

Straight to the point

Demand for orthodontics has accelerated but can the interest be sustained?

Geared for growth

Riverdale Healthcare CEO Emma Barnes talks about her first year heading up the dental group

Roll up, roll up

Mansfield Advisors assess the potential for consolidation in dentistry

NOVEMBER 2021 | VOLUME 25 | ISSUE 9

HM_{UK}

HealthcareMarkets

Independent. Intelligent. Insightful.

In focus

The consolidation game

Covid sent a shock through the dental sector in 2020 but steady consolidation could be on the cards as demand hits new heights

LaingBuisson
INTELLIGENCE + INSIGHT

On the eve of this year's *Private Acute Healthcare Conference*, LaingBuisson hosted a roundtable discussion in partnership with Check4Cancer to discuss the role of personalised medicine in delivering value-based cancer care

The path to prevention

Check4Cancer invited 15 key opinion leaders from across the healthcare sector to discuss the early part of the cancer pathway, with particular attention on cancer prevention, cancer screening and risk-stratified screening. Given the devastating impact that successive lockdowns have had on cancer screening and diagnostic services, it was fitting that the event took place in the Royal Society of Medicine, a Society that has overseen the advancement of medicine and medical science since 1805.

Professor Gordon Wishart, founder and chief medical officer at Check4Cancer, opened the meeting by explaining that discussion would focus on the use of risk prediction models and genetic testing to promote behavioural (lifestyle) change, to help prevent cancer and inform risk-stratified cancer screening programmes.

Furthermore, with recent disruption to cancer screening and diagnostic services, there was now increased interest in providing these services in the insured and corporate sectors to support members and employees at this difficult time. Following a successful pilot study earlier this year, AXA Health is now working with Check4Cancer to plan an extended screening campaign to support more than 80,000 members access bowel, breast and cervical screening before the end of 2021. A significant challenge was that if new screening pathways were to be launched in 2021, how should they be delivered some 33 years after the NHS breast screening programme was first introduced?

Given that for most cancers, the possible risk factors include some combination of family history, genetic inheritance and lifestyle choices such as smoking, alcohol and high BMI, it was fitting that Andrew Beggs, professor of cancer genetics and surgery at the University of Birmingham, opened the discussion by explaining the role of genetic testing in assessing cancer risk and selecting

patients for appropriate surgical and oncological treatment. A particular example was in Lynch Syndrome where patients with bowel cancer can benefit from more extensive surgery and have a higher response to immunotherapy. This requires all patients diagnosed with bowel cancer under the age of 45 to be tested for Lynch Syndrome but, despite NICE guidelines supporting this development in 2019, uptake had been extremely slow in NHS and private sectors.

THERE APPEARS TO BE AN INCREASED APPETITE FOR PMIs TO FOCUS ON THE EARLY PART OF THE CANCER PATHWAY

Representatives from the insured sector explained that increased use of genetic testing through PMI would require a review of current regulatory restrictions to protect members who could be concerned about how that personal risk information might be used in the future. However, given the move to personalised medicine and the requirement to provide patients with the most clinically effective and cost-effective treatment, there was general agreement that genetic testing would play a significant role in delivering patient-centred value-based healthcare in the near future.

Attention then turned to more traditional ways to assess cancer risk including family history and lifestyle questionnaires, some of which can be combined

with genetic risk assessment to present an overall risk of a particular cancer. During lockdown, Wishart set about creating the 'MyCancerRisk' model using a combined questionnaire to identify those at 'higher risk' of six common cancers with the idea that larger corporates could then fund screening for those at 'higher risk', with increased cancer education about risks, signs and symptoms for all employee participants. The risk assessments were developed with help from Colin Bullen, health actuary as well as founder and director at BRATLAB (Behavioural Research & Applied Technology Laboratory) Limited.

Check4Cancer previously worked with Bullen to develop the Cancer Impact Calculator, a model that calculates the return on investment (ROI) over five to ten years for companies and insurers that invest in cancer screening. There was general agreement that use of models like 'MyCancerRisk' could help by increasing cancer awareness and promoting cancer prevention through personalised screening and behavioural change, while the ROI model could help to explore the costs and benefits of introducing risk-stratified screening to the insured and corporate sectors.

Moving forward, there appears to be an increased appetite for PMIs to focus on the early part of the cancer pathway by offering cancer screening to their members. For example, in addition to offering discounted bowel and cervical screening to its members in recent years, Vitality remains committed to offering comprehensive, evidenced-based and sustainable cancer screening journeys and integrated cancer care pathways for its members. By detecting cancer at as early a stage as possible, patients are much more likely to require less treatment, enjoy a better quality of life and survival and spend less time away from work and/or their family. That is what makes early cancer detection so worthwhile.