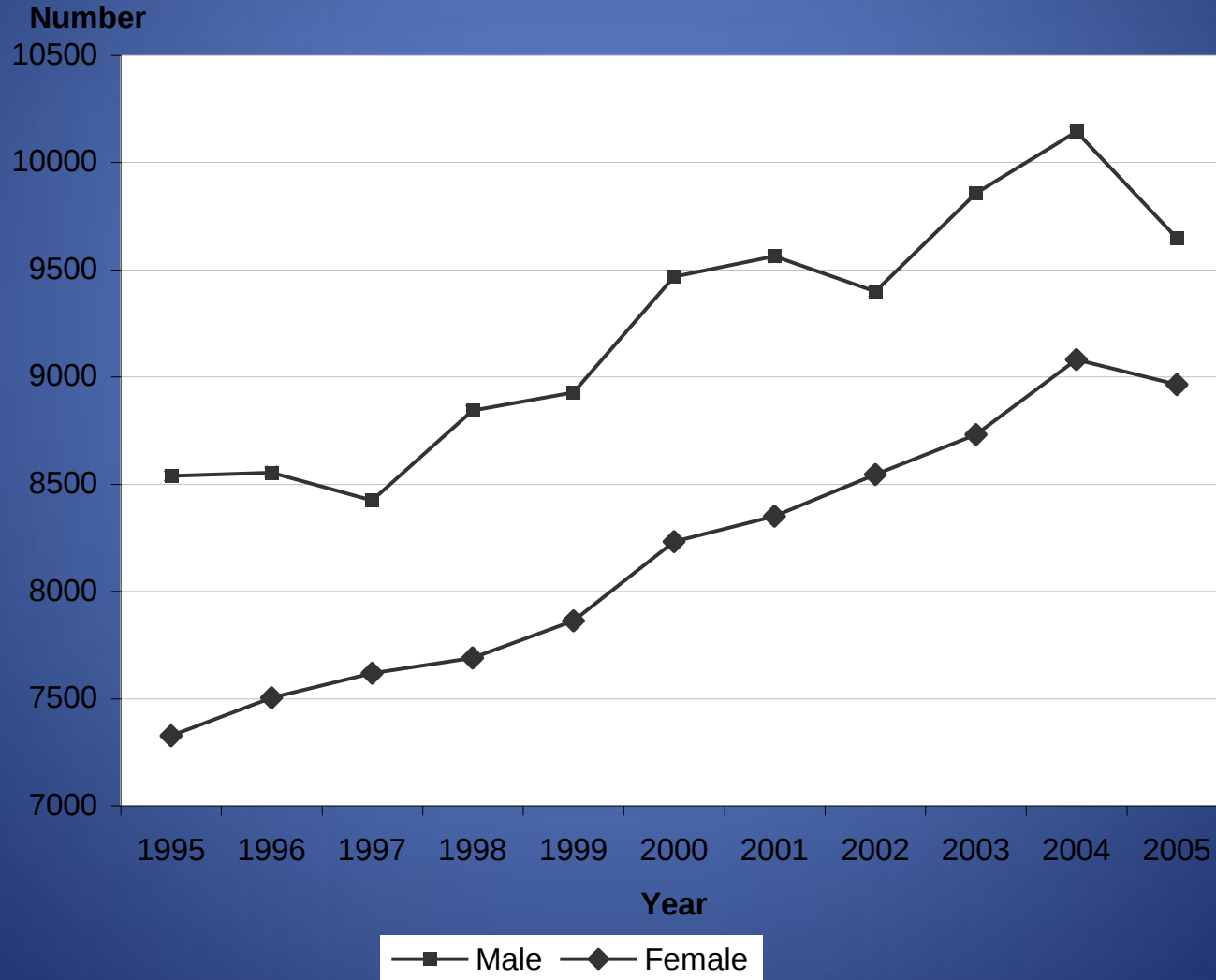
Challenge 1

- Increase in workload

4Years In Waikato



Total number of NZ cancer registrations by sex 1995-2005



Challenge 2

- We can work our way out of trouble

2026 FTE SMO Shortfall by Centre

Regional Cancer Centre	Current Budgeted FTE	2026 Predicted FTE shortfall			
		FSA / SMO = 180	FSA / SMO = 200	FSA / SMO = 225	FSA / SMO = 250
Auckland	16.8	8.5 (+50%)	6.0 (+35%)	3.5 (+20%)	1.5 (+8%)
Waikato	7.0	4.5 (+65%)	3.5 (+48%)	2.0 (+32%)	1.5 (+18%)
Palmerston North	5.0	5.0 (+102%)	4.0 (+81%)	3.0 (+61%)	2.5 (+45%)
Wellington	5.2	1 (+17%)	0.5 (+5%)	-0.5 (-7%)	-1.0 (-16%)
Christchurch	7.1	6.0 (+85%)	4.5 (+66%)	3.5 (+48%)	2.5 (+33%)
Dunedin	2.9	2.0 (+66%)	1.5 (+49%)	1.0 (+33%)	0.5 (+19%)
TOTAL	44.0	27 (+61%)	20 (+45%)	13 (+29%)	7.0 (+16%)

Challenge 3

- Can we offer a diluted service?
- Can we exclude some patients?

Faster Cancer Treatment

Reporting against the 3 FCT indicators
based on four data points



Proposed Solutions

- Devolve non-complex FSA, follow up and treatment management to specialist nurses and alternate clinicians;
- Devolve all low and medium complexity treatment delivery to local treatment centres;
- Maximise appropriate treatment provision at local treatment delivery centres;

This means you

- Primary Diagnosis
- Primary treatment
- Management of complications
- Follow up



Primary diagnosis and treatment

- Metastatic prostate cancer
- Adjuvant bowel treatment
- Breast cancer



On going care

- Prostate
- Breast
- Colorectal cancer
- Systemic therapy
- Treatment related side effects
- Late effects
- Recurrent disease
- New Primary cancers



Cancer recurrence checks

- Breast cancer – mammograms
- Colon cancer – colonoscopy, CEA and annual liver imaging
- Prostate – PSA
- Lung, ovary, melanoma, kidney ?????

What do we Know?

- Specialists lacked confidence in GPs / Nurses.
- GPs/Nurses confident if educated and a clear plan given
- Breast cancer patients satisfied with GP follow up
- Better overall health care from GPs
- Cost to patients is a barrier

What do we need?

- Engagement
- Education
- Training
- Access
- Systems
- Open discussion

What ever we do we need to do it soon.

What ever we do care needs to be decentralised

Whatever we do the future of oncology will be different

Whatever we do we will also need to do it for other chronic conditions