

**Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 105**

**Ymateb gan: | Response from: Less Survivable Cancers Taskforce**

---



## Less Survivable Cancers Taskforce Consultation Response to the Health and Social Care Committee

Dear Committee Clerk,

Thank you for the opportunity to respond to the committee's consultation on the strategic priorities of the committee for the immediate six months and longer-term.

The Less Survivable Cancers Taskforce (LSCT) is an alliance of charities committed to improving outcomes and experiences for people diagnosed with one of the six less survivable cancers. In Wales, our charity partners are

- Tenovus Cancer Care,
- British Liver Trust,
- Pancreatic Cancer UK,
- Action Against Heartburn,
- The Brain Tumour Charity,
- GUTS UK and
- The Roy Castle Lung Castle Foundation.

Our charities provide various nurse-led support lines, support groups, information and advice to patients across Wales. We conduct regular surveys to gain patient insights and are keen to work with the Welsh Government and Members of the Senedd to improve outcomes and experiences for all people with less survivable cancer in Wales.

In response to the questions presented in the consultation, we believe that the committee should consider looking further at **improving outcomes for people with a less survivable cancer in Wales**. Given that the Welsh Government is developing its implementation plan following the publication of its Quality Statement, we believe that it is now timely for the committee to provide a focus and input into this work.

Every year around 19,500 people in Wales are diagnosed with cancer. Thanks to research, cancer survival in Wales is improving, with 58.5% of people surviving their cancer for five years or more. Breast cancer survival rates have doubled, and prostate cancer survival rates have tripled over the past 40 years.

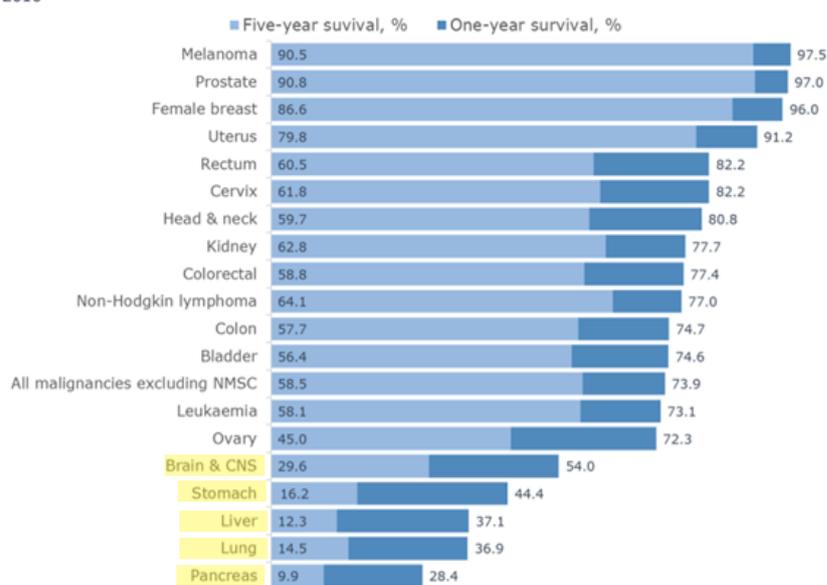
However, not all cancers have seen these gains in survival and, for the six less survivable cancers (lung, pancreatic, liver, oesophageal, brain and stomach), only 16% of people will survive for five years after their diagnosis. More than 4,400 people will be diagnosed each year in Wales with one of these 6 cancers and, because of the short prognosis for these cancers, they make up over 40% of all deaths from cancer each year in Wales.

We can reduce the stark inequalities in prognosis between cancers but we urgently need investment in research and a focus on early and fast diagnosis. If we invest more in less survivable cancers then we believe we can drastically increase life expectancy as well as improve the quality of life of thousands of people in Wales.

The graph below shows the varying survival rates in Wales between cancers and highlights the need for targeted action and investment for the less survivable cancers.

**Figure 2: Survival varies widely between types of cancer**

Age-standardised, one-year and five-year net survival (%), by cancer type, persons, Wales, 2012-2016



NMSC: non-melanoma skin cancer

Source: Welsh Cancer Intelligence and Surveillance Unit's National Cancer Registry [www.wcisuwales.nhs.uk](http://www.wcisuwales.nhs.uk)

When looking at how to improve outcomes for people with a less survivable cancer in Wales, the Less Survivable Cancers Taskforce believe that the areas of focus for the committee should be as follows:

**Earlier and faster diagnosis for people with a less survivable cancer:**

- The further roll-out of Rapid Diagnostic Centres, working closely with GPs, to ensure people with non-specific symptoms that could be cancer have access to fast and efficient diagnostics.
- Full roll out of a targeted lung health check programme across Wales.
- Education and training opportunities for GPs to ensure they are well equipped to recognise the vague and non-specific symptoms of the less survivable cancers and refer appropriately with direct access to MRI.
- Developing cancer awareness campaigns with a focus on raising awareness of symptoms of less survivable cancers.
- The roll out of the use of Cytosponge help diagnose Barrett's oesophagus, which is often a precursor to oesophageal cancer. In addition, the roll out of trans nasal endoscopy. With the backlogs in endoscopy caused by Covid, this is an optimal time to progress these technologies.
- A clear strategy for surveillance of people with liver disease for hepatocellular carcinoma liver cancer with robust mechanisms for recall.
- Support for trials of new early diagnostic biomarkers and help embed into pathways when successful.

**Optimal pathways to ensure fast and equitable access to treatment and care:**

- The development and implementation of optimal pathways for all of the 6 less survivable cancers to ensure patients access treatment as quickly as possible.

**Supportive needs of patients are met:**

- Clinical nurse specialist support for every patient diagnosed with a less survivable cancer.

**Improvements are measured:**

- Monitoring of progress in outcomes and experiences for less survivable cancer patients.

We would be delighted to have the opportunity to share further information and briefings with you on this topic and on other areas of focus. We wish you well with your important work over this Senedd term.

Your sincerely

**Judi Rhys MBE**

Chief Executive

Tenovus Cancer Care

On behalf of the **Less Survivable Cancers Taskforce**

- Tenovus Cancer Care,
- British Liver Trust,
- Pancreatic Cancer UK,
- Action Against Heartburn,
- The Brain Tumour Charity,
- GUTS UK and
- The Roy Castle Lung Castle Foundation.