

The Diagnostic Pathway of Symptom-Detected Cancers

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Disclaimer

I have no conflicts to disclose.

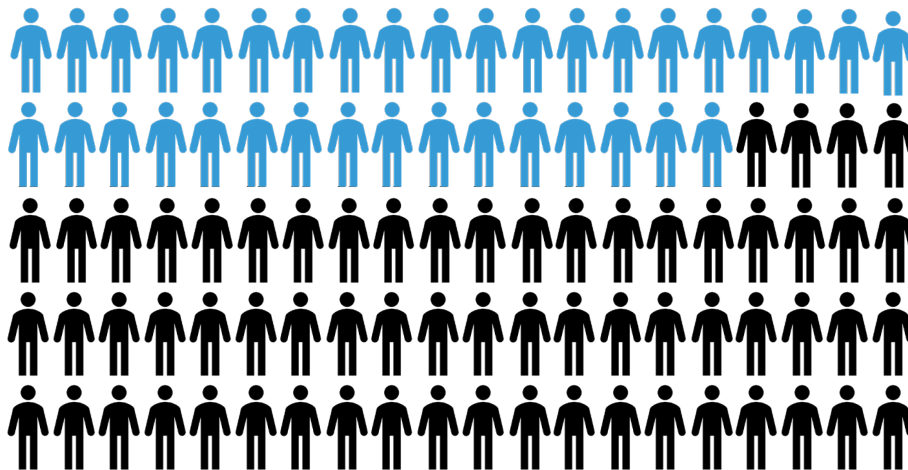
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Most Cancers Are Not Screen Detected

1,898,160 estimated new cancer cases in 2021

Of these, **1/3** are potentially screen detectable*

*Including female breast, colorectal, lung, and cervical

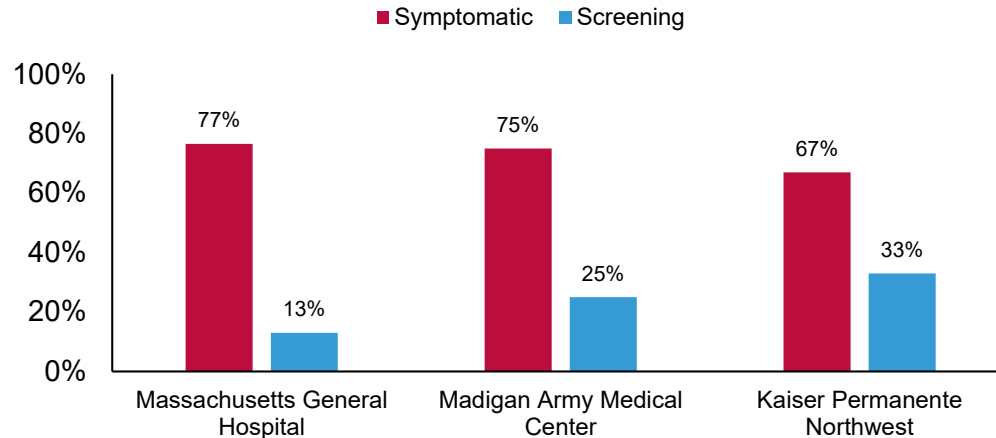


Leaving **2/3** of cancers to be detected via other pathways

Most Cancers Are Detected After Symptomatic Presentation: *US Evidence*

- Empirical evidence, largely coming from single healthcare settings in the US, supports this conclusion

Mode of Detection for Colorectal Cancer



Most Cancers Are Detected After Symptomatic Presentation: *International Evidence*



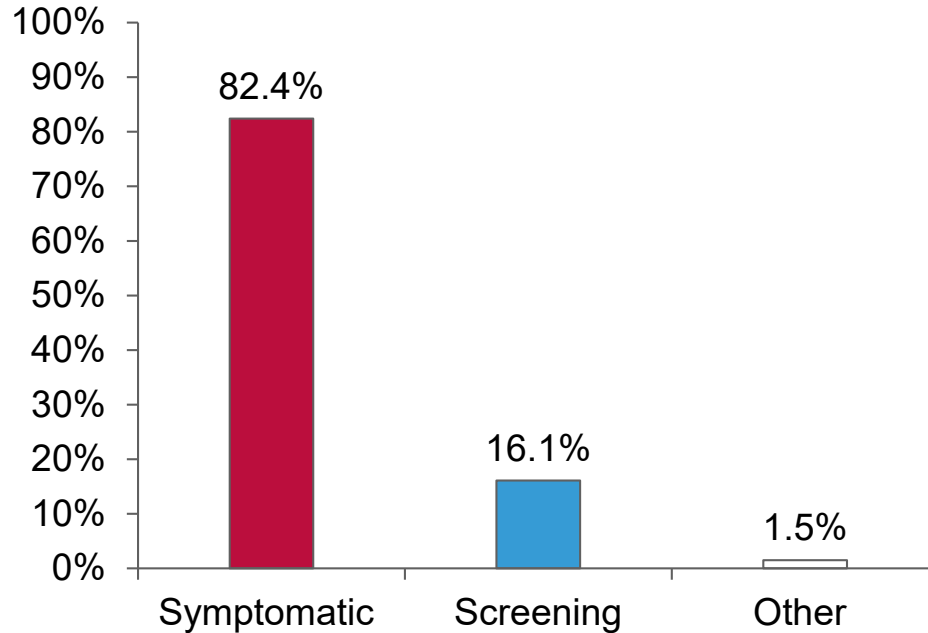
- Explores factors that may influence differences in cancer survival across 8 countries



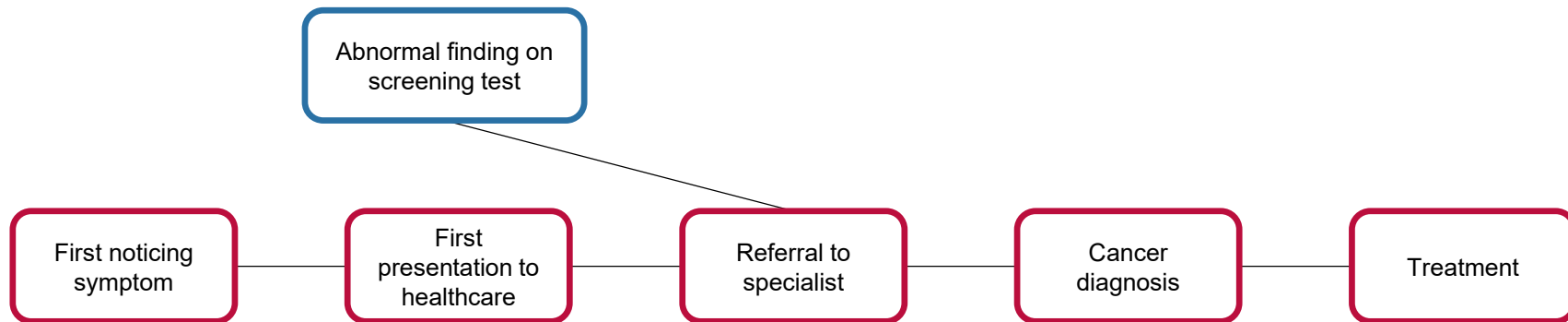
- Phase 1: described routes to cancer diagnosis for breast, colorectal, lung, and ovarian cancers

Most Cancers Are Detected After Symptomatic Presentation: *International Evidence (ICBP)*

Routes to Colorectal Cancer Diagnosis



Defining Early Diagnosis of Symptomatic Cancers

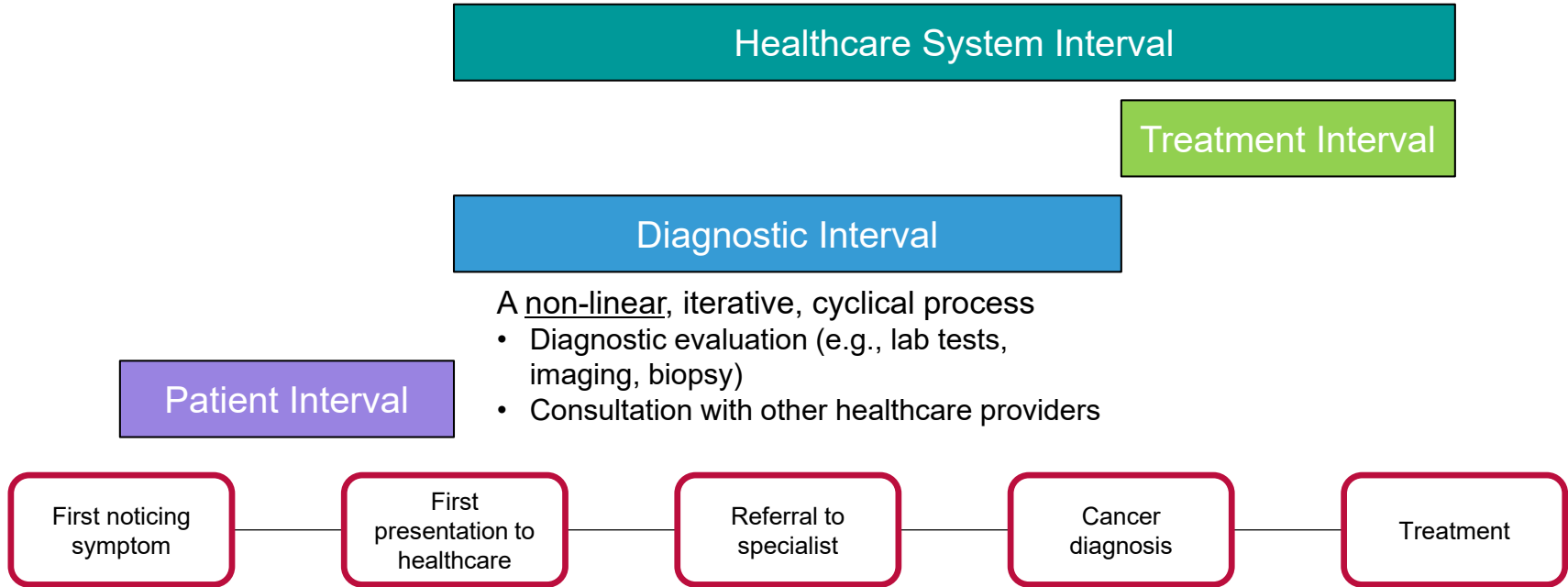


Focuses on identifying cancers at the earliest possible stage in patients with potential signs and symptoms of cancer and subsequently diagnosing and treating cancer without delay

Benefits of Early Diagnosis of Symptomatic Cancers

- Reduced time to diagnosis in symptomatic cancers associated with better *clinical outcomes* (earlier stage diagnosis, improved survival)¹
- Better *patient-reported outcomes* and care satisfaction²
- Lower *treatment cost*³
- Improved *care quality* (e.g., reducing diagnostic errors⁴)

Pathway to Detecting and Diagnosing Symptomatic Cancers



Challenges in the Patient Interval



Appraisal of signs and symptoms as due to cancer¹

- Influenced by many factors (e.g., knowledge of cancer symptoms², comorbidities³)



Barriers to healthcare access⁴

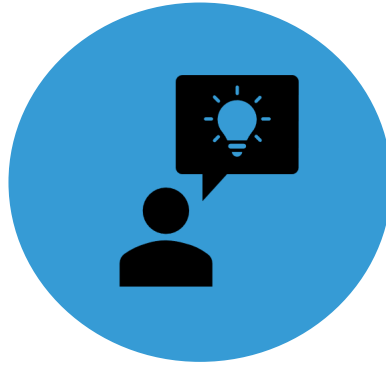
- E.g., direct and indirect costs

Challenges in the Diagnostic Interval



Symptoms are common, but most patients do not have cancer

- Positive predictive value of postmenopausal bleeding for endometrial cancer is **9%**¹



Initial cancer suspicion influenced by education, knowledge, patient



Balance risks of missed diagnosis vs potentially unnecessary evaluations

Challenges in the Diagnostic Interval



Lack of tools for diagnostic evaluation, competent and appropriate specialists



Lack of effective communication and coordination among healthcare providers, and with patients

- E.g., timely referrals, follow-up of positive test results

Conclusion and Suggestions for Future Research Directions

- **Most cancers** are likely **detected** after **symptomatic presentation**
 - Potential to achieve earlier-stage diagnoses and better outcomes for these cancers
- Need for data to describe pre-diagnostic care and diagnostic pathways in US healthcare systems
 - *Who* is being diagnosed with cancer? *When, where, how, and by whom?*
 - *Nature and frequency of presenting symptoms* that can be used for risk prediction?
- Use to guide intervention development in early diagnosis



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