Early Detection of Lung Cancer

A Guide to Delivering Brief Interventions
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Guidance from the National Institute for Clinical Excellence or NICE advises that:

Someone who

• has a new and persistent cough for more than 3 weeks
• develops breathlessness
• has flecks of blood in their phlegm

should be offered an urgent chest X-ray.

However, people are sometimes reluctant to go and see the doctor about these symptoms, or perhaps do not realise the possible significance of them.

It may just take a short chat with someone to get them to do something about their symptoms.

But are you the right person to do this? Starting a conversation with someone about their health can seem like a tricky thing to do. You may be worried about:

• Being accused of being nosy
• Getting your facts wrong
• Upsetting someone
• Saying the wrong thing

Remember though, you are not telling them what may be wrong with them nor are you giving them orders. You will just be making a suggestion about what the person could do to get their symptoms sorted out. The decision whether to do something is up to that person.

You have been given this guide because you are likely to come into contact with people who have these symptoms. This guide has been written to help you start such conversations with people. It looks at the reasons for this initiative, the common signs and symptoms of lung cancer; gives a brief overview of other conditions that may cause the same or similar signs and symptoms and looks at some of the communication issues around what can be a worrying subject for people to think about and discuss. The guidance also includes the current guidance from NICE regarding lung cancer.

You may also want to read the guidance for doctors that focuses on the NICE guidance and the reasons for non-referral for chest X-ray.

That lady who comes in the library every week - she always seems to be coughing.

Fred’s had that cough for a few weeks now and he seems to be out of breath more.

Mrs Edwards always seems to be coughing when I visit her to change her leg ulcer dressing.

Mrs Jones has started buying cough mixture every time she picks up her prescription.

John is worried that this cough and the blood flecks in his phlegm may be lung cancer.

Could this be lung cancer?
A research\(^1\) project was conducted in Doncaster recently that involved interviewing people with lung cancer. They said there are many reasons why people with some of these symptoms don’t go to the GP.

• They think the symptoms are due to another health problem e.g. a winter virus, a chronic chest problem, etc.
• They think the problem will clear up if left alone.
• They are worried they would be wasting the doctor’s time.
• They are frightened that the symptoms may mean something more serious, for example, lung cancer.
• People who were ex-smokers or non-smokers thought they had no risk of lung cancer.

The reasons people should report symptoms to their GP are:

• They might not be caused by lung cancer. It is important to find out what is causing them and get it treated.
• People who have given up or have never smoked have a much lower chance of getting lung cancer, but they do have some risk.
• In a small number of cases, the symptoms might be caused by lung cancer. The earlier it is diagnosed the better the chance of getting early and effective treatment.

Reducing rates of lung cancer and improving diagnosis and treatment of people with lung cancer are priorities for Doncaster. To tackle the problem a social marketing initiative has been developed jointly by members of Doncaster health community and regional/national experts and has now been endorsed by Doncaster Primary Care Trust (PCT).

Social marketing in health has been defined by the Department of Health as:

...the systematic application of marketing concepts and techniques to achieve specific behavioural goals relevant to improving health and reducing health inequalities.

French & Blair Stevens 2006\(^2\)

The initiative in Doncaster is taking the combined approach of patient/public focus together with improving the responsiveness of services in a defined geographic neighbourhood of Doncaster by:

• Engaging key professional groups and other key change agents
• Training trainers and professional groups in brief intervention for early intervention in lung cancer
• A public campaign using specially commissioned marketing materials

This initiative aims to:

• raise public awareness of the early symptoms of lung cancer
• tackle the problem of people being reluctant to go and see their doctor about these symptoms
• encourage doctors to refer the right people for a chest X-ray.

These materials are part of the approach to tackle the problem of people being reluctant to go and see their doctor. To help understand this issue better, let’s look at the things that influence people when making choices about their healthcare.


\(^2\)For more information on Social Marketing in health visit the National Social Marketing Centre’s website at www.nsms.org.uk.
People tend to make decisions about their health care based on different assumptions, ideas and beliefs. The Health Belief Model (HBM), originally introduced in the 1950’s by psychologists is one of the most well known models of health behaviour change.

The model assumes that people fear diseases and that they will take action if they:

- Believe themselves to be vulnerable to illness
  “What are the chances of me getting asthma/bronchitis/cancer?”

- Believe that the illness has significant consequences
  “If I do become ill, just how bad will it get, and how will affect my life, my family and my work?”

- Believe that the treatment will work
  “If I go and see the doctor about my cough, will it stop me getting ill? If I do get ill will the treatment mean that my life won’t be too badly affected?”

- Believe that this can be achieved at an acceptable cost to themselves in terms of impact on their life, side effects etc.
  “If I have the treatment or take the medicine the doctor gives me, will it make me feel worse? Will I get better quickly? Are there any side effects I need to worry about?”

Compliance or action will be enhanced if:

- The person perceives themselves to be likely to experience benefits (positive outcome)
- Perception of severity and susceptibility are heightened (symptoms)
- The perception that there are few costs involved in compliance with treatment (treatment)

By talking to the patient / client about their symptoms, you can give them enough information to help them believe that they can achieve ‘positive outcome’ by going to see the doctor and asking for a chest X-ray. This is known as Brief Intervention.

Brief interventions are as the name suggests short (typically 5 -20 minute session) often opportunistic contacts with people that focus on education and motivation rather than actual treatment.”
Brief Intervention for the Early Detection of Lung Cancer

The aim of the intervention is to encourage and empower a person with the following symptoms to make an appointment to see their doctor and ask for a chest X-ray:

- a new and persistent cough for more than 3 weeks
- recently started to feel breathless
- has blood flecks in their phlegm

Why Just Focus on These Symptoms?

The focus of the Social Marketing Initiative is to raise awareness around these 3 key symptoms, as they are easily recognisable symptoms for patients and reflects the NICE Guidance on Lung Cancer.

Who should I talk to?

Ideally you should talk to anyone with some or all of the symptoms described above, as these symptoms can mean they need appropriate care and treatment. Later in this guidance we will be looking at some of the conditions that can cause these types of symptoms. However it is worth noting that the main people who are at risk of developing lung cancer are those who smoke, or have smoked in the past (but don’t forget non-smokers can also develop lung cancer), and those in the 70+ age group. It is rare that anyone under 40 develops lung cancer; however the incidence does increase with age.

What do I say?

June’s Story

I’m a community nurse who sees Mrs Edwards, a 69 year old lady, once a week to check on her leg ulcers. Sometimes I see her at home, but if she is able she comes up to the clinic for a dressing change. I’ve noticed that she has been coughing for the last 4 weeks now and yesterday when I saw her in the clinic, she was quite breathless, which is new for her. She asked me if it could be a sign of something serious. I said it could be due to a number of factors, but I could see she was already thinking ‘Cancer’ I don’t want to alarm her, nor do I want her to think it’s nothing serious. It’s really hard to get the right balance.

June’s concerns are perfectly normal! Because of the type of work you do, patients and clients are more likely to place more value on what you tell them and you can reinforce the messages they have seen as part of the social marketing initiative.
Here are a few suggestions about approaching what can be a challenging conversation.

Before starting a conversation, you should ask permission to discuss the topic. For example:

“You seem to have had that cough for sometime now; do you want to talk about what could be causing it?”

**Start by Asking Questions**

A good place to start such a conversation is to ask questions and listen to the answers. Asking questions and listening shows the person you are interested in them and what they have to say.

When asking questions try to avoid those that just require a Yes or No answer, instead ask open questions.

“How have you had that cough for a long time?”
You may just get a yes or no answer.

“How long have you had that cough for?”
This needs a more detailed answer.

Other things to remember are not to ask several questions in one or ask questions that ‘give the answer’.

“Have you taken any medicine for that cough, tried any cough sweets, stopped smoking – what have you done about that cough?”

This question is really 4 questions in one, it also narrows down the options and the person may not think to mention anything else they have tried. A broader question may be more helpful for example:

“Have you tried anything to make the cough better?”

By asking questions and listening to the answers, you can start to get an idea of what the person knows about their symptoms:

- are they taking them seriously?
- are they scared about what they could mean?
- or are they not wanting to think about the possibility of cancer?
Task

Bill is a 65 year old man who lives alone in a warden controlled flat. He currently works part time at the local supermarket, but most of his working life he was a miner in the local pit until it closed. Bill has popped into the pharmacy to pick up his friends prescription. You are the pharmacy assistant and whilst waiting for the prescription to be made up, Bill starts up a conversation with you and jokes that he is the one who should be getting a prescription for his terrible cough.

Write down a list of the questions you could as Bill to find out if you should be advising him to see his doctor for a chest X-ray.

Enter your questions below:
Have you Heard?

When we talk to people we often hear what they are saying, but don’t always listen to what they say. Active listening is a skill that, like many, needs to be practiced. Active listening involves listening but also your attitude and body language.

Ideally, you should be willing to focus on the other person as they speak and develop a genuine interest in them and what they have to say. This means you have to shut out any distractions and not allow yourself to daydream.

You also need to involve your whole body. A useful way to think about how to use your body to listen is to remember the word SOLER:

- **S**quarely face the person
- **O**pen your posture
- **L**ean towards the sender
- **E**ye contact maintained
- **R**elax whilst paying attention

To show you are listening, it’s helpful if you give a short summary back to the person to check you have heard them and understood them correctly:

“So you have had the cough for about a month now, and you’ve had some antibiotics but it doesn’t seem any better?”

Dealing with Worries

Think back to a time where you had to have a difficult discussion with someone, perhaps you were asking your manager for time off, or telling a friend that you wouldn’t be able to help them with something after you had said you would. How did you feel?

In situations like that, we tend to adopt what is known as a fight or flight response. A flight response means we want to run away and avoid the subject. A fight response means we are likely to pile in with all guns blazing, perhaps being aggressive or sarcastic or trying to pin the blame for something on the other person.
When broaching the possibility with someone that they may have symptoms that should be reported to a doctor – you may feel the fight or flight response in yourself, and of course the person you are talking to will be reacting in one of those ways.

There are several ways to deal with this. You can warn the person that a difficult subject is coming up by using a technique known as Signposting:

“*I know this might be a difficult subject, but I think it’s important we talk about it*”

“*This may be difficult for you to hear but...*”

Another way is to use words that reflect someone’s feelings. This allows you to respond to the person’s emotions in an understanding way.

| Reflection | “You are worried that this may be something serious” |
| Validation | “I understand that it must be scary to think what could happen if it is cancer” |
| Partnership | “I’d like us to both agree about the best way forward” |

It probably goes without saying that you should avoid using too much jargon. Here are some terms that you may want to use instead.

| Haemoptysis | Coughing up phlegm with traces of blood |
| Dyspnoea | Shortness of breath; difficult or laboured breathing |
| Fatigue | Extreme tiredness |
| Finger clubbing | Broadening or thickening of the tips of the fingers |
| Cervical / supraclavicular lymphadenopathy | Abnormally enlarged lymph nodes commonly called ‘swollen glands’ in the neck and above the collar bone |
Non-Verbal Communication

Whilst we tend to concentrate on what is said in conversations, it's worth remembering that studies have shown that most communication takes place through body movements and gestures. Here are a few hints about body language.

**Where you stand:** Standing facing a person indicates you like and respect them – how would you feel if someone talked to you with their back half turned? If the person you are talking to is turning their body away, what might this indicate to you?

**How you stand:** The way a person stands can give a lot of clues about how they feel. If someone is stooped over or holding themselves tightly with perhaps their arms and legs crossed, this may suggest they are feeling tense. If you stand with your arms folded, you may indicate that you are feeling defensive. Try to stand with an open posture this gives the impression of confidence and enthusiasm.

**Facial Expressions:** Facial expressions can tell you a lot about how a person feels; are they frowning; looking anxious; angry; frightened, happy etc. What sort of expression is on your face – is it your own fear about this conversation, concern? Bear in mind that sometimes people can mask their expressions or exaggerate them. If you notice there is a difference between what someone may be saying, “no I’m fine” and their expression (looking upset or angry) it may be worth trying to speak to the feelings they are showing “you look a bit upset”.

**Eye Contact:** Eye contact indicates interest and confidence, looking away the opposite – just be wary of staring someone down!

**Personal Space:** We all know what it can be like sometimes on a crowded bus when someone is in your personal space – it can make you feel uncomfortable. Trying to start up a conversation about a difficult subject when you are behind a desk or counter may also make you seem unapproachable and perhaps defensive. The closer you are to someone’s personal space, the more intimate the relationship. You may find it helpful to move closer or lean towards the person you are talking to, but watch out for signs that you are getting too close, e.g., moving away, looking uncomfortable etc.

**Gestures:** Some gestures are familiar to us for example a thumbs-up says, “OK” “Great” etc. Others are more subtle, for example holding your palms up shows you are open and honest, holding them down may indicate you have something to hide and can suggest you are superior to the other person. Holding hands in a clenched position may indicate that the person is trying not to show they are feeling negative about something.

**Mirroring:** This is a technique where you effectively copy the position and movements of the person you are talking to. This technique helps build rapport with someone although focus on mirroring their positive movements rather than negative ones.
**Task**

How will the following body language *improve or make more difficult* your conversation with someone about their health?

- Folding arms
- Hands held open with palms face up
- Maintaining eye contact
- Tilted head
- Standing over a person who is sitting down
- Looking at something over the persons shoulder
- Nodding
- Standing with arms on hips
- Fidgeting
- Smiling

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The Right Place and the Right Time

If a person is in a hurry or seems reluctant to talk then you are less likely to be able to have a chat with them, so you may have to wait for a better time. Also, consider where you are having that chat – is it somewhere you would be happy to talk about your health?

It is most likely that if you do talk to someone about their symptoms, it will just be a brief chat. The key thing to remember is that you want the person to decide to go and see their doctor about their symptoms and ask for a chest X-ray.

Closing the Conversation

When you come to the close of the conversation, you need to end with what’s known as a “cue for action”. This can be as simple as making the suggestion that the person goes and makes an appointment with the doctor. As we have already seen though, people can be reluctant to go and see the doctor as they feel they may be wasting the doctor’s time, or perhaps they would feel uncomfortable asking the doctor to refer them for an X-ray.

To help people with this, you can give them an information leaflet/credit card about the initiative and a specially designed “prescription” for an X-ray. The prescription or the credit card can be handed to the doctor by the person and saves them feeling uncomfortable about making the request.

To obtain copies of these materials please contact the Public Health Team at the PCT (contact details are in the Useful Information section of this guidance).
### Answer to Body Language Task

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Patients / Clients you come into contact with may ask you about the common causes of these symptoms, and the following information may help you to answer such questions.

**Cough**

A cough is the body’s way of reacting to inflammation or irritation of the throat, windpipe or the air passages in the lungs. The vast majority of coughs are caused by simple things like coughs, colds or viruses, which clear up in a couple of weeks.

Coughs are generally classified into two categories, acute and chronic. Acute cough are those that have been present for less than 3 weeks. Chronic coughs are those present for more than 3 weeks. Common examples of causes of a cough are listed below:

- The common cold
- Cough-producing irritants including tobacco smoke, dusts, pollens, pet fur, industrial chemicals and pollution
- Sinus infections
- Allergies to the environment
- Gastroesophageal reflux
- Whooping cough
- Asthma
- Bronchitis
- Pneumonia
- Emphysema
- Chronic obstructive pulmonary disease (COPD)
- Cancer

A cough can also be a side effect of some types of medication for example; Ace Inhibitors such as Ramipril, can cause a cough.

**Breathlessness**

Breathlessness or shortness of breath is an uncomfortable sensation where the person feels they are not getting enough air. Sometimes breathlessness may be quite normal. For example if the person has a blocked up nose owing to a cold or sinus infection. Strenuous exercise, especially when a person does not exercise regularly, can be another cause.

Shortness of breath has many different causes. Blockages in the air passages of the nose, mouth, or throat may lead to difficulty breathing. Heart disease can cause breathlessness if the heart is unable to pump enough blood to supply oxygen to the body. If the brain, muscles, or other body organs do not receive enough oxygen, a sense of breathlessness may occur. Sometimes emotional distress, such as anxiety, can lead to difficulty breathing.
Specific causes include the following:

- Asthma
- Emphysema
- Heart disease
- Heart attack (myocardial infarction)
- Pneumonia
- Airway obstruction
- Inhalation of a foreign object
- Dust-laden environment
- Allergies (such as to mould or pollen)
- Irregular Heart beat
- Lack of exercise
- Obesity
- Panic attacks
- Anaemia
- Chest Infection
- Chronic obstructive pulmonary disease (COPD)
- Cancer

Coughing up Blood in Phlegm

Coughing up blood or haemoptysis can be caused by a number of conditions including:

- The most common cause is an acute Infection, especially in exacerbations of Chronic Obstructive Pulmonary Disease (COPD)
- Laryngitis
- Pneumonia
- Tuberculosis (TB)
- Chronic bronchitis
- Pulmonary embolism (a blood clot in the lungs)
- Pneumonia, usually described as having ‘rust coloured’ sputum
- Heart disease
- Inhaled Foreign Body
- Rupture of a blood vessel after vigorous coughing
- Nosebleeds
- Bleeding from the gums
- Cancer

As you can see many of the same conditions can cause these symptoms in people and it is important to emphasise that the majority of the symptoms will be due to some other condition rather than lung cancer. It is important though to emphasise that they get the symptom checked by the doctor, whatever has caused it, so they can get effective treatment.
There are a variety of ways in which lung cancer may make itself known. Some people only discover it during routine medical check-up, whilst others may have had signs and symptoms for many months.

**Signs and Symptoms**

Lung cancer can be cured if diagnosed early so if someone has any of the symptoms listed below for over 3 weeks they should see a doctor and ask for a chest X-ray.

- Haemoptysis (coughing up blood / blood flecks in phlegm), or
- any of the following unexplained or persistent (that is lasting more than 3 weeks) symptoms or signs:
  - Cough
  - Chest / shoulder pain
  - Dyspnoea (breathlessness / shortness of breath)
  - Weight loss and loss of appetite
  - Chest signs such as new onset of wheezing
  - Hoarse voice
  - Fatigue
  - Persistent chest infections such as bronchitis and pneumonia
  - Finger clubbing (broadening or thickening of the tips of the fingers)
  - Cervical / supraclavicular lymphadenopathy ('swollen glands' in the neck and above the collar bone)

These symptoms can be caused by other lung related conditions (see below).

Often lung cancer causes no symptoms and the first signs of the disease are due to the effects of cancer that has spread to other parts of the body. Examples of spread include:

- seizures, paralysis, personality changes and speech difficulty due to spread to the brain
- deep pain and sometimes bones break if cancer has spread into the bones
- jaundice
- nodules developing on the skin
Lung cancer risks

Smoking is the cause of most lung cancer.

- The risk of lung cancer increases earlier people start smoking and the more they smoke.
- Ex-smokers still have a risk of lung cancer, although this decreases the longer people stop.
- Non-smokers sometimes get lung cancer, particularly if exposed to other risks, for example, breathing smoke from other people (passive or second hand smoking).
- Passive smoking does increase the risk of developing lung disease and cancer. People need to avoid smoke filled places.

Men and women are both at risk of lung cancer. Rates of lung cancer in women are rising owing to increases in smoking rates in women.

The good news is that if it is found early it can be treated successfully.

You need to reinforce this positive message with patients / clients.
As mentioned already, many of the signs and symptoms of lung cancer can be caused by other conditions for example:

- **Asthma**
- **Pneumonia**
- **Chronic obstructive pulmonary disease (COPD)**

**Asthma** is an inflammatory disorder of the airways, which causes attacks of wheezing, shortness of breath, chest tightness, and coughing.

**Pneumonia** is an inflammation of the lungs caused by an infection.

**COPD** is a group of respiratory disorders including chronic bronchitis and pulmonary emphysema. It is a progressive disease involving the narrowing and obstruction of small bronchi and characterised by wheezing, difficulty in breathing and a chronic cough.

According to British Thoracic Society:

*COPD is a chronic, slowly progressive disorder characterised by airways obstruction… which does not change markedly over several months. The impairment of lung function is largely fixed but is partially reversible by bronchodilator (or other) therapy.*

British Thoracic Society, 1997

Chronic bronchitis is defined as:

*Productive cough that is present for a period of 3 months in each of the 2 consecutive years in the absence of another identifiable cause of excessive sputum production.*

American Thoracic Society, 1995

Emphysema is defined as:

*Alveolar wall destruction with irreversible enlargement of the air spaces distal to the terminal bronchioles and without evidence of fibrosis.*

American Thoracic Society, 1995

COPD is a major public health concern because of its persistently increasing prevalence. It is projected that COPD will become the fifth leading burden of disease worldwide by year 2020. In the western world COPD is probably the fourth commonest cause of death in middle aged to elderly men after CHD, lung cancer and cerebrovascular disease.
This chart summarises the steps you may take when talking to someone who may have one or more of the three key symptoms. If you want more information about any of the steps, go to the relevant page number in this guidance.

Here are a few conversation openers:

- "That cough of your’s seems to have been hanging around for sometime now..."
- "You seem to be short of breath at the moment..."
- "It must be uncomfortable coughing up blood..."
- "...would you like to talk about what may be causing it?"

What sort of response does the person give you?

Ask questions such as:

- "I don’t like to bother the doctor"
- "I’m worried it might be something serious"
- "What sort of things cause these symptoms?"

Don’t be discouraged, it maybe the person you want to talk to is too busy or in a rush. Perhaps the place you are in is not the best place for a chat.

By raising the subject you may have prompted the person to think about their symptoms. For now tell the person that you would be happy to talk about this again when they are ready.

Answer questions very briefly. Suggest the person goes to see the doctor and asks for a chest X-ray.
1.1 Access to services

1.1.1 All patients diagnosed with lung cancer should be offered information, both verbal and written, on all aspects of their diagnosis, treatment and care. This information should be tailored to the individual requirements of the patient, and audio and videotaped formats should also be considered.

1.1.2 Treatment options and plans should be discussed with the patient and decisions on treatment and care should be made jointly with the patient. Treatment plans must be tailored around the patient’s needs and wishes to be involved, and his or her capacity to make decisions.

1.1.3 The public needs to be better informed of the symptoms and signs that are characteristic of lung cancer, through coordinated campaigning to raise awareness.

1.1.4 Urgent referral for a chest X-ray should be offered when a patient presents with:
- haemoptysis, or
- any of the following unexplained or persistent (that is, lasting more than 3 weeks) symptoms or signs:
  - cough
  - chest / shoulder pain
  - dyspnoea
  - weight loss
  - chest signs
  - hoarseness
  - finger clubbing
  - features suggestive of metastasis from a lung cancer (for example, in brain, bone, liver or skin)
  - cervical / supraclavicular lymphadenopathy.

1.1.5 If a chest X-ray or chest computed tomography (CT) scan suggests lung cancer (including pleural effusion and slowly resolving consolidation), patients should be offered an urgent referral to a member of the lung cancer multidisciplinary team (MDT), usually a chest physician.

1.1.6 If the chest X-ray is normal but there is a high suspicion of lung cancer, patients should be offered urgent referral to a member of the lung cancer MDT, usually the chest physician.

1.1.7 Patients should be offered an urgent referral to a member of the lung cancer MDT, usually the chest physician, while awaiting the result of a chest X-ray, if any of the following are present:
- persistent haemoptysis in smokers / ex-smokers older than 40 years
- signs of superior vena caval obstruction (swelling of the face / neck with fixed elevation of jugular venous pressure)
- stridor.

Emergency referral should be considered for patients with superior vena caval obstruction or stridor.
1.2 Diagnosis

1.2.1 Where a chest X-ray has been requested in primary or secondary care and is incidentally suggestive of lung cancer, a second copy of the radiologist’s report should be sent to a designated member of the lung cancer MDT, usually the chest physician. The MDT should have a mechanism in place to follow up these reports to enable the patient’s GP to have a management plan in place.

1.2.2 Patients with known or suspected lung cancer should be offered a contrast-enhanced chest CT scan to further the diagnosis and stage the disease. The scan should also include the liver and adrenals.

1.2.3 Chest CT should be performed before:
- an intended fibreoptic bronchoscopy
- any other biopsy procedure.

1.2.4 Bronchoscopy should be performed on patients with central lesions who are able and willing to undergo the procedure.

1.2.5 Sputum cytology is rarely indicated and should be reserved for the investigation of patients who have centrally placed nodules or masses and are unable to tolerate, or unwilling to undergo, bronchoscopy or other invasive tests.

1.2.6 Percutaneous transthoracic needle biopsy is recommended for diagnosis of lung cancer in patients with peripheral lesions.

1.2.7 Surgical biopsy should be performed for diagnosis where other less invasive methods of biopsy have not been successful or are not possible.

1.2.8 Where there is evidence of distant metastases, biopsies should be taken from the metastatic site if this can be achieved more easily than from the primary site.

1.2.9 An 18F-deoxyglucose positron emission tomography (FDG-PET) scan should be performed to investigate solitary pulmonary nodules in cases where a biopsy is not possible or has failed, depending on nodule size, position and CT characterisation.

The full guidance CG24 Lung cancer: NICE guideline is available from the NICE website at www.nice.org.uk.
This final section gives you the opportunity to reflect on what you have learnt through reading these materials and attending the training session and identify how you might use this knowledge in your job.

### Identify 3 key things you have learnt from this guidance.

1.

2.

3.

### Which of the above will have the most effect on the way you do your job?

### Describe what you will do differently in your job now that you have read this guidance. You may find it helpful to practice the skills you have learnt on a colleague or friend.
This guidance has taken you through the steps for having a chat with someone who has one or more of the following symptoms:

- has a new and persistent cough for more than 3 weeks
- develops breathlessness
- has blood flecks in their phlegm

The vast majority of these symptoms are caused by conditions and illnesses other than lung cancer. However whatever the cause the person should see their doctor and get the right care and treatment to give them the best chance of being well, keeping active and enjoying a good life.

If it turns out that the person’s symptoms are caused by lung cancer:

**The good news is that if it is found early it can be treated successfully.**

Therefore, just a few words from you can make a real difference to someone’s health and wellbeing.
Useful Sources of Information

Cancer Backup
http://www.cancerbackup.org.uk/Cancertype/Lung

The Roy Castle Lung Cancer Foundation
http://www.roycastle.org/

Cancer Research UK
http://www.cancerhelp.org.uk/help/default.asp?page=2787

It’s Time To Focus On Lung Cancer
http://www.lungcancer.org/

British Lung Foundation

BBC Health Website
http://www.bbc.co.uk/health/conditions/cancer/typescancer_lung.shtml

National Institute for Clinical Excellence (NICE)
http://guidance.nice.org.uk/CG24 (NICE)

Net Doctor
http://www.netdoctor.co.uk/diseases/facts/lungcancer.htm

NHS Direct

Medline Plus

Contact
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