

UK care outcomes for haematological cancers: A comparison with Europe

What are haematological cancers?

Haematological cancer is an umbrella term for cancers that affect the blood, bone marrow and lymphatic system. The most common types of haematological cancers are Non-Hodgkin lymphoma and leukaemia, with other types of haematological cancers like myeloma being less prevalent.¹

About 38,000 people are diagnosed every year with a haematological cancer in the UK.¹ The most common type of haematological cancer in the UK is Non-Hodgkin lymphoma, which is the sixth most common cancer in the UK.² Symptoms can vary for different types of haematological cancers. However, common symptoms include unexplained weight loss, fatigue and easily bruising and/or bleeding.²

Treatment options differ according to the type of haematological cancer and how advanced it is, but can include chemotherapy, radiotherapy, and the transplantation of stem cells or bone marrow.³

This briefing provides an overview of haematological 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*.⁴

UK patient outcomes for haematological cancers



The UK performs poorly on key outcome indicators for haematological cancers when compared with other European countries.⁴

The incidence rates for individual haematological cancers in the UK are higher than in Europe for every type for which there are data.² The difference in rates varies: from leukaemia, where the incidence rate per 100,000 people is 5.4% higher in the UK than the European average to Non-Hodgkin lymphoma, where the incidence rate is 22.41% higher in the UK than the European average.⁴

The leukaemia survival rate for UK patients at five years after diagnosis is 43.3%, which is lower than the European average.⁴ The difference in five year survival rates for Hodgkin lymphoma between the UK and Europe is 4%, whilst for Non-Hodgkin lymphoma it is 2%.⁴

In terms of mortality rates, the UK presents a mixed picture with mortality rates for Non-Hodgkin lymphoma being higher than the European average, Hodgkin lymphoma equalling the European average and leukaemia being below the European average.⁴



Incidence rates in the UK are higher than the European average for all haematological cancers⁴

The incidence of cancer is increasing across the whole of Europe. The IHE report notes that demographic factors contribute to this increase.⁴

However, this alone does not explain the higher incidence rate in the UK, where similar demographic changes to Europe are taking place.

“Five year survival rates across haematological cancers are lower than the European average”⁴

Whilst survival rates for haematological cancers in the UK still lag behind the EU average, they have been improving over time.^{2,4}

In England, emergency presentation is one of the three most common routes to diagnosis for all haematological cancers. For example, for leukaemia 43% of people are currently being diagnosed through emergency presentation.⁵



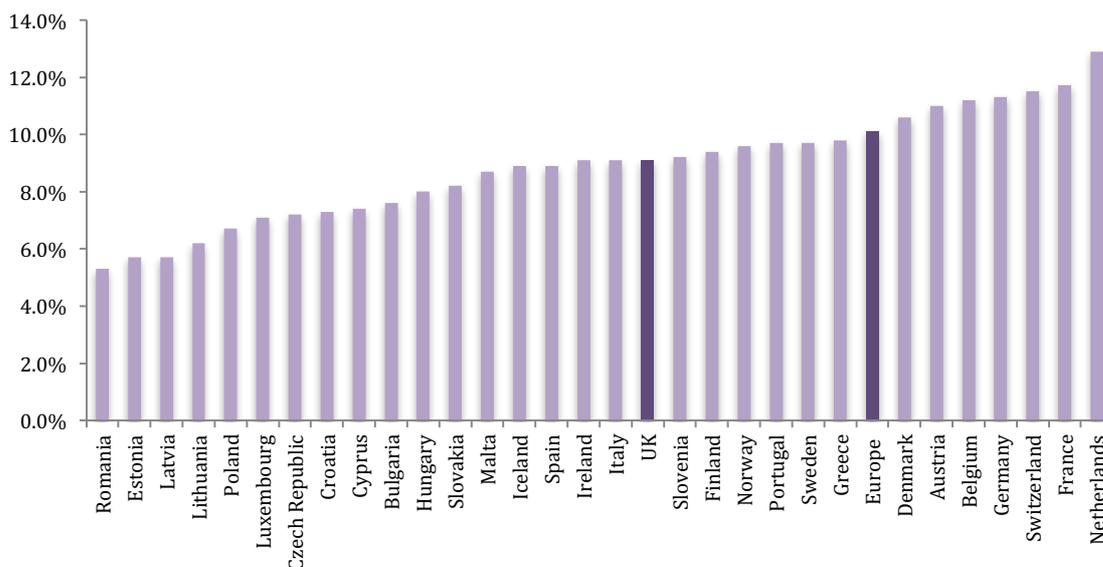
43% of people with leukaemia in England are diagnosed through an emergency route ⁵

Timely referral, early diagnosis and enhanced treatment could all help to increase survival rates for haematological cancers in the UK further.

Cancer spending

The UK’s spending on healthcare overall, as well as on cancer specifically, falls below the European average.² 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.⁴

Health spending as percentage of GDP, 2014⁴





The UK's spending on haematological cancers per capita is half of the spend in the Netherlands⁴

The UK spends 10% of its cancer budget on haematological cancers.⁴ This is a similar level to the haematological cancer spending of some of the highest spending countries such as Germany and the Netherlands.

However, despite the similar percentage of cancer spending across the three countries for haematological cancers, the UK spends significantly less per capita on these cancers than Germany and the Netherlands.⁴ Whilst the UK spends only €12.80 per capita on haematological cancers, both the Netherlands and Germany spend about double that amount, with the Netherlands spending €24.30 per capita and Germany spending €24.23 per capita.⁴

The patient journey

Diagnosis

Routes to diagnosis vary for each type of haematological cancer, for instance, whilst 43% of leukaemia patients in England are diagnosed through an emergency route, only 17% of those with Hodgkin lymphoma are diagnosed this way.³ Emergency presentation is one of the three most common ways to be diagnosed for all haematological cancers in England, with the other most common routes being GP referral and GP referral to a specialist for diagnosis after the 'two week wait'.⁵

“Four out of ten people in England are diagnosed with leukaemia via emergency presentation”⁵

Access to new treatments



Traditionally, the UK's uptake of new medicines has been relatively low compared to other European countries, which has meant cancer patients in the UK have had fewer treatment options.⁴ The IHE report uses an example of access to imatinib for leukaemia to demonstrate this point. The report shows that per case use of imatinib in the UK was below the use per case in the other big four EU countries from 2002 onwards.⁴

This suggests uptake for haematological cancer medicines is comparatively low in the UK compared to other comparable European countries, which could be part of the reason why five year survival rates are lower in the UK than the European average.

Since 2000 the UK has approved 34 treatments for the most common haematological cancers through NICE and further treatments through the Cancer Drugs Fund (CDF).^{6,7}

Particularly since the introduction of the CDF in 2011, patients with haematological cancers have been able to better access innovative treatments, 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 haematological cancer treatments.

Patient experience

When compared to other cancers, patient experience for haematological cancer patients in England presents a mixed picture.⁸

According to the 2015 National Cancer Patient Experience Survey, which surveys over 100,000 cancer patients in England, haematological cancer patients rated their speed of diagnosis as slightly better than people with other types of cancer and their understanding of the treatment options available to them as being slightly worse.⁸

However, four out of ten patients did not understand their condition.⁶ This compares very poorly with patients with other types of cancer, nearly three quarters of whom did understand their condition adequately.

The future of haematological cancer care

Every fourteen minutes in the UK someone is diagnosed with a haematological cancer.¹ However, survival rates are lower than the European average and are considerably lower than countries with the best survival outcomes.⁴ Outcomes for people with haematological cancers in the UK are worse than the rest of Europe, as is the current uptake of innovative treatments.

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

- **Focus on early diagnosis** is increased to improve survival rates for people with haematological cancer
- **Inequalities in haematological cancer outcomes** are addressed and UK patients' survival rates increase in line with those in the rest of Europe
- **Reimbursement, funding and uptake** pathways for innovative treatments are optimised

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 haematological 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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