



# Patient insights on cancer care: key opportunities to improve efficiency



## Findings from the International All.Can patient survey

Up to **20%** of healthcare expenditure is wasted on interventions that are inefficient.<sup>1</sup> The All.Can patient survey asked patients where they had encountered inefficiencies across their cancer care. Nearly 4,000 respondents from 10 countries participated, helping All.Can to identify four areas for improvement.



### Swift, accurate and appropriately delivered diagnosis



### Integrated, multidisciplinary care



identified **diagnosis** as the most inefficient area of cancer care.



were diagnosed **outside** of a **screening programme**.



**32%** said their cancer was initially diagnosed **as something different**.



24% felt that **support** from **allied health professionals** was not available.



needed **psychological support** during or after their cancer care; of those, **34%** said it was not available.



#### Why it matters

Late diagnosis and misdiagnosis are common in many cancers and can lead to delays in treatment or limited treatment options, poorer outcomes, lower likelihood of survival and higher costs of care.<sup>2,3</sup>



#### Why it matters

Cancer patients are three times more likely to suffer from depression compared with the general population. Specialist cancer nurses play a critical role – acting as the patient's 'navigator' and helping them adapt all aspects of their lives to cancer – both during and after treatment.



### Information, support and shared decision-making



### The financial impact of cancer



47% did not feel **sufficiently involved** in deciding which treatment option was best for them.



39% had **inadequate support** to deal with ongoing symptoms and side effects.



**41%** had no information about **peer-support groups**.



**51%** paid for some part of their **care**, either out-of-pocket or through **private insurance**.



**Travel costs (36%)** and **loss of employment income (26%)** were the most frequent non-treatment-related costs.



**26%** had suffered financially due to **loss of employment** related to their cancer.



#### Why it matters

Providing adequate information to patients can help them feel in control of their disease, reduce anxiety, create realistic expectations and promote self-care and engagement in their care.<sup>4,5</sup>



#### Why it matters

With the growing number of cancer survivors, there is increasing recognition of the need for social policies to help former cancer patients return to work after their care and protect them from financial insecurity.<sup>7</sup>

# Recommendations

The All.Can patient survey findings reveal concrete opportunities for improvement:

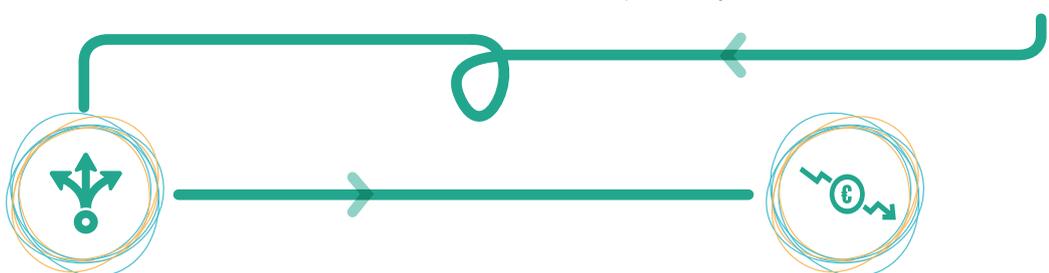


## 1. Ensure swift, accurate and appropriately delivered diagnosis.

Speed of diagnosis has an enormous impact not just on outcomes, but also on patients' entire experience of care – we can start by identifying and implementing proven best practices.

## 2. Improve information-sharing, support and shared decision-making.

Let's work to provide better information and support to help patients feel more engaged in their care. Information on what to expect in terms of side effects and risk of recurrence, and what to do after the phase of active treatment was over, is particularly needed.



## 3. Make integrated multidisciplinary care a reality for all patients.

More focus on the emotional and psychological impact of cancer and better integration of allied health and complementary services should be considered in the care pathway. In addition, cancer nurse specialists play an essential navigator role for patients and their families.

## 4. Address the financial implications of cancer.

There can be a significant and lasting personal economic burden caused by cancer. Provide patients with greater support early in their care to facilitate their return to work and adapt their lives following cancer care.



## About All.Can

All.Can is a multi-stakeholder initiative involving patient, clinical, academic and industry experts as well as policymakers. Our work spans the globe, consisting of All.Can international, plus All.Can national initiatives currently established in 14 countries. We aim to help define better solutions for sustainable cancer care and improve patient outcomes in the future.

To find out more visit [www.all-can.org](http://www.all-can.org).

### References

- <sup>1</sup>World Health Organization. 2010. Health systems financing: the path to universal coverage. World health report 2010. Geneva: WHO.
- <sup>2</sup>All.Can. 2017. Towards sustainable cancer care: Reducing inefficiencies, improving outcomes. London: All.Can.
- <sup>3</sup>World Health Organization. 2018. Guide to Cancer Early Diagnosis. Geneva: WHO.
- <sup>4</sup>Jefford M, Tattersall MHN. 2002. Informing and involving cancer patients in their own care. The Lancet Oncology 3(10): 629-37.
- <sup>5</sup>Treacy JT, Mayer DK. 2000. Perspectives on cancer patient education. Seminars in Oncology Nursing 16(1): 47-56.
- <sup>6</sup>Travado L, Breitbart W, Grassi L, et al. 2017. 2015 President's Plenary International Psycho-oncology Society: psychosocial care as a human rights issue—challenges and opportunities. Psycho-Oncology 26(4): 563-69.
- <sup>7</sup>Braspenning I, Tamminga S, Frings-Dresen M, et al. 2018. Rehabilitation and return to work after cancer – instruments and practices. European Risk Observatory report. Luxembourg: Publications Office of the European Union.

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