

UK bowel cancer care outcomes: A comparison with Europe

What is bowel cancer?

Bowel cancer, which is also known as colorectal or colon cancer, is a cancer that affects either the colon or the rectum. The majority of bowel cancers start as benign growths in the form of a polyp and usually develop very slowly over a period of up to ten years.¹

If the polyp becomes malignant and is left undetected the cancer cells will multiply to form a tumour in the bowel, causing pain, bleeding and other symptoms. The most common places for bowel cancer cells to spread to are the liver and the lungs.¹

Bowel cancer is the fourth most common cancer in the UK. 1 in 14 men and 1 in 19 women will be diagnosed with the condition during their lifetime.² In 2014, there were around 41,300 new cases of bowel cancer in the UK, with the majority of new cases being diagnosed in men. The disease affects mostly older people with 44% of cases in the UK occurring in people aged 75 and over.²

This briefing provides an overview of bowel cancer outcomes in the UK and Europe informed by the findings from the Institute of Health Economics' (IHE) *Comparator Report on Access to cancer medicines in Europe revisited*.³

UK patient outcomes for bowel cancer



Despite bowel cancer incidence and mortality being lower in the UK per 100,000 population than in Europe, 5 year survival is poorer than the European average (51% vs 55%).³ Comparing to economically similar countries such as France, Germany, Italy and Spain, the UK has the lowest survival rate for bowel cancer. The performance is particularly poor compared to Germany. Germany has a slightly higher incidence rate than the UK for bowel cancer (46.2 per 100,000 vs 45.4 per 100,000) but has a significantly higher five-year survival rate of over 60%.

The incidence rate of bowel cancer in the UK is 45.4 per 100,000 of the population, which compares to a European average of 46.3 per 100,000. The chances of surviving bowel cancer at five years after diagnosis is 51%, 4% below the European average of 55%.³ Bowel cancer mortality in the UK is, however, slightly lower than in the majority of European countries at 16.8 per 100,000 population compared to a European average of 18.4 per 100,000 population.

Since the late 1990s, bowel cancer incidence rates have increased by 4% in the UK.⁴ The vast majority of bowel cancer cases are in men. However,



**Bowel cancer
incidence has
increased by 14%
since the 1970s⁴**

over the last decade, whilst the incidence rate in men has remained stable, in women, it has increased by 4%.

Cancer incidence is increasing across the whole of Europe. The IHE report notes that demographic factors contribute to this increase.³ However, demographics alone does not explain the increasing incidence of bowel cancer in the UK. According to the World Cancer Research Fund, almost half of all bowel cancer cases in the UK – over 20,000 new cases a year – could be prevented through healthier lifestyle choices.⁵ Lifestyle choices such as a poor diet, alcohol and tobacco consumption increase the chance of developing the disease.



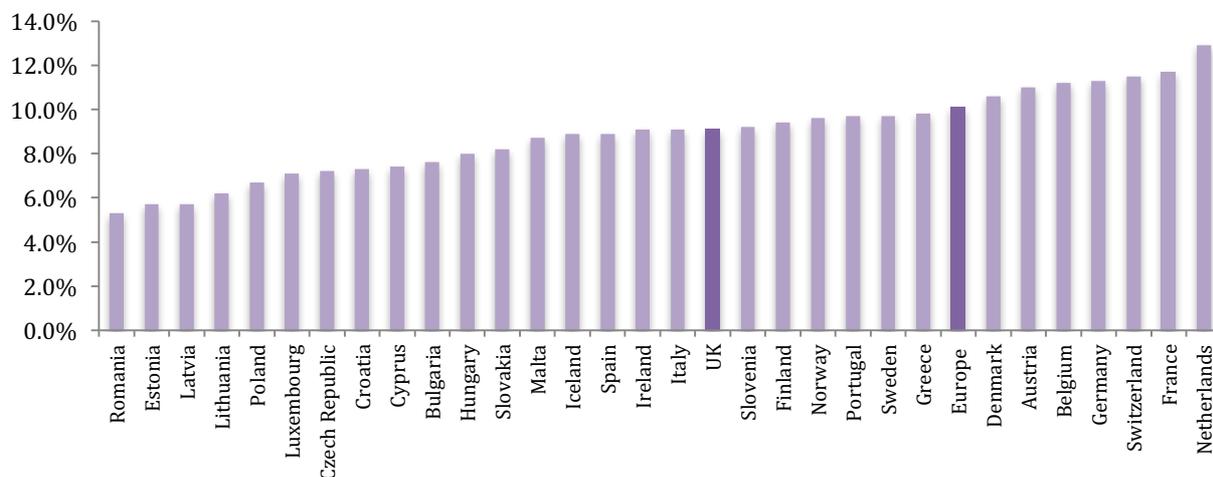
51% of people in the UK survive bowel cancer for five years or more

For the UK to close the gap with Europe on bowel cancer outcomes, early detection and diagnosis of bowel cancer play an important role. With a quarter of patients in England diagnosed as emergency cases, improvement in early diagnosis of the disease is critical.⁶ As new targeted treatments are being developed for bowel cancer, timely access to treatments is also playing a key role in improving care for affected people in the UK.

Cancer spending

The UK spends less on both cancer as a proportion of total health spend and on health overall compared to other comparable European countries.³ According to the international comparison carried out by the IHE, the UK spend on healthcare as a percentage of GDP is 1% lower and per capita spending on cancer in the UK is €41 lower than the European average. The UK is the twelfth wealthiest country in Europe and the majority of the eleven wealthiest countries spend a higher percentage of their income on healthcare than the UK.^{3, 7} The average percentage spent on healthcare by the twelve wealthiest countries is 10.4%, which is over 1% higher than the current UK spend.

Health spending as percentage of GDP, 2014³



The UK spends only 6% of its cancer budget on the care and treatment of people affected by bowel cancer³

The UK spends 6% of its cancer budget on bowel cancer.³ This compares poorly to other economically similar European countries for which there is data, such as Germany and the Netherlands, which spend almost double the amount on bowel cancer, 9.6% and 11% respectively.

The patient journey

Diagnosis

Whilst 25% of people with bowel cancer in England are diagnosed via GP referral, the same percentage of people are also diagnosed at a later stage via emergency presentation.⁶ This is higher for bowel cancer than the all cancer average where 22% are diagnosed through emergency presentation. More could be done to increase awareness of symptoms, screening of people at risk and early diagnosis of the condition and to enable earlier access to treatment.

Access to new treatments

Depending on the stage and location of the cancer in the bowel, treatments include chemotherapy, radiotherapy, surgery and targeted therapies. Traditionally, the UK's uptake of new medicines has been relatively low compared to other European countries, which has meant cancer patients have had fewer treatment options.³ According to the analysis carried out by the IHE, this trend is mirrored in the case of bowel cancer. Uptake of commonly used medicines for bowel cancer in the UK, such as bevacizumab, has lagged behind other comparable European countries including France, Germany, Italy and Spain. Bevacizumab is still yet to be approved by NICE despite being on the CDF.

Since 2000 the UK has approved twelve treatments for bowel cancer through NICE whilst further treatments have been made available through the Cancer Drugs Fund (CDF).^{8, 9}



Since the introduction of the CDF in 2011, more patients with cancer have had access to innovative treatments than before this system existed, despite the lower overall spend compared to the rest of Europe. However, recent reforms introduced to the CDF should be monitored to ensure patients continue to have timely access to new bowel cancer treatments.

Furthermore, since the introduction of the CDF in 2011, the rate of NICE approval of new bowel cancer medicines has slowed. Before 2011, eleven treatments were approved, but only one has been approved by NICE since 2011.⁸ This suggests that it has become more difficult for treatments for bowel cancer to be made available for patients through routine commissioning.

Patient experience

According to the 2015 National Cancer Patient Experience Survey,¹⁰ which surveys over 100,000 cancer patients in England, bowel cancer patients rated their speed of diagnosis worse than patients with other types of cancer. 14.5% of bowel cancer patients surveyed stated that they should have received access to the appropriate diagnostic tests sooner.

“14.5% of people with bowel cancer in England stated that they had to wait too long for access to appropriate diagnostic tests”¹⁰

The future of bowel cancer care

In the UK around 110 people are diagnosed with bowel cancer every day.² The comparison of the UK's patient outcomes in bowel cancer with those of other European countries shows that further improvements need to be made in relation to early diagnosis, access to treatment and funding of cancer services.

In order to ensure the system is ready to tackle the future challenges that the UK faces for bowel cancer, it is important that:

- **Focus on early diagnosis** is increased to reduce the percentage of people diagnosed through emergency presentation at a later stage of the disease
- **Inequalities in bowel cancer outcomes** are addressed so that the experience of bowel cancer patients regarding the speed of their diagnosis is improved
- **Reimbursement, funding and uptake** pathways for innovative treatments are in place to ensure that NICE is fit to approve new bowel cancer treatments

About this briefing

This briefing has been developed following the publication of the *Comparator Report on patient access to cancer medicines in Europe revisited* by the Swedish Institute for Health Economics. It aims to highlight the key findings of the report in relation to the UK's bowel cancer outcomes in the European context. Whilst the briefing primarily draws on the findings of the report, it also brings together additional relevant data sources.

References

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