GP Trainers' Workshop

Sandford Education Centre, Keynsham Road, Cheltenham, GL53 7PX
16th January 2019

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
Trainers’ Workshop

• Earlier Diagnosis of Cancer
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• Earlier Diagnosis of Cancer
  • From this morning what are your take home messages?
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• Achieving World Class Cancer Outcomes…

Recommendation 16:
• We recommend the following to take forward the new NICE guidelines:
  • NICE should work with organisations such as Cancer Research UK, the Royal College of GPs and Macmillan Cancer Support to disseminate and communicate the new referral guidelines to GP practices as quickly as possible.
Aim

The aim of the guidelines is to improve cancer diagnosis:

• The timeliness
• The quality
• The consistency
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NICE Guidance (NG12)

**Implementation**

“While guidelines assist the practice of healthcare professionals, they do not replace their knowledge and skills.”
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NICE Guidance (NG12)

Implementation

“For all clinical scenarios it is assumed that the health professional will have a discussion with the patient about the risks and benefits of intervention, enabling the patient to exercise a fully informed decision.”
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NICE Guidance (NG12) Implementation

The guideline focuses on those areas of clinical practice:

- That are known to be controversial or uncertain
- Where there is identifiable practice variation
- Where there is lack of high quality evidence
- Where NICE guidelines are likely to have the most impact.
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NICE Guidance (NG12)
Implementation

It is assumed that:
• an appropriate history and physical examination are undertaken
• urinalysis is undertaken where appropriate
• simple blood tests (Fbc, biochemistry and inflammatory markers) are done
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NICE Guidance (NG12)

What is new?

• This is the first guidance that uses primary care evidence, which is available for the first time
• Adds symptom pathways for the first time
• Uses the same referral thresholds for all cancers
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NICE Guidance (NG12)

What is new?

• This is the first guidance that uses primary care evidence, which is available for the first time
• Adds symptom pathways for the first time
• Uses the same minimum referral thresholds for all cancers (PPV 3%)
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NICE Guidance (NG12)

What is new? (General)

• Many – being symptom centred and using 3% PPV, the ages vary (range 30-60)
• Some criteria have been dropped (no evidence to support them)
• Timeline specifics have gone – replaced with “recurrent” or “persistent”.
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NICE Guidance (NG12)
What is new? (Specifics - examples)

• 2ww lung - Haemoptysis only in 40+
• Mesothelioma now covered
• Lower GI – high risk groups (eg ulcerative colitis) not mentioned.
• 2ww breast: unexplained axillary lump
• Haematuria and ↑ platelets → gynae ultrasound
• Dermatoscopy suggestive of melanoma → 2ww dermatology
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NICE Guidance (NG12)
What is new? (Specifics - examples)

• Persistent bone pain, unexplained fracture: do Fbc + ESR
• 60+ with hypercalcaemia/↓wbc:
  electrophoresis and BJP within 48h
• Palpable abdominal mass <16 (used to be under 1y)
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NICE Guidance (NG12)

What is new? (Specifics)

• Relevance of ↑ Platelet count
NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

NG12:
• Lung:
• Consider CXR if to assess for lung cancer in people ≥40 with thrombocytosis (TBC)
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

NG12:
• Lung:
• Endometrial
• Consider a direct access ultrasound to assess for endometrial cancer in women ≥55 with vaginal discharge/visible haematuria with TBC
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

NG12:
• Lung:
• Endometrial
• Gastric
• Consider non-urgent direct access OGD to assess for stomach cancer in people ≥55 with TBC and any of nausea, vomiting, weight loss, reflux, dyspepsia, or upper abdominal pain
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NICE Guidance (NG12)

What is new? (Specifics)

• Relevance of ↑ Platelet count

NG12:

• Lung:
• Endometrial
• Gastric
• Oesophageal
• Consider non-urgent direct access OGD to assess for oesophageal cancer in people ≥55 with TBC and any of nausea, vomiting, weight loss, reflux, dyspepsia, or upper abdominal pain

Br J Gen Pract 2017; 67 (659): e405-e413.
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

NG12:
• Lung:
• Endometrial
• Gastric
• Oesophageal
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

7.8% of patients (11.6% of males, 6.2% of females) will have a 1 year cancer incidence:

If a second blood test shows platelet count to be the same or higher:
18.1% of males and 10.1% of females will have a 1 year cancer incidence
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

Seen in cancers of:
• Lung
• Colorectal
• OG
• Ovarian

• LEGO+C
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NICE Guidance (NG12)
What is new? (Specifics)

• Relevance of ↑ Platelet count

A 64 year old patient’s FBC comes back with a platelet count of 524 – what do you do next?
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NICE Guidance (NG12)

What is new? (Specifics)

• Relevance of ↑ Platelet count

A 64 year old patient’s FBC comes back with a platelet count of 524 – the second FBC 4 weeks later has a platelet count of 558 - what next?
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NICE Guidance (NG12)

Early Diagnosis Group Work
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NICE Guidance (NG12)

Early Diagnosis Group Work
Q1. Why will the new cancer guidelines inevitably increase referrals for suspected cancer?
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NICE Guidance (NG12)

Early Diagnosis Group Work

• Q2a. A 41 year old man presents with cough for the past 6 weeks. He has smoked 20 cigarettes per day for 23 years. - What further assessment would you make?
• Q2b. He is well, has a long standing morning cough with clear phlegm. Full examination is normal. What investigations would you request in primary care? What arrangement / safety net would you put in place for follow up?
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NICE Guidance (NG12)

Early Diagnosis Group Work

• Q2c. CXR and FBC are normal but on review 1 week later he has experienced 2 episodes of haemoptysis. What action would you take?
• Q3a. 38 year old lady presents with a history of having felt a lump in her left breast. It is painless, there is no history of trauma, she is not breastfeeding. What further assessment would you undertake and what signs would you look for?
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• Q3b. There is a 1.5 cm breast lump in the upper outer quadrant of the left breast, there is no lymphadenopathy. What action would you take?
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• Q3c. What would you do if she were 28?
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• Q4. A 45 year old lady with a 2cm lump in the right axilla should be referred via the 2WW breast cancer pathway: True/False
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Early Diagnosis Group Work

• Q5. A 51 year old lady with a unilateral nipple discharge and normal examination should be referred via the 2WW breast pathway. - True/False
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Early Diagnosis Group Work

- Q6a. A 58 year old man presents with LUTS. What assessment would you make?
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• Q6b. His IPSS score is 18 indicating moderate symptoms. Examination of his abdomen is normal - no bladder/renal mass. PR reveals a smooth moderately enlarged benign feeling prostate. Dipstick urine shows a trace of nitrite, no blood. What investigations would you do? He is keen to have a PSA test.
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• Q6c. His renal function and FBC are normal, PSA 10 (normal ≤2.9) MSSU reveals raised wcc and rbc 100 with E. coli UTI. What action would you take?
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• Q6d. PSA is now 2.8 MSSU normal what action would you take?
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- Q6e. PSA repeated after 3/12 is 5.4 his symptoms are only slightly improved on treatment and repeat MSSU is normal. What would you do?
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• Q6f. If you had chosen Dutasteride as treatment for his LUTS what are the implications for PSA monitoring.
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• Q7. A 47 year old man presents with frank / visible haematuria. MSSU is negative He should be referred urgently via a 2ww pathway: True / false ?
Q8a. A 62 year old man presents for a new patient diabetes review having seen the nurse 2 weeks previously. His diabetes was diagnosed 'opportunistically' following a CV Risk appointment. His BMI is 22, there is no FH of DM he asks if this would explain his recent weight loss (4kg in 5 weeks) and upper abdominal discomfort. What examination would you do?
Q8b. He is not clinically anaemic or jaundiced and examination of his abdomen is normal. What action would you take?
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NICE Guidance (NG12)
Early Diagnosis Group Work

• Q8c. CT abdo confirms a suspicious lesion in the pancreas. What action would you take?
Q9. A 51 year old man presents with months of intermittent painless rectal bleeding. There is no weight loss or change in bowel habit. Examination of his abdomen is normal and PR NAD.

He should be referred via a 2 WW pathway to a colorectal surgeon. True/False?
NICE Guidance (NG12)
Early Diagnosis Group Work

• Q10a. A 63 year old electrician presents with a one month history of gradual onset, non mechanical back pain which is now disturbing his sleep. What assessment would you make?
NICE Guidance (NG12)
Early Diagnosis Group Work

• Q10b. Systemic enquiry reveals slight loss of appetite but no other significant symptoms referable to any system and no weight loss. Examination reveals no general abnormality, he has FROM of his spine although he is tender locally at L2, PR NAD. What investigations would you do?
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Early Diagnosis Group Work

• Q10c. His ESR is 70, CRP 66 calcium 2.59 what investigations would you do and how urgently should they be carried out?
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Early Diagnosis Group Work

• Q10d. BJP are positive and serum protein electrophoresis is abnormal how would you proceed?
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Early Diagnosis Group Work

• Q11. A 58 year old lady presents with weight loss and dyspepsia. Examination of her abdomen is unremarkable and she is not clinically anaemic. What action should you take?
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NICE Guidance (NG12)
Early Diagnosis Group Work

• Q12. Non urgent upper GI endoscopy is appropriate in the following - True / False
  • a) 56 year old man with treatment resistant dyspepsia?
  • b) 59 year old man with upper Abdo pain and anaemia (not iron deficient) normal examination?
  • c) 40 year old male smoker with dysphagia for solids normal examination?
NICE Guidance (NG12)
Early Diagnosis Group Work

• Q12. Non urgent upper GI endoscopy is appropriate in the following - True / False

• d) 49 year old man with haematemesis normal examination?

• e) 60 year old lady with weight loss upper abdo pain and diarrhoea. Normal examination
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NICE Guidance (NG12)
Early Diagnosis Group Work

- **Abdominal Pain:**
  - 64 year old female patient with vague diffuse abdominal pain for 2 weeks. “May have lost a few pounds”
  - Infrequent attender
  - No PR bleeding/change in appetite/bowel habit.
  - Never smoked
  - No significant PMH/FH/ Meds
  - Examination NAD
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NICE Guidance (NG12)
Early Diagnosis Group Work

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NICE Guidance (NG12)
Early Diagnosis Group Work

• **Abdominal Pain:**
  • 64 year old female patient

• **Later that week....**
  • FBC - Hb10.6g/dl, WCC 13, platelets 525
  • Ca125 normal (< 35IU/ml)
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NICE Guidance (NG12)
Early Diagnosis Group Work

• **Abdominal Pain:**
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• **Later that week....**
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• **What next?**
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NICE Guidance (NG12)

• Appetite Loss:
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NICE Guidance (NG12)

• **Appetite Loss:**

• Jenny is a 55 year old teacher who stopped smoking one year ago. She has been feeling under the weather for a while but in the past 4 weeks has been eating poorly.

• Her husband has made her come to surgery because he is worried. She is annoyed that he has made her come and seems irritable.

• Jenny has not noticed any urinary symptoms, or worsening of her longstanding cough, she denies symptoms of depression but does feel a bit irritable and she has been sleeping poorly due to pain in her right shoulder/neck region

• She denies dyspepsia/ weight loss /altered bowel habit.

• PMH Hypertension: last review 5 months ago and she weighed 52 kg. She now weighs 50kg on your scales.
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NICE Guidance (NG12)

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- PMH Hypertension: last review 5 months ago and she weighed 52 kg. She now weighs 50kg on your scales.

**Differential diagnosis; what next?**
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NICE Guidance (NG12)

- Haematuria:
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NICE Guidance (NG12)

- **Haematuria:**
- Mrs W is a 60 year old lady with who attends with dysuria and frequency.
- This is the 3\textsuperscript{rd} occasion that she has been seen in 2 months.
- Once at the surgery treated for possible UTI with Nitrofurantoin for 3 days (urinalysis: trace blood)
- Once at the walk in centre where she was given Trimethoprim for 7 days (no record of urinalysis)
- Symptoms come and go.
- She denies any history of menopausal bleeding but admits to slight increase in vaginal discharge.
- No significant PMHx.
- Examination is normal, ex dipstick: Protein Tr, wbc+, rbc+
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  - **What next?**
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NICE Guidance (NG12)

- Haematuria:
- What happens next:
  - You ask Mrs W to have a FBC/U&Es and send an MSU and arrange for her to see you at the end of the week. When you see her she denies any further dysuria or frequency.
- Results:
  - MSU no growth.
  - Hb 11.2 Wbc 7.4 Platelets 490
  - Renal function Normal
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NICE Guidance (NG12)

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What next?
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Safety netting
Trainers’ Workshop

Safety netting

• 1. If I’m right what do I expect to happen?
• 2. How will I know if I’m wrong?
• 3. What would I do then?
Safety netting

‘Cancer detection in patients with vague symptoms’ BJGP 2016:355;i5515
Safety netting

‘Cancer detection in patients with vague symptoms’ BJGP 2016:355;i5515

• Most cancer cases present with vague, undifferentiated symptoms

• Key factors in missed diagnoses include

(i) lack of continuity, (ii) poor record keeping & (iii) false reassurance
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Safety netting

‘Cancer detection in patients with vague symptoms’ BJGP 2016:355;i5515

Take responsibility for reviewing & acting on results

1. Explain the presence of diagnostic uncertainty
2. Anticipated time-frame for symptom resolution
3. How, when & where to consult if no resolution
4. The process of being informed of test results
5. Potential alarm symptoms to trigger re-consultation
6. Document carefully advice given in the notes
## Trainers’ Workshop

### Safety netting

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Resources:
RCGP Cancer Toolkit
Trainers’ Workshop

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Resources:
RCGP Early Diagnosis Module

Early Diagnosis of Cancer

This course highlights the importance of recognising cancer in its early stages and the essential role of the GP in identifying common delays. It includes reflective cases, risk tools and practical suggestions on how to improve your practice and helps you to discover ways to diagnose cancer earlier.

This course was developed in partnership with Cancer Research UK. This course is FREE to all healthcare professionals in the UK.

Time to complete this course:
30 minutes

Date of publication:
November 2012

Reviewed and updated:
October 2018

e-certificate for Early Diagnosis of Cancer

When you have completed the activities a link to your eCertificate will appear above.

Learning Sessions

Work your way through the course by clicking on the links below.
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Resources:

Your local contacts

Need more information about cancer (locally)?

• CRUK facilitator/facilitators
• Local cancer lead GPs
• Strategic GP lead if there is one
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Our common goal?
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Our common goal?
Trainers’ Workshop

Thank you
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Any questions?