UK cancer treatment falls behind other countries, research finds

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People in the UK have been treated with chemotherapy and radiotherapy less often than patients in comparable countries, and faced long waits for treatments, according to two new studies published in *The Lancet*

Oncology.

In the first research of its kind, investigators at University College London examined data from over 780,000 people with cancer diagnosed between 2012 and 2017 in four comparable countries (Australia, Canada, Norway and the UK). Eight cancer types were included: esophageal, stomach, colon, rectal, liver, pancreatic, lung and ovarian cancer.

The two studies by the International Cancer Benchmarking Partnership (ICBP) are the first to examine treatment differences for eight cancer types in countries across three continents. Building on previous research, the findings provide further insights into why cancer survival in the UK lags behind internationally.

The research concluded that:

- There was stark variation in the treatment of all eight cancer types and people with cancer in the UK received chemotherapy and radiotherapy less often than other countries. Fewer lung cancer patients in the UK (27.7%) were treated with chemotherapy compared to those in Canada (35.0%), Norway (45.3%) and Australia (41.4%)
- Older patients were least likely to be treated with chemotherapy and radiotherapy, particularly in the UK. For example, 2.4% of UK patients aged 85 and over received chemotherapy, compared to 8.1% in Australia and 14% in Ontario, Canada
- Countries with better cancer survival typically had higher use of chemotherapy and radiotherapy and shorter waits to start treatment in this study. For example, 5-year net survival for stage 3 colon cancer was higher in Norway (70.7%), Canada (69.9%) and Australia (70.1%) than in the UK (63.3%)
- Overall, people living in Norway and Australia started

chemotherapy and radiotherapy in the fastest amount of time
- Patients in the UK faced long waits for treatment, and this varied depending on where they lived. The average time to start chemotherapy was shortest in England (48 days) and longest in Scotland (65 days). Northern Ireland had the shortest average time to start radiotherapy (53 days) and Scotland (79 days) and Wales (81 days) had the longest.

Chief executive of Cancer Research UK, Michelle Mitchell, said, "The UK should be striving for world-leading cancer outcomes. All cancer patients, no matter where they live, deserve to receive the highest quality care. But this research shows that UK patients are treated with chemotherapy and radiotherapy less often than comparable countries.

"When it comes to treating cancer, timing really matters. Behind these statistics are people waiting anxiously to begin treatment that is key to boosting their chances of survival. We can learn a great deal from other countries who have stepped up and substantially improved cancer services. With a general election on the horizon, the UK Government has a real opportunity to buck the trends we see in this research and do better for people affected by cancer."

Although not every patient will require them, chemotherapy and radiotherapy are key treatment options—it's estimated around 4 in 10 people with cancer in the UK should receive radiotherapy as part of their care. With cancer cases projected to rise in the UK, demand for these treatments will substantially increase. A wider range of people, including older people with more complex health care needs, will require cancer treatment.

While some cancer patients need time to prepare for treatment, others are forced to wait too long. This can result in people's cancers continuing to grow and spread, potentially impacting the success of their treatment

and further exacerbating their stress and anxiety levels.

Cancer Research UK said that concerning delays to begin treatment in the UK are partly a result of the UK Government's lack of long-term planning on cancer in recent decades. Countries with more robust cancer strategies backed by sufficient funding have seen larger improvements in survival than the UK.

There is a range of factors driving international differences in the use of chemotherapy and radiotherapy. Cancer Research UK said that workforce and capacity pressures across the UK health system are barriers to delivering world-class treatment for patients. As outlined in the charity's recently published manifesto, "Longer, better lives," the UK's cancer crisis could be turned around with a long-term plan to deliver investment and reform needed in the NHS.

As part of this, Cancer Research UK is calling for a strategic approach to addressing treatment variation. Better data collection and investment in clinical audit and quality improvement would help us understand and tackle why access to timely, quality treatment differs.

Clinical lead for the International Cancer Benchmarking Partnership and an ovarian cancer surgeon, Dr. John Butler, observed, "For many aggressive cancers—such as ovarian, lung and pancreatic cancer, it's vital that people are diagnosed and start treatment as soon as possible. Lower use of chemotherapy and radiotherapy in the UK could impact people's chances of survival, especially for older patients.

"Although we have made progress, the last benchmark showed that cancer survival in the UK is still around 10 to 15 years behind leading countries. This study captures missed opportunities for patients in the UK to receive life-prolonging treatment. The next phase of our research will explore these treatment differences in more depth and look to

understand the impact of the COVID pandemic on cancer patient's care."

Lead researcher from University College London, Professor Georgios Lyratzopoulos, added, "This study builds on over a decade of ICBP research into how cancer diagnosis and care varies internationally. We already know that the cancer survival in the UK has fallen behind countries like Australia and Canada, and this analysis of two key cancer treatments highlights one of the likely reasons.

"With cancer cases projected to rise in the UK, the NHS must be equipped to deliver the best care for patients. The cancer treatment landscape is changing at pace, but capacity issues and system pressures mean that not all patients can feel the benefit of specialist cancer treatments. To improve the UK's cancer outcomes, we need to continue to investigate what is driving international variation in treatment—better data collection is key to this."

More information: Use of chemotherapy in patients with oesophageal, stomach, colon, rectal, liver, pancreatic, lung, and ovarian cancer: an International Cancer Benchmarking Partnership (ICBP) population-based study, *The Lancet Oncology* (2024). www.thelancet.com/journals/lan … (24)00031-7/fulltext

Use of radiotherapy in patients with oesophageal, stomach, colon, rectal, liver, pancreatic, lung, and ovarian cancer: an International Cancer Benchmarking Partnership (ICBP) population-based study, *The Lancet Oncology* (2024). www.thelancet.com/journals/lan … (24)00032-9/fulltext

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