Does the UK really have an effective cancer plan?

In this issue of *The Lancet Oncology*, we publish findings from EUROCARE-4: the largest international population-based analysis of cancer survival based on data from 83 registries in 23 countries. In keeping with earlier EUROCARE analyses (in 1995, 1999, and 2003), the latest findings show 5-year cancer survival in Europe continues to improve and rates in eastern Europe are catching up with western Europe. Cancer care is, therefore, getting better, and patients in Europe are achieving outcomes closer to those seen for patients treated in the USA. This message, however, misses key details in the EUROCARE-4 analyses that paint a very different picture for individual countries. In particular, the UK now faces challenging questions about the provision of oncology services.

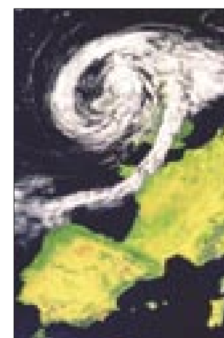
Earlier EUROCARE reports showed cancer survival in the UK was lagging behind many European countries and improvements in oncology services were needed. In 2000, the UK Department of Health convened an international workshop to help develop a national cancer plan for England. This plan was not applicable to other parts of the UK: Scotland, Wales, and Northern Ireland were left to develop their own solutions. The workshop concluded earlier EUROCARE analyses were credible and a cancer plan for England covering targets for prevention, early detection, treatment, and end of life was, thus, enacted.

So has the cancer plan worked? The short answer is seemingly no. The two EUROCARE-4 papers published this month present 5-year relative survival for two cohorts of patients. Many of these patients received treatment in the early years of the cancer plan. Collectively, the reports show survival for gastric, colorectal, lung, breast, ovarian, kidney, and prostate cancer in England is lower than the European average. In other parts of the UK, survival for melanoma and for colorectal, lung, breast, ovarian, and prostate cancer is also lower than the European average, and in some cases among the lowest in Europe. Overall, survival for all cancers combined in the UK as a whole is not only below the European average, it is also noticeably similar to some eastern European countries that spend less than one third of the UK's per capita healthcare budget.

Supporters of the cancer plan will state cancer services have changed substantially in England since 2000; that cancer treatment has improved in the past 7 years; that some hospitals provide services comparable with the best in the world; that country-to-country comparisons are not a fair reflection of services because of differences in cost of living and cancer registration coverage; and it is far too early to make a judgement on whether the initiative is effective. However, it is important to note: first, cancer survival data in the UK is robust because the entire population is covered by cancer registration and a comparison with survival data from the Nordic countries—that also have national cancer registration—shows the UK is lagging a long way behind the best European outcomes; second, UK countries not covered by the cancer plan have seen survival improvements for some cancers since 2000 whereas in England the equivalent rates have remained below par; and third, survival in England has only increased at a similar rate to other European countries and has not caught up with the absolute values seen elsewhere—ie, the cancer plan has not accelerated progress.

A number of unanswered questions are prompted by the EUROCARE-4 results: What is the scale of inefficiency and under-provision of oncology services in the National Health Service (NHS)? Does the cancer plan have any potential to narrow the survival gap between England and the rest of Europe? Can the cancer plan withstand the large number of migrants settling in England from eastern Europe—a population that could increase cancer burden beyond conventional projections because of differences in cancer prevalence and type? Should the UK have one unifying cancer plan covering all four countries, what should it achieve, and how should success (or failure) be measured? Should patients be withheld cancer drugs on the basis of cost when money is being wasted? Why does the UK's substantial research contribution not correlate directly with improved outcomes for UK patients?

EUROCARE is an important indicator of oncology provision in Europe, giving insight in to health-care effectiveness and the improvements needed. Our concerns illustrate the considerable challenges that now face the UK government if it is to make the NHS work efficiently and effectively. We make no apologies for not answering any of the questions raised above. Indeed, the answers are likely to lead to a fundamental reassessment of the ways in which the NHS operates and this, in turn, is likely to take politicians in to uncomfortable territory—such as divorcing the NHS from political control and short-term political gains. ■ *The Lancet Oncology*



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