

Supplementary written evidence submitted by the Less Survivable Cancers Taskforce (CSV0061)

Dear members of the Health and Social Care Select Committee,

Thank you, on behalf of the Less Survivable Cancers Taskforce, for the opportunity to attend your session on cancer services on the 9th November. We're grateful for the opportunity to contribute to the inquiry, and incredibly pleased that the Committee has recognised the need to look specifically at the improvements that need to be made for people who have a less survivable cancer.

I am writing to provide further detail on the international UK ranking figures for less survivable cancers, as requested by the Chair of the Committee, and to provide an overview of some key statistics discussed during our session.

As you will be aware from the session, less survivable cancers have not seen the same improvements in outcomes as other cancer areas in recent decades. Sadly, only 16% of the 80,000 people diagnosed every year with one of the six less survivable cancers will survive for five years. A quarter of people who are diagnosed with cancer in England each year will have one of these 6 common less survivable cancers (lung, pancreatic, oesophageal, liver, brain or stomach), yet these cancers account for half of all cancer deaths.

A study in 2020 by the [London School of Hygiene and Tropical Medicine](#), (based on [CONCORD 3 data](#)) shows that the UK survival rates for the less survivable cancers are at the bottom of a league table of comparable countries. The UK ranked 14th for cancer of the oesophagus, 21st for liver, 22nd for brain, 25th for pancreatic, 26th for stomach and 27th for lung cancer out of 29 countries (the full data tables are [here](#)).

The less survivable cancers often present with vague symptoms, making them hard to diagnose and meaning that diagnosis often takes place once the cancer has already spread, thus limiting treatment options. They are also generally aggressive cancers so fast diagnosis and fast access to treatment is key. This means that a focus on early detection, fast diagnosis and efficient prompt pathways to surgery and treatment is absolutely essential for these cancers. In addition, research investment to improve diagnostic tests (to enable earlier and faster diagnosis) as well as improved treatment options should be prioritised. We believe that to achieve this, a specific focus on improving outcomes for the less survivable cancers is required at all levels of the NHS: within national cancer policy and within cancer delivery by cancer alliances, NHS Trusts and, primary care.

I hope this information is helpful to the Committee and look forward to continuing to work with you to improve the outcomes and experiences of all people diagnosed with a less survivable cancer.

Yours sincerely,



Anna Jewell

Chair, Less Survivable Cancers Taskforce

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