

SPOTting Cancer among comorbidities (SPOC): do pre-existing conditions delay diagnosis of cancer?

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Summary

Cancer accounts for 35% of avoidable deaths in England and Wales. UK cancer survival rates are poorer than those of neighbouring European countries, with delays in diagnosis accounting for part of this. Expediting diagnosis of cancer has become a Government/NHS policy priority. One major strand of research supporting these initiatives has been to develop cancer diagnostic algorithms, generally presented as Risk Assessment Tools. These underpin almost half of the recommendations in NICE's NG12 Investigation of Suspected Cancer (2015), and have contributed to improvements in cancer survival.

These improvements have occurred despite the increasing prevalence of long-term. Recent estimates report that 58% of English patients have two or more concurrent diagnoses. Presence of conditions co-morbid with cancer are associated with reduced survival, partly attributed to delayed diagnosis, yet this aspect of cancer diagnosis has hardly been explored.

I will present findings from two studies investigating diagnostic delay due to comorbidity in different cancer sites using electronic health records; one in patients with colorectal cancer, and the other in patients with lung cancer. In both studies, we explored the impact of conditions that were related to the cancer, offering a plausible diagnostic alternative to cancer symptoms, and also conditions unrelated to the cancer, yet that add competing demands on the clinician. I will briefly discuss the challenge of investigating diagnostic delay using electronic health records, and methodology we are developing to address this. I will then outline a programme of work to establish Risk Assessment Tools for cancer diagnosis that account for pre-existing conditions.