

Primary care research across the cancer continuum

Dr Sam Merriel
GP and NIHR Advanced Fellow
Centre for Primary Care & Health Services
Research

Cancer

Anna Bawden

Fri 3 Feb 2023 06.00 GMT



More than 500,000 people in UK 'will be diagnosed with cancer each year by 2040'

Cancer Research UK report says NHS risks being overwhelmed by cancer diagnoses



📷 Cancer Research UK's chief clinician says the NHS risks being overwhelmed by the volume of cancer diagnoses. Photograph: Peter Byrne/PA

More than 500,000 people in the UK will be diagnosed with cancer every year by 2040, according to analysis by [Cancer](#) Research UK.

Cancer in the UK

Progress in cancer survival, mortality, and incidence in seven high-income countries 1995–2014 (ICBP SURVMARK-2): a population-based study



Melina Arnold, Mark J Rutherford, Aude Bardot, Jacques Ferlay, Therese M-L Andersson, Tor Åge Myklebust, Hanna Tervonen, Vicky Thursfield, David Ransom, Lorraine Shack, Ryan R Woods, Donna Turner, Suzanne Leonfellner, Susan Ryan, Nathalie Saint-Jacques, Prithwish De, Carol McClure, Agnihotram V Ramanakumar, Heather Stuart-Panko, Gerda Engholm, Paul M Walsh, Christopher Jackson, Sally Vernon, Eileen Morgan, Anna Gavin, David S Morrison, Dyfed W Huws, Geoff Porter, John Butler, Heather Bryant, David C Currow, Sara Hiom, D Max Parkin, Peter Sasieni, Paul C Lambert, Bjørn Møller, Isabelle Soerjomataram, Freddie Bray



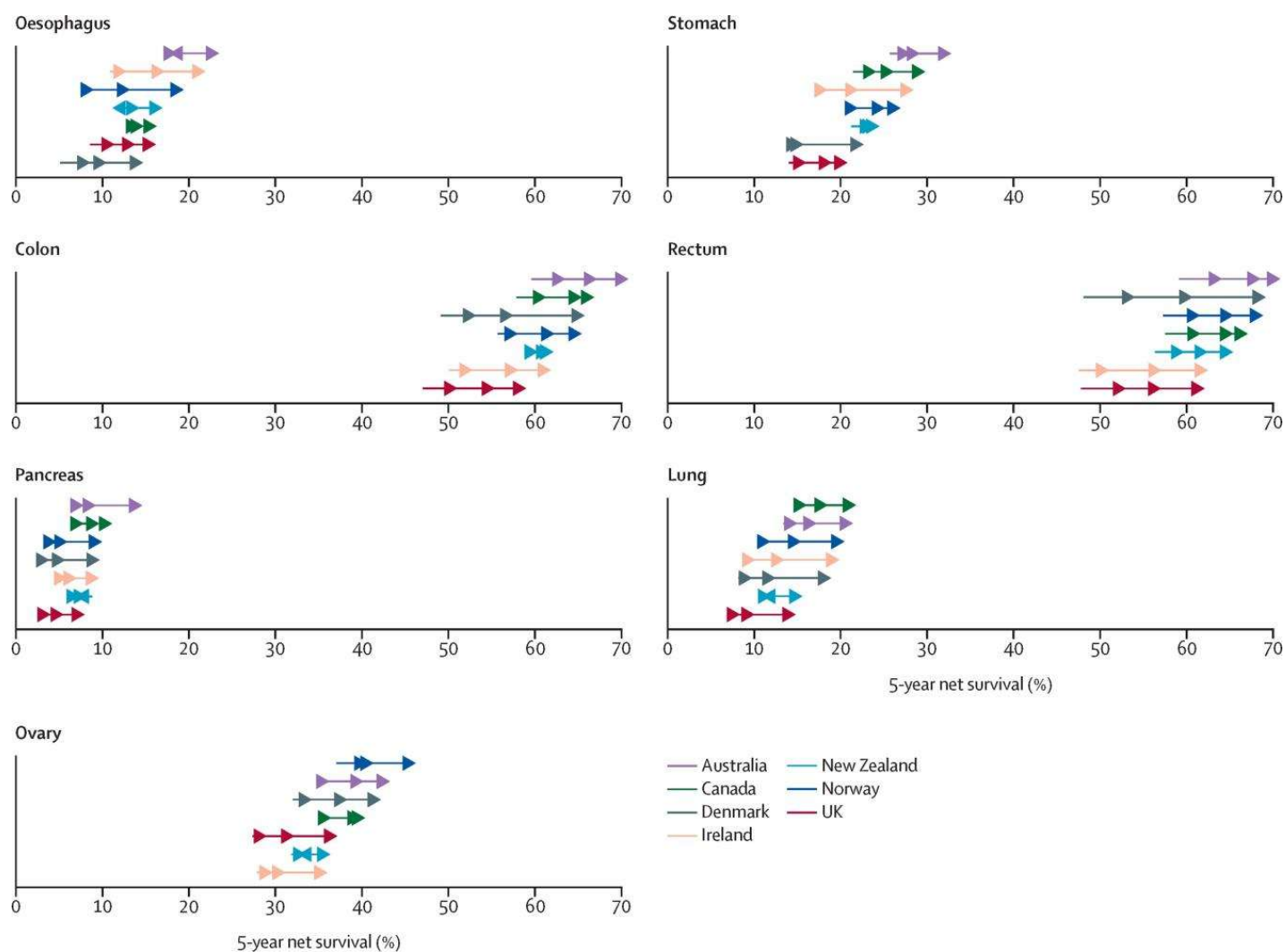
Summary

Background Population-based cancer survival estimates provide valuable insights into the effectiveness of cancer services and can reflect the prospects of cure. As part of the second phase of the International Cancer Benchmarking Partnership (ICBP), the Cancer Survival in High-Income Countries (SURVMARK-2) project aims to provide a comprehensive overview of cancer survival across seven high-income countries and a comparative assessment of corresponding incidence and mortality trends.

Lancet Oncol 2019;
20: 1493–505

Published [Online](#)
September 11, 2019
[http://dx.doi.org/10.1016/S1470-2045\(19\)30456-5](http://dx.doi.org/10.1016/S1470-2045(19)30456-5)

Cancer in the UK



The NHS Long Term Plan

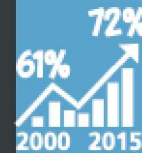
Cancer in the UK



Cancer in the UK

NHS Long Term Plan for Cancer

Cancer survival is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one year survival was 72% over 11 percentage points higher than in 2000.



We will modernise the Bowel Cancer Screening Programme to detect more cancers, earlier.



Sir Mike Richards will lead a review of the current cancer screening programmes and diagnostic capacity.



We will begin introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.



The NHS will use its capital settlement to be negotiated in the 2019 Spending Review in part to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests.



Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.



By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.



The Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients.



We will implement HPV primary screening for cervical cancer across England by 2020.



Over the next two years, we will extend the lung health checks that have already produced strong results in Liverpool and Manchester.



The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer.



We will speed up the path from innovation to business-as-usual, spreading proven new techniques and technologies and reducing variation.



We will extend the use of molecular diagnostics and, over the next ten years, the NHS will routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit, and expand participation in research.



After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred.



Cancer in the UK

THE LANCET Oncology

NEWS • Volume 26, Issue 10, P1284, October 2025

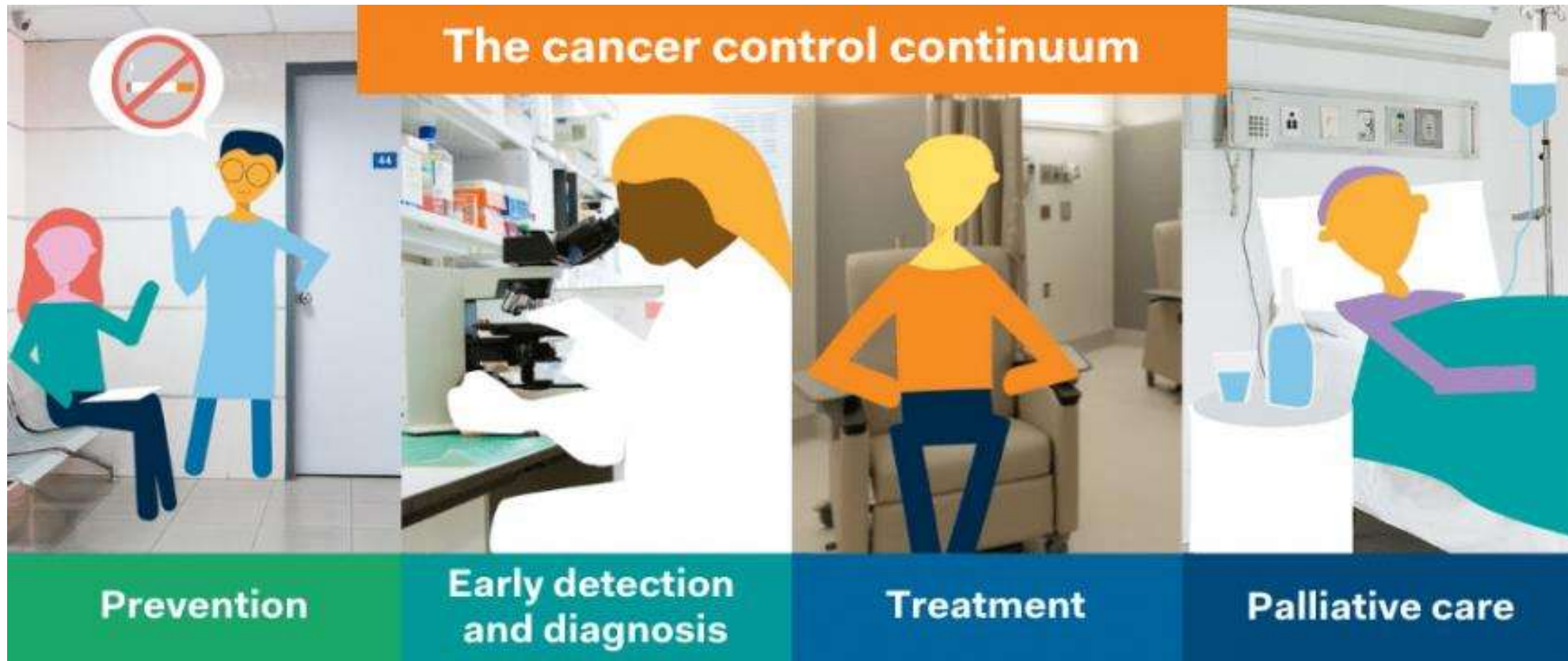
 Download Full Issue

Delay to England's National Cancer Plan could cost lives

Elizabeth Gourd

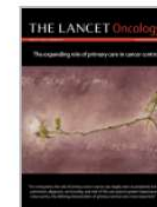
Article Info 

The cancer control continuum



THE LANCET Oncology

Volume 16, Issue 12, September 2015, Pages 1231-1272



The Lancet Oncology Commission

The expanding role of primary care in cancer control

Prof Greg Rubin FRCGP^a  , Annette Berendsen PhD^b, S Michael Crawford MD^c,
Rachel Dommett PhD^d, Prof Craig Earle MD^e, Prof Jon Emery DPhil^f, Prof Tom Fahey MD^g,
Prof Luigi Grassi MD^h, Prof Eva Grunfeld PhD^e, Sumit Gupta MDⁱ, Prof Willie Hamilton MD^m,
Sara Hiom PhDⁿ, Prof David Hunter PhD^a, Georgios Lyratzopoulos MD^o, Prof Una Macleod PhD^q,
Prof Robert Mason MD^r, Prof Geoffrey Mitchell FRACGP^s, Prof Richard D Neal PhD^t,
Michael Peake FRCP^u, Prof Martin Roland DM^v, Bohumil Seifert PhD^w, Prof Jeff Sisler MD^x,
Jonathan Sussman MD^y, Stephen Taplin MD^z, Prof Peter Vedsted PhD^{aa}, Teja Voruganti MSc^j,
Fiona Walter MD^v, Prof Jane Wardle PhD^o, Prof Eila Watson PhD^{ab}, Prof David Weller PhD^{ac},
Richard Wender MD^{ad}, Prof Jeremy Whelan PhD^p, Prof James Whitlock MD^k,
Prof Clare Wilkinson MD^t, Prof Niek de Wit PhD^{ae}, Camilla Zimmermann PhD^l



CANCER PREVENTION

Cancer prevention

4 IN 10 CANCER CASES
CAN BE PREVENTED...



●●● Larger circles indicate more UK cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.

Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER
cruk.org/prevention

Cancer prevention



cancers



Article

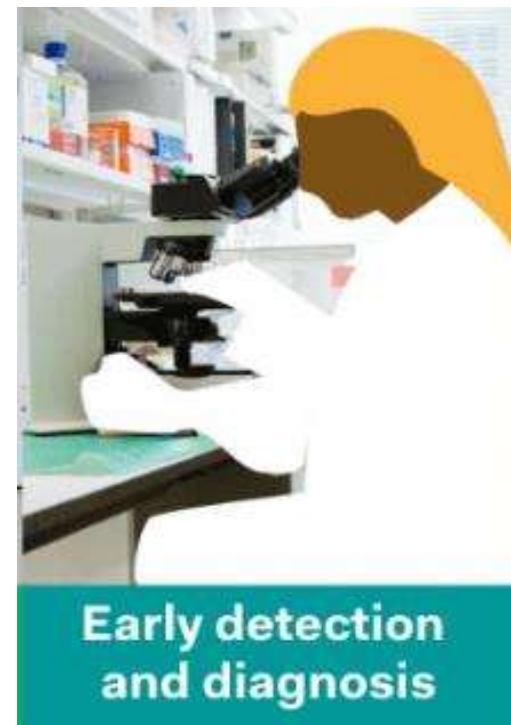
Actual and Potential Role of Primary Care Physicians in Cancer Prevention

Marta Mańczuk , Irena Przepiórka, Magdalena Cedzyńska, Krzysztof Przewoźniak, Elwira Gliwska ,
Agata Ciuba, Joanna Didkowska  and Paweł Koczkodaj * 

Cancer Epidemiology and Primary Prevention Department, Maria Skłodowska-Curie National Research Institute of Oncology, 02-781 Warsaw, Poland

* Correspondence: pawel.koczkodaj@pib-nio.pl

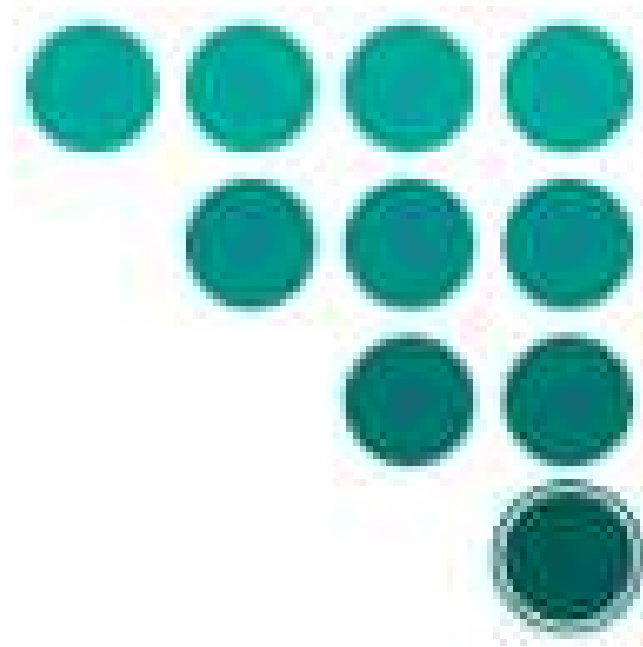
<https://doi.org/10.3390/cancers15020427>



CANCER SCREENING

Cancer screening

- Breast
- Bowel
- Cervical
- (Lung)



UK
National
Screening
Committee

Prostate cancer screening



▼ Topics



→ **Coronavirus (COVID-19)** | Latest updates and guidance

[Home](#) > [Health and social care](#) > [Public health](#) > [Health conditions](#) > [Cancer research and treatment](#)

Guidance

Prostate cancer risk management programme: overview

Cancer screening

British Journal of Cancer

www.nature.com/bjc

REVIEW ARTICLE

OPEN

 Check for updates

Epidemiology

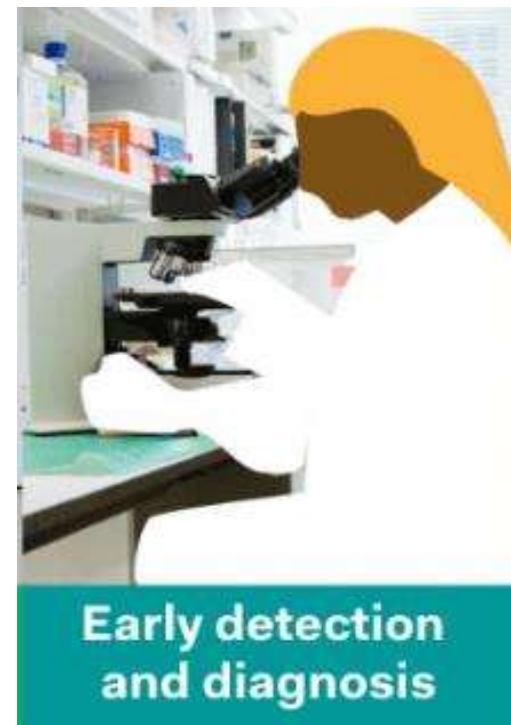
Proactive breast cancer risk assessment in primary care: a review based on the principles of screening

Juliet A. Usher-Smith ¹✉, Sarah Hindmarch ², David P. French ², Marc Tischkowitz³, Sowmiya Moorthie ⁴, Fiona M. Walter^{1,5}, Rebecca A. Dennison ¹, Francisca Stutzin Donoso¹, Stephanie Archer^{1,6}, Lily Taylor ¹, Jon Emery ⁷, Stephen Morris ¹, Douglas F. Easton⁸ and Antonis C. Antoniou⁸

© The Author(s) 2023

In the UK, the National Institute for Health and Care Excellence (NICE) recommends that women at moderate or high risk of breast cancer be offered risk-reducing medication and enhanced breast screening/surveillance. In June 2022, NICE withdrew a statement recommending assessment of risk in primary care only when women present with concerns. This shift to the proactive assessment of risk substantially changes the role of primary care, in effect paving the way for a primary care-based screening programme to identify those at moderate or high risk of breast cancer. In this article, we review the literature surrounding proactive breast cancer risk assessment within primary care against the consolidated framework for screening. We find that risk assessment for women under 50 years currently satisfies many of the standard principles for screening. Most notably, there are large numbers of women at moderate or high risk currently unidentified, risk models exist that can identify those women with reasonable accuracy, and management options offer the opportunity to reduce breast cancer incidence and mortality in that group. However, there remain a number of uncertainties and research gaps, particularly around the programme/system requirements, that need to be addressed before these benefits can be realised.

British Journal of Cancer; <https://doi.org/10.1038/s41416-023-02145-w>



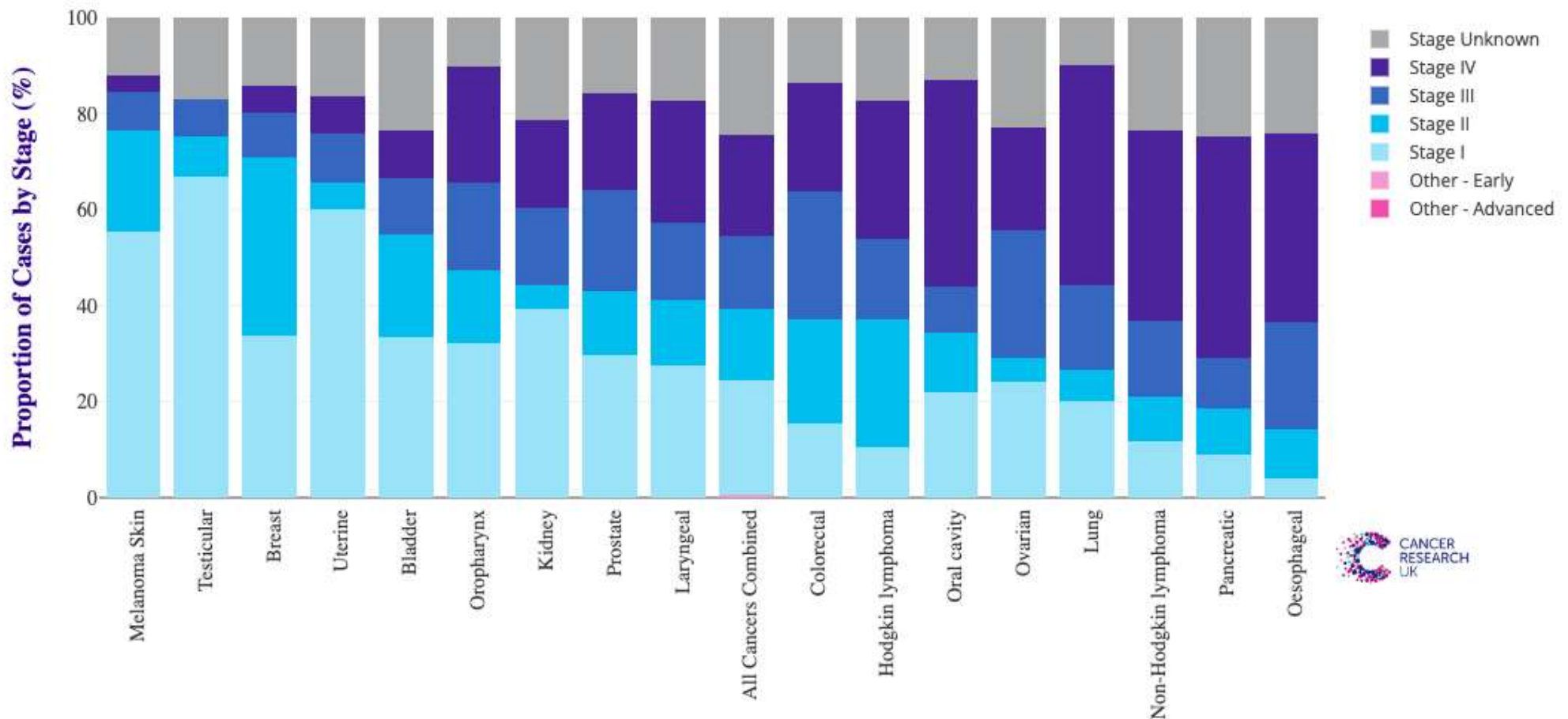
CANCER EARLY DETECTION

Cancer early detection



Cancer early detection

Proportion of Cancer Cases by Stage at Diagnosis,
England, 2020



The line graph illustrates the percentage of patients diagnosed with colorectal cancer by route from 2006 to 2020. The y-axis represents the percentage (0-100%), and the x-axis represents the diagnosis year. The routes are: Screening (blue), USC (green), GP referral (purple), Other outpatient (light green), Inpatient elective (teal), Emergency presentation (red), DCO (brown), and Unknown route (orange). USC shows a steady increase from approximately 45% in 2006 to 65% in 2020. Emergency presentation shows a steady decrease from approximately 45% in 2006 to 30% in 2020. GP referral remains relatively stable around 40-45%. Other outpatient, Inpatient elective, DCO, and Unknown route all remain below 10% throughout the period.

Diagnosis Year	Screening	USC	GP referral	Other outpatient	Inpatient elective	Emergency presentation	DCO	Unknown route
2006	5	45	45	8	4	45	2	6
2007	5	48	42	8	4	43	2	6
2008	5	50	42	8	4	42	2	5
2009	5	52	42	8	4	41	2	5
2010	5	55	40	7	4	40	2	5
2011	5	56	40	7	4	39	2	5
2012	5	57	40	7	4	38	2	5
2013	5	58	40	7	4	37	2	5
2014	5	59	40	7	4	36	2	5
2015	5	60	40	7	4	35	2	5
2016	5	61	39	7	4	34	2	5
2017	5	62	38	7	4	33	2	5
2018	5	64	37	7	4	32	2	5
2019	5	63	37	7	4	33	2	5
2020	5	65	35	8	4	35	2	5

“For 13 of the 20 symptoms (abnormal mole, breast lump, post-menopausal bleeding, rectal bleeding, lower urinary tract symptoms, haematuria, change in bowel habit, hoarseness, fatigue, abdominal pain, lower abdominal pain, weight loss, and the "any other symptom" category), more than 50% of patients were diagnosed at stages other than stage IV”

doi:[10.1016/S1470-2045\(19\)30595-9](https://doi.org/10.1016/S1470-2045(19)30595-9)

Presenting symptoms of cancer and stage at diagnosis: evidence from a cross-sectional, population-based study

Minjaung Monica Koo, Ruth Swann, Sean McPhail, Gary A Abel, Lucy Elliss-Brookes, Greg P Rubin, Georgios Lyratzopoulos

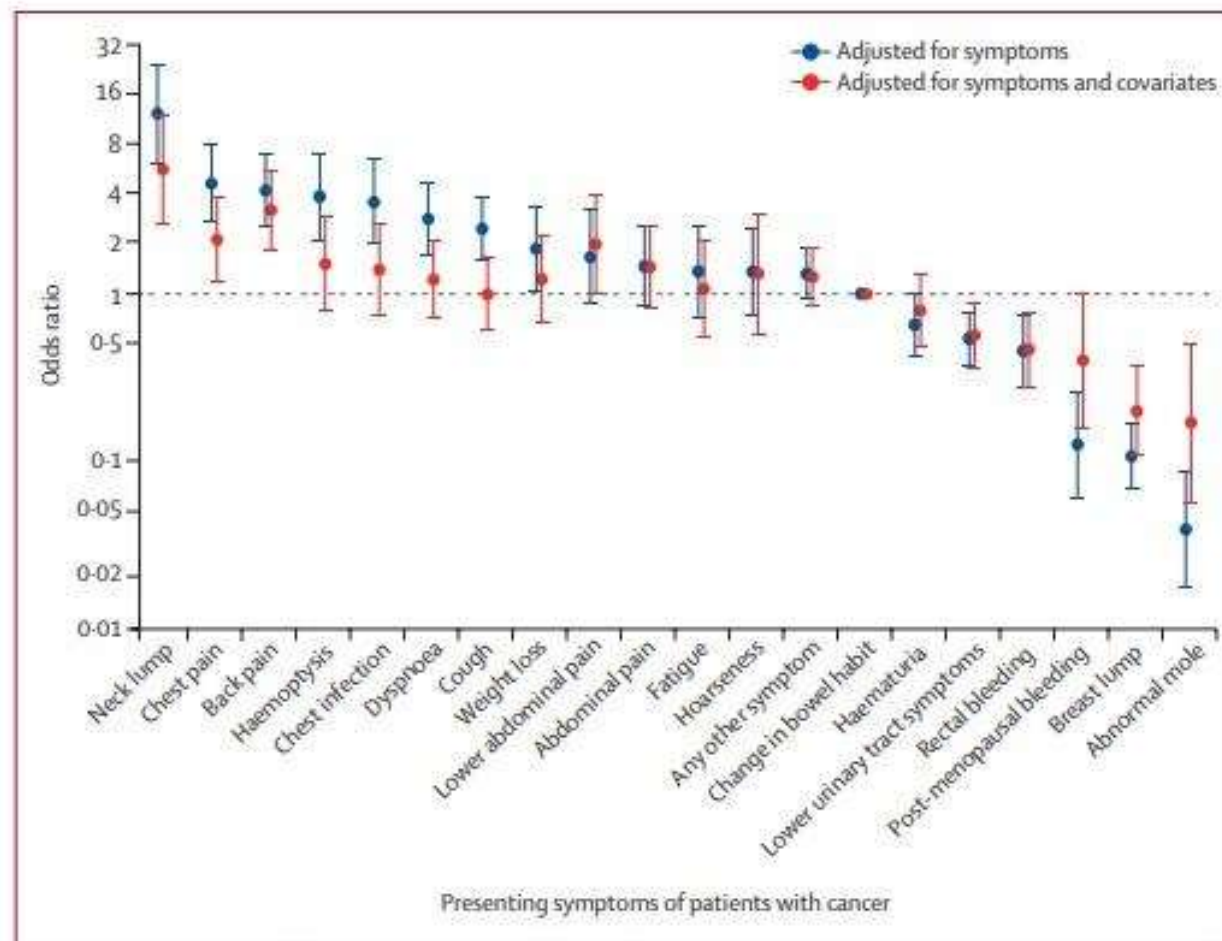
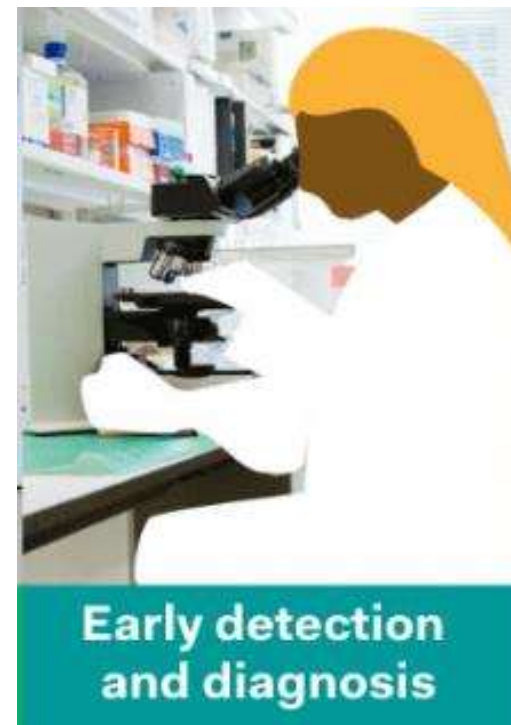


Figure 3: Odds ratios of stage IV disease by presenting symptoms seen alone

Odds ratios of stage IV disease by symptom without adjustment (blue); and with adjustment for sex, age group, ethnicity, IMD quintile, and cancer diagnosis (red). Data shown for 7997 patients with one of 12 cancers. Error bars represent 95% CIs; the dashed line represents the value of the reference group (patients with change in bowel habit). For odds ratios of symptoms when reported with other symptoms, see appendix p 9.

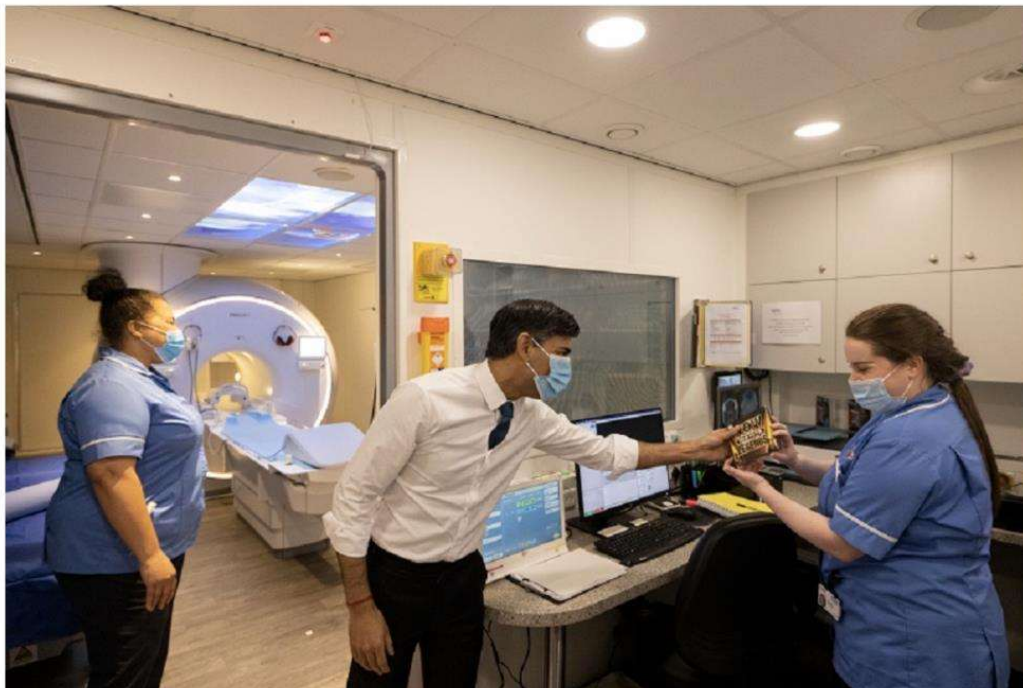


CANCER DIAGNOSTICS

Cancer diagnostics

Prime Minister visits Oldham Community Diagnostic Centre in Greater Manchester

By **Nigel Barlow** - February 13, 2023  0



FOLLOW US



LATEST POSTS

Are the good days back at Manche
Erik Ten Hag lead Manchester Unit

How To Sleep Well When You're Ca

How to Get Started Playing Cricket

How To Raise A Happy New-born c
Budget

Cancer diagnostics

thebmj

covid-19

Research ▾

Education ▾

News & Views ▾

Campaigns ▾

Jobs ▾

Editorials

Direct access to imaging for cancer from primary care

BMJ 2023 ; 380 doi: <https://doi.org/10.1136/bmj-2023-074766> (Published 09 February 2023)

Cite this as: *BMJ* 2023;380:e074766

Linked Analysis

Early diagnosis of cancer: systems approach to support clinicians in primary care

Article

Related content

Metrics

Responses

Samuel W D Merriel, NIHR academic clinical lecturer¹, Igor Francetic, research fellow¹, Peter Buttle, patient representative

[Author affiliations ▾](#)

Correspondence to: S W D Merriel Samuel.merriel@manchester.ac.uk

A worthwhile policy undermined by shortfalls in workforce and scanner capacity



CANCER TREATMENT

Cancer treatment

Received: 11 June 2020 | Revised: 16 November 2020 | Accepted: 17 November 2020

DOI: 10.1002/pon.5604

ORIGINAL ARTICLE

WILEY

Effects of a time out consultation with the general practitioner on cancer treatment decision-making: a randomised controlled trial

Time out with the general practitioner and cancer treatment decision

Ietje A.A. Perfors¹ | Eveline A. Noteboom¹  | Niek J. de Wit¹ |
Elsken van der Wall¹ | Ella A. Visserman² | Thijs van Dalen³ |
Marc A.M.T. Verhagen³ | Arjen J. Witkamp¹ | Ron Koelemij⁴ |
Annebeth E. Flinterman³ | Eleonora B.L. van Dorst¹ | Kim A.B.M. Pruissen-Peeters⁴ |
Leon M.G. Moons¹ | Franz M.N.H. Schramel⁴ | Marcel T.M. van Rens³ |
Miranda F. Ernst⁵ | Anne M. May¹ | Charles W. Helsper¹

Cancer treatment

ProCare Trial: a phase II randomized controlled trial of shared care for follow-up of men with prostate cancer

Jon D. Emery^{*,†,‡}, Michael Jefford^{\$,¶}, Madeleine King^{*,*,††}, Dickon Hayne^{‡‡,\$\$},
Andrew Martin^{¶,¶}, Juanita Doorey[‡], Amelia Hyatt[¶], Emily Habgood^{*}, Tee Lim^{***},
Cynthia Hawks^{‡‡,\$\$}, Marie Pirotta^{*}, Lyndal Trevena^{†††} and Penelope Schofield^{\$,¶,‡‡‡}

Cancer treatment





CANCER SURVIVORSHIP

Cancer survivorship

Survival



Survive cancer for 10 or more years, 2010-11, England and Wales

Improvement



Cancer survival in the UK has doubled in the last 40 years

Variation



There is huge variation in survival between cancer types



The University of Manchester

Cancer survivorship



British Journal of General Practice

bringing research to clinical practice

[HOME](#)

[ONLINE FIRST](#)

[CURRENT ISSUE](#)

[ALL ISSUES](#)

[AUTHORS & REVIEWERS](#)

Debate & Analysis

Cancer survivorship: the impact on primary care

Eila K Watson, Peter W Rose, Rosie Loftus and Ciaran Devane

British Journal of General Practice 2011; 61 (592): e763-e765. **DOI:** <https://doi.org/10.3399/bjgp11X606771>



PALLIATIVE CARE

End of life care

Gao et al. *BMC Family Practice* (2020) 21:76
<https://doi.org/10.1186/s12875-020-01127-8>

BMC Family Practice

RESEARCH ARTICLE

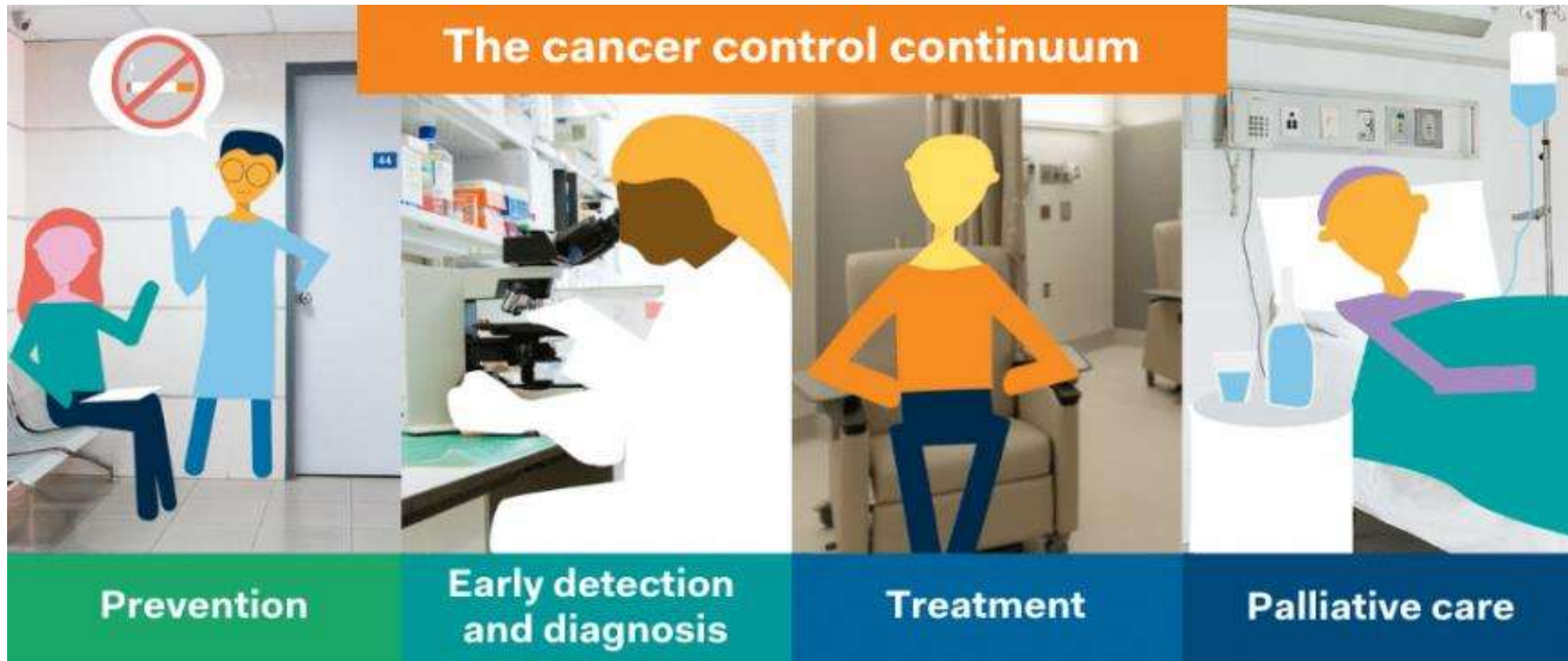
Open Access

Primary care service use by end-of-life cancer patients: a nationwide population-based cohort study in the United Kingdom



Wei Gao^{1*}, Martin Gulliford², Myfanwy Morgan³ and Irene J. Higginson¹

The cancer control continuum



PRIMARY CARE RESEARCH CONTEXT

Primary care context



Appointments Recorded in GP Practice and Primary Care Network Appointment Systems

33.1 million appointments were recorded across General Practice. Of these, 32.2m (including Covid-19 vaccinations) were recorded in General Practice appointment books from 98.9% of GP Practices and 950,000 appointments were recorded in PCN appointment books from 65.9% of PCN's recording appointments in PCN appointment books.

Primary care context

[Home](#) > [RCGP news](#) > [RCGP warns of a 'mass exodus' of GPs within five years](#)

RCGP warns of a 'mass exodus' of GPs within five years

Publication date: 10 November 2025

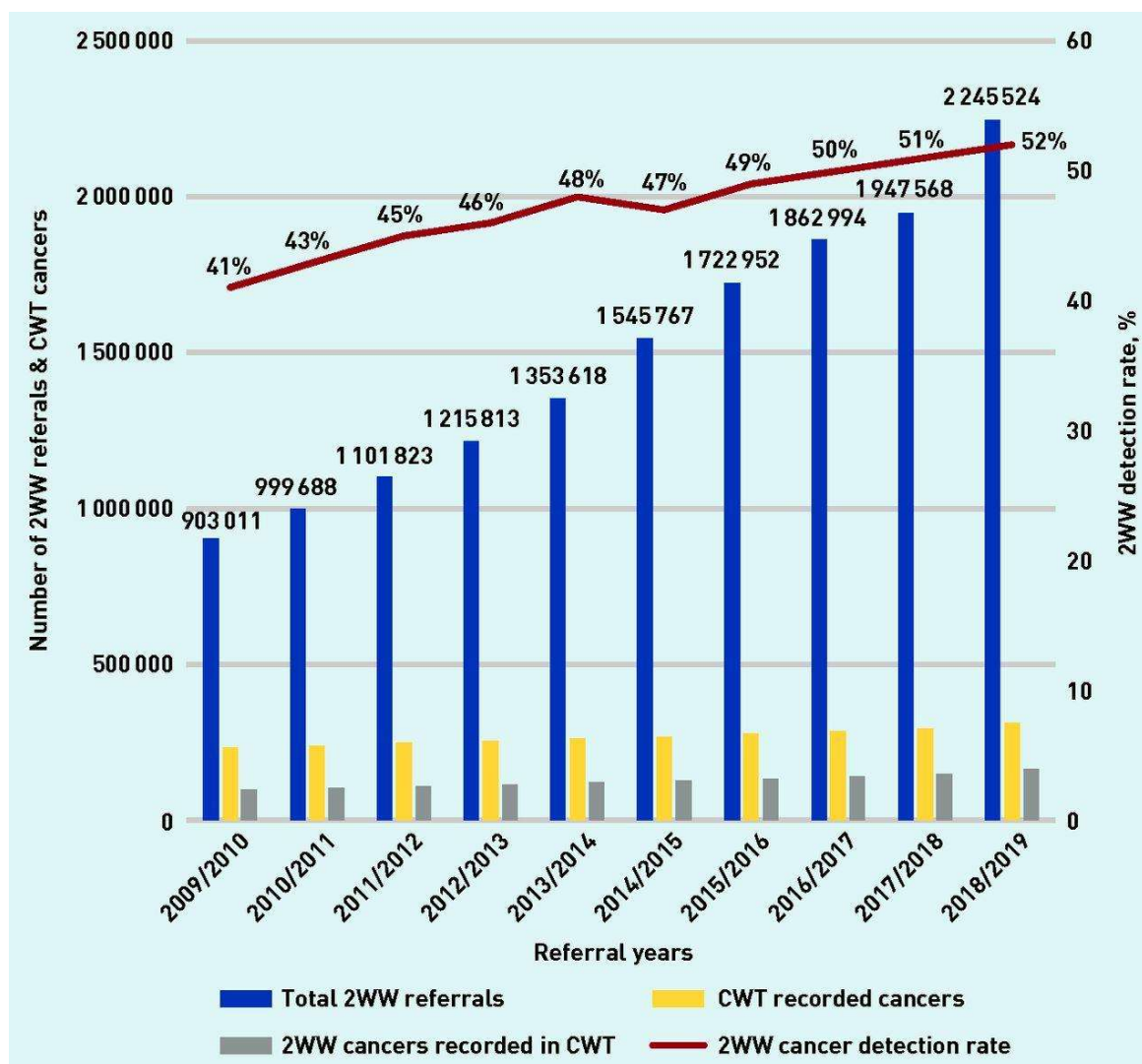
Primary care context



Primary care context



NHS context



Primary care cancer research

1. Prevention strategies that work
2. Better risk stratification of symptomatic patients
3. Impacts of increased access to diagnostics
4. Models of care for cancer survivors
5. Streamlining patient access



The University of Manchester

Thank you

Samuel.merriel@Manchester.ac.uk