New Ways to Diagnose Cancer Earlier

Clinical Learning C1

Dr Richard Roope, RCGP & Cancer Research UK Clinical Champion for Cancer
Dr Rachael Marchant, RCGP & Cancer Research UK Clinical Support Fellow for Cancer
Dr Mat Callister, Consultant Respiratory Physician, Leeds Teaching Hospitals NHS Trust

Join us on Sli.do at app.sli.do
Event Code: #C1Cancer

#RCGPAC
Declaration of Financial Interests or Relationships

We have the following financial interests or relationships to disclose with regard to the subject matter of this presentation:

Dr Richard Roope’s role is funded by Cancer Research UK and he is a member of the Scientific Board of OncImmune Ltd (unfunded)

Dr Rachael Marchant’s declaration of interests can be found at ‘Who pays this doctor?’
New Ways to Diagnose Cancer Earlier

How confident are you about your ability to spot suspected symptoms/signs of lung and bowel cancer earlier?

1. Extremely
2. Fairly
3. Quite
4. Slightly
5. Not at all

Also - what is your baseline knowledge and understanding?
New Ways to Diagnose Cancer Earlier

• Introduction and background
• Lung
• Bowel and “what’s new?”
• Q+A – can post question on “slido”, and then vote for questions...
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer

Causes of death <75 in England 2017

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<th>OPTION 1</th>
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<td>5. Other</td>
<td>5. Respiratory</td>
<td>5. Liver Disease</td>
<td>5. Other</td>
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Which do you think is the correct column? (high to low)
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer

Causes of death <75 in England 2017

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Which do you think is the correct column? (high to low)  

Sli.do  
#C1Cancer
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer
Under 75 deaths in England (2017)

https://fingertips.phe.org.uk (last accessed 8.8.19)
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer

Under 75 standardised mortality in England - 3 year average

- Cancer: - 20.5%
- Cardiovascular: - 47.5%
- Respiratory: - 18.5%
- Liver: - 15.3%
- Other: + 17.1%

https://fingertips.phe.org.uk (last accessed 8.8.19)
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Diagnosing Cancer
Under 75 age standardised death rates in Scotland 1994-2017

New Ways to Diagnose Cancer Earlier

Diagnosing Cancer
Deaths In England per Standardised 100,000 <75s from 2011-13 to 2015-2017:

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<tr>
<td>Cancer</td>
<td>144.4</td>
<td>141.5</td>
<td>138.8</td>
<td>136.8</td>
<td>134.6</td>
<td>-6.8%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>77.8</td>
<td>75.7</td>
<td>74.6</td>
<td>73.5</td>
<td>72.5</td>
<td>-6.8%</td>
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<tr>
<td>Lung disease</td>
<td>33.2</td>
<td>32.6</td>
<td>33.1</td>
<td>33.8</td>
<td>34.3</td>
<td>+3.3%</td>
</tr>
<tr>
<td>Liver disease</td>
<td>17.9</td>
<td>17.8</td>
<td>18.0</td>
<td>18.3</td>
<td>18.5</td>
<td>+3.4%</td>
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<tr>
<td>Other</td>
<td>69.2</td>
<td>69.5</td>
<td>70.5</td>
<td>71.5</td>
<td>72.1</td>
<td>+4.2%</td>
</tr>
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</table>

TOTAL Change: -2.9%

5,504 fewer premature cancer deaths per year

https://fingertips.phe.org.uk/profile/mortality-profile Accessed 17.8.19
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer – Good Progress

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices Accessed 17.819
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer – Good Progress

Emergency Diagnosis %

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 8.8.19)
New Ways to Diagnose Cancer Earlier

Diagnosing Cancer – Good Progress

Early Stage Diagnosis %

<table>
<thead>
<tr>
<th>Month</th>
<th>Early Stage Diagnosis</th>
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<tbody>
<tr>
<td>Mar-12</td>
<td>42.6%</td>
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<tr>
<td>Jun-12</td>
<td>43.4%</td>
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<td>Sep-12</td>
<td>43.7%</td>
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<tr>
<td>Dec-12</td>
<td>43.1%</td>
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<tr>
<td>Mar-13</td>
<td>45.3%</td>
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<tr>
<td>Jun-13</td>
<td>46.1%</td>
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<tr>
<td>Sep-13</td>
<td>47.6%</td>
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<tr>
<td>Dec-13</td>
<td>46.9%</td>
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<tr>
<td>Mar-14</td>
<td>50.3%</td>
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<td>Jun-14</td>
<td>50.3%</td>
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<tr>
<td>Sep-14</td>
<td>49.9%</td>
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<tr>
<td>Dec-14</td>
<td>49.8%</td>
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<tr>
<td>Mar-15</td>
<td>51.4%</td>
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<tr>
<td>Jun-15</td>
<td>51.8%</td>
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<tr>
<td>Sep-15</td>
<td>52.9%</td>
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<tr>
<td>Dec-15</td>
<td>51.6%</td>
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<tr>
<td>Mar-16</td>
<td>52.2%</td>
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<td>Jun-16</td>
<td>52.5%</td>
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<td>Sep-16</td>
<td>52.7%</td>
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<td>Dec-16</td>
<td>51.5%</td>
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<td>Mar-17</td>
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<td>52.3%</td>
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<td>52.1%</td>
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<tr>
<td>Dec-17</td>
<td>51.6%</td>
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<tr>
<td>Mar-18</td>
<td>51.9%</td>
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http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics (last accessed 25.4.18)
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Diagnosing Cancer

NHS Long Term Plan
Chapter 3: Better care for major health conditions
3.52. This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. We will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.
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Diagnosing Cancer
• 64% of cancer is diagnosed in <75s
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Diagnosing Cancer
• 53% of cancer mortality is in <75s
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Diagnosing Cancer
Cancer Mortality by Site
• Lung: 21%
• Colorectal: 10%
New Ways to Diagnose Cancer Earlier

Late Cancer Diagnosis

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>No. diagnosed at stage IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>18,213</td>
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<tr>
<td>Prostate</td>
<td>8,490</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8,122</td>
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<tr>
<td>NHL</td>
<td>5,214</td>
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<tr>
<td>Pancreas</td>
<td>4,641</td>
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<tr>
<td>Oesophagus</td>
<td>2,419</td>
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<tr>
<td>Breast</td>
<td>2,372</td>
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<tr>
<td>Stomach</td>
<td>2,001</td>
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<tr>
<td>Kidney</td>
<td>1,834</td>
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<tr>
<td>Bladder</td>
<td>1,464</td>
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<tr>
<td>Ovarian</td>
<td>1,042</td>
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<tr>
<td>Uterine</td>
<td>585</td>
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<tr>
<td>Melanoma</td>
<td>347</td>
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<tr>
<td>Other</td>
<td>10,596</td>
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Data for patients of known stage diagnosed in England in 2017. Source: NCRAS
Why is early diagnosis of lung cancer so important?

Lung cancer survival by stage at diagnosis
Proportion of people surviving their cancer for five years or more

Diagnosed at earliest stage

Almost 6 in 10

Diagnosed at latest stage

Less than 1 in 10

Earliest stage = stage 1; latest stage = stage 4.
Data is age-standardised net survival for adults (aged 15 to 99 years) in England in 2012-2016 followed up to 2017.

cruk.org
Together we will beat cancer
Why is early diagnosis of lung cancer so important?

How are we doing on lung cancer in the UK?

*In the UK, around 1 in 5 lung cancers are diagnosed at the earliest stage (18-21% are diagnosed at stage I) compared to around 1 in 2 diagnosed at the latest stage (48-50% are diagnosed at stage IV).*
International cancer benchmarking partnership

**Lung cancer**
1-year net survival changes, 1995-1999 to 2010-2014

<table>
<thead>
<tr>
<th>Country</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
<th>40%</th>
<th>45%</th>
<th>50%</th>
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*48.9%

**Lung cancer**
5-year net survival changes, 1995-1999 to 2010-2014

<table>
<thead>
<tr>
<th>Country</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
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*21.5%
How has lung cancer survival changed around the world?

1-year lung cancer survival
- 1995-1999
- 2010-2014

Lung cancer survival increases
Between 1995-1999 and 2010-2014*

- Ireland: +19.7%
- Denmark: +18.7%
- Norway: +15.1%
- UK: +14.7%
- Australia: +11.1%
- NZ: +9.2%
- Canada: +8.7%

*Percentage point increase
UK compared to other comparable countries

- **Breast**: UK better
  - More diagnosed early

- **Ovary**: UK better

- **Bowel**: Mixed:
  - Fewer A
  - More B
  - More C
  - Fewer D

- **Lung**: Worse (NSCLC)
  - Early stages (much lower)
  - Late stages

Survival by stage:
- **Stage 2**: Fewer A, More B, More C, Fewer D
- **Stage 3**: Fewer A, More B, More C, Fewer D
- **Stage 4**: Fewer A, More B, More C, Fewer D

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RCGP Royal College of General Practitioners

#RCGPAC
What challenges do GPs face in timely recognition of lung cancer?
Spectrum of Lung Cancer Symptoms

Symptoms strongly suggestive of lung cancer
No symptoms suggestive of lung cancer
Symptoms mildly suggestive of lung cancer
CXR not done → CXR threshold → CXR done
Symptoms strongly suggestive of lung cancer
CXR not done ↔ CXR threshold ↔ CXR done
Complex symptomology and comorbidities

- **Non-specific or common respiratory symptoms.** Although cough is one of the most common symptoms of lung cancer, only 0.6% of patients who had a 3 week cough were subsequently diagnosed with lung cancer.
- **Multiple consultations** - ≥3 prior to referral.
- **Co-morbidities** such as asthma and COPD.
- **Old age:** lung cancer incidence increases with age.
Leeds case study:
Increasing referrals to X ray
88% increase in CXR rates
126,519 extra CXRs 2011-18
Patients with stage I/II lung cancer in Leeds
(and England and Wales 2008-2017)

- 9% stage-shift to stage I/II
Lung cancer deaths in Leeds (and England and Wales 2001-2018)

- 8% reduction lung cancer deaths 2014-2017 vs 2000-2010
- 42 fewer deaths per year
- Timing - 3 years from campaign ✓
- Effect size – same as stage shift ✓
- Not seen elsewhere nationally (initially) ✓
Spectrum of lung cancer symptoms

- No symptoms suggestive of lung cancer
- Symptoms mildly suggestive of lung cancer
- Symptoms strongly suggestive of lung cancer

CXR threshold

- CXR not done
- CXR done
Mr CW
79 year old man
Smoker (105 pack years)
Returned from cruise 05.01.09
Since then daily haemoptysis
1 stone weight loss over 1/12
3/52 increasing breathlessness
GP consultation 14.01.09

No symptoms suggestive of lung cancer
Symptoms mildly suggestive of lung cancer
Symptoms strongly suggestive of lung cancer
Mr DA
68 yr old man
Smoker (45 pack years)
No respiratory symptoms
Borderline hypertension
Attends surgery for BP check

Symptoms strongly suggestive of lung cancer
Symptoms mildly suggestive of lung cancer
No symptoms suggestive of lung cancer

CXR threshold
CXR not done
CXR done

CXR

Royal College of General Practitioners

RCGP

#RCGPOPAC

Cancer Research UK
Mrs JB
55 yr old woman; Never smoker
A-level teacher; 3/52 persistent dry
cough; No other concerning
symptoms. Consulted GP 09.10.08
Barriers experienced by primary care when requesting chest x-rays


Chest X-rays fail to spot lung cancer in up to 23% of patients - despite being the recommended method of spotting the killer disease

By Connor Boyd, Health Reporter for MailOnline
Published 08:08, 22 October 2019 | Updated 11:07, 22 October 2019

Chest X-rays fail to detect lung cancer in nearly a quarter of patients, a review has suggested.

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Chest X-rays miss nearly a quarter of lung cancers, review finds

By Henry Dobell, Health Correspondent
22 October 2019 | 13:51AM

Lung Cancer is being missed at an early opportunity in almost a quarter of cases due to the use of out-dated X-rays, researchers have found.

A review in the British Journal of General Practice reveals that despite being the recommended method for investigating suspicious symptoms, such as persistent coughs or chest aches, X-rays miss up to 25 per cent of patients with the disease.

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22nd October 2019
Research

Stephen H Bradley, Sarah Abraham, Matthew EJ Callister, Adam Grice, William T Hamilton, Rocio Rodriguez Lopez, Bethany Shinkins and Richard D Neal

Sensitivity of chest X-ray for detecting lung cancer in people presenting with symptoms:

a systematic review

Bradley et al. BJGP Dec 2019, epub ahead of print
CXR sensitivity for Lung Cancer

- Systematic review
- Only 3 studies identified with low risk of bias
- 2 primary care studies with sensitivities of 77% and 79%; 1 secondary care study with sensitivity of 80%
- Assumes that lung cancer present for year before diagnosis

Bradley et al. BJGP Dec 2019, epub ahead of print
These findings support calls to increase open-access CT for GPs, but, given resource restrictions and the potential to cause harm through overdiagnosis, further research is required to help identify which patients who have had a non-diagnostic chest X-ray should be referred for additional investigation.

Bradley et al. BJGP Dec 2019, epub ahead of print

How this fits in

Chest X-ray remains the first-line investigation for suspected lung cancer in the UK. Outcomes for lung cancer are relatively poor compared with the healthcare systems of many other advanced economies, which make more extensive use of other imaging modalities such as computed tomography (CT). This systematic review found that there is limited high-quality evidence published on the diagnostic accuracy of chest X-ray. The few high-quality studies identified suggest that chest X-ray misses (at least initially) lung cancer in >20% of people. As earlier diagnosis is closely associated with improved survival, it is therefore possible that the use of chest X-ray in UK practice may delay the diagnosis of lung cancer in some patients. These findings support calls to increase open-access CT for GPs, but, given resource restrictions and the potential to cause harm through overdiagnosis, further research is required to help identify which patients who have had a non-diagnostic chest X-ray should be referred for additional investigation.
Top Tips for GPs

- Basically have a **low threshold for being concerned** and considering a CXR
- **Know the guidance**
- But also trust **gut feeling**
- Beware the **negative chest x-ray**
- Beware cancer in **never smokers**
- **Safety netting**
Suspected cancer: recognition and referral

NICE guideline
Published: 23 June 2015
www.nice.org.uk/guidance/ng12

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE

Rapid Referral Guidelines

Scottish Referral Guidelines for Suspected Cancer

Quick Reference Guide

WE ARE MACMILLAN CANCER SUPPORT

Royal College of General Practitioners

#RCGPAC
23% of CXRs are false negative

Patients who warrant further investigation include:

- Age over 40 with unexplained haemoptysis (2WW as per NG12 regardless of CXR)
- ... But also
- Gut feeling
- Symptoms not resolving as expected
- Recurrent symptoms

Negative Chest X-Rays
Safety Netting

National Cancer Diagnosis Audit 2014
44% of patients - evidence in the clinical record that safety netting had been used

SAFETY NETTING SUMMARY

The importance of safety netting is highlighted in the NICE guidelines. This table summarises advice for communicating with patients, as well as safety netting actions for GPs and GP practices.
Summary and Key Messages

• Request CXR at the earliest indicated point – act sooner – AND – address barriers to CXR requests
• Low risk investigation; potential benefits of early diagnosis high
• Trust your gut instinct
• Fallibility of CXR, and use of safety-netting
• Familiarise yourself with NG12 and SCRG guidance and criteria for urgent referral for red-flag symptoms
• Remember lung cancer does happen in never smokers too
Diagnosing bowel cancer early
New Ways to Diagnose Cancer Earlier

Bowel Cancer Screening

Currently if you are notified by the Bowel Screening Hub that patient XY has not returned their pack, do you file the information and:

1. Do nothing else
2. Set up an on-screen reminder
3. Contact the patient to discuss the pros and cons of bowel screening (by either phone or text) and explain how to request new pack
4. Write to the patient endorsing screening with information as to how to get new screening pack
5. Two or more of 2/3/4
6. Don’t know
New Ways to Diagnose Cancer Earlier

Bowel Cancer Screening

<table>
<thead>
<tr>
<th>Net survival estimates by presentation route and survival time, Colorectal, 2012-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1-month</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>All routes %</td>
</tr>
<tr>
<td>Other %</td>
</tr>
</tbody>
</table>

http://www.ncin.org.uk/publications/routes_to_diagnosis
Accessed 17.8.19
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT)

**FIT**
- Detects human haemoglobin
- Single sample required
- Simpler test
- Numerical test (can set threshold)

**gFOBt**
- Detects haem: non-specific
- Three samples
- Dexterity required
- Visual
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT)

2 uses:
• Screening
• Symptomatic
## New Ways to Diagnose Cancer Earlier

### Faecal Immunochemical Test (FIT) - Screening

<table>
<thead>
<tr>
<th>Country</th>
<th>Date of Roll-Out</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>November 2017</td>
<td>80μg/g</td>
</tr>
<tr>
<td>Wales</td>
<td>January 2019 (gradual roll-out)</td>
<td>150μg/g</td>
</tr>
<tr>
<td>England</td>
<td>Spring/Summer 2019 (regional roll-out)</td>
<td>120μg/g</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT) – Symptomatic – England only

Threshold: 10μg/g
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT) – England

Screening
1. FIT is currently offered to people aged 60-74 years*
2. The kit is sent to eligible individuals in the post
3. The completed kit is returned by post to the screening hub
4. The threshold for determining a positive result is set at 120 μg Hb/g faeces

Symptomatic
1. FIT is offered to people who present with symptoms**
2. The kit is given out by the GP, or sent to the patient by the lab on GP request
3. The completed kit is returned by post to the screening hub
4. The threshold for determining a positive result is lower than BCSP (normally 10 μg Hb/g faeces)

Key things to know about FIT

The Faecal Immunochemical Test (FIT) is a type of faecal occult blood test used to detect traces of human blood in stool samples. FIT is used:

- As the primary test in the NHS Bowel Cancer Screening Programme (BCSP), aimed at individuals without symptoms (screening).
- As a test to guide the management of individuals who present with symptoms (symptomatic).

There are significant differences between each use of FIT which are important for health professionals to be aware of. This includes the threshold for all positive results, e.g., a patient might test negative following screening, yet receive a positive result, requiring further action, when tested symptomatically.

* The BCSP currently invites all people between the ages of 60-74 years every two years.
** According to NICE guidelines (www.nice.org.uk/guidance/ng121).
*** Check local pathways.
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT) - England

**Screening**
- 5. GPs are informed of all results and receive these electronically
- 6a. Those with a positive result are invited for further tests, normally colonoscopy
- b. Those with a negative result continue to be eligible for screening every two years
- c. If the screening test is negative yet symptoms develop, GPs should consider the FIT symptomatic pathway or 2ww pathway

**Symptomatic**
- 5. GPs will be given a result and this may also include a numeric value
- 6a. Those with a positive result are not automatically referred – GPs need to send them on a 2ww
- b. Those with a negative result may still warrant routine referral or further investigation
- c. A negative result does not exclude cancer – GPs should safety-net for ongoing, changing or worsening symptoms

---

**Key things to know about FIT**

- **Screening**
  1. FIT is currently offered to people aged 60-74 years
  2. The kit is sent to eligible individuals in the post
  3. The completed kit is returned by post to the screening hub
  4. The test result is returned in the post
  5. GPs are informed of all results and receive these electronically
  6a. Those with a positive result are invited for further tests, normally colonoscopy
  b. Those with a negative result may still warrant routine referral or further investigation
  c. A negative result does not exclude cancer – GPs should safety-net for ongoing, changing or worsening symptoms

- **Symptomatic**
  1. FIT is offered to people who present with symptoms
  2. The kit is given out by the GP or sent to the patient by the lab on GP request
  3. The patient returns the completed kit normally to their GP practice or directly to the National Lab
  4. The threshold for determining a positive result is lower than RSCP (nominally 3g/day in males)
  5. GPs will be informed of all results and these may also include a numeric value
  6a. Those with a positive result are invited for further tests, normally colonoscopy
  b. Those with a negative result may still warrant routine referral or further investigation
  c. A negative result does not exclude cancer – GPs should safety-net for ongoing, changing or worsening symptoms

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RCGP 2019 LIVERPOOL Annual Primary Care Conference & Exhibition 24-26 OCTOBER

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RCGP Royal College of General Practitioners

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Cancer Research UK

Together we beat cancer
New Ways to Diagnose Cancer Earlier

Faecal Immunochemical Test (FIT) - Scotland

First Year in Scotland: (Nov 2017 – Oct 2018)

Return rate: 55.4% → 63.9%
Men: 52.3% → 61.6%
Most Deprived: 41.7% → 51.7%
Least Deprived: 65.4% → 72.5%
Deprivation gap: 23.7% → 20.8%
### New Ways to Diagnose Cancer Earlier

**Faecal Immunochemical Test (FIT) - Scotland**

**First Year in Scotland: (Nov 2017 – Oct 2018)**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Initial</th>
<th>Final</th>
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</thead>
<tbody>
<tr>
<td>Further Ix</td>
<td>1.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Adenomas</td>
<td>40.0%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Cancer %</td>
<td>6.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Cancer numbers</td>
<td>More</td>
<td></td>
</tr>
</tbody>
</table>

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*RCGP Royal College of General Practitioners*  
#RCGPAC
New Ways to Diagnose Cancer Earlier

Bowel Cancer Screening

Eligible population:
- The FIT programme invites all men and women between the ages of 60 and 74 years who are registered with a General Practice.
- People are invited by letter to their home address every 2 years and are asked to complete a FIT test by providing a sample from one stool and then posting it back to the programme for analysis in a sealed envelope. They receive their result by letter and their GP is informed.
- Replacement test kit: if you would like to request a replacement test kit please visit

LTP commitment to lower age to 50

New Ways to Diagnose Cancer Earlier

Bowel Cancer Screening

- Impact of GP endorsement: engagement ↑6-12%
- Value of safety netting
  - targeting non-responders – letter/text
  - addresses health inequalities
- Poster in waiting room
New Ways to Diagnose Cancer Earlier

Bowel Cancer Screening

CRUK resources...

https://www.cancerresearchuk.org/health-professional

CRUK Facilitators can help!
Summary and Key Messages

- **Bowel screening** is the **best way to impact** on bowel cancer survival
- Need to **be aware of the differences** between **FIT for screening** and **symptomatic FIT**
- **GPs play a key role** in improving uptake of bowel screening
- Importance of **safety netting**
Other ways to diagnose cancer early - what’s new?
New Ways to Diagnose Cancer Earlier

Lung Health Checks

The new projects will last initially for four years and NHS England will then evaluate the results to use as a basis for further roll out.

Areas to receive funding will be: (cf smoking mortality)

North East and Cumbria Cancer Alliance – Newcastle Gateshead CCG
Greater Manchester Cancer Alliance – Tameside and Glossop CCG
Cheshire and Merseyside Cancer Alliance – Knowsley CCG and Halton CCG
Lancashire and South Cumbria Cancer Alliance – Blackburn with Darwen CCG and Blackpool CCG
West Yorkshire Cancer Alliance – North Kirklees CCG
South Yorkshire Cancer Alliance – Doncaster CCG
Humber, Coast and Vale Cancer Alliance – Hull CCG
East of England Cancer Alliance – Thurrock CCG and Luton CCG
East Midlands Cancer Alliance – Corby CCG and Mansfield and Ashfield CCG
Wessex Cancer Alliance – Southampton CCG
New Ways to Diagnose Cancer Earlier

NHS Long Term Plan

Chapter 3: Better care for major health conditions

3.52. This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. We will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.
New Ways to Diagnose Cancer Earlier

NHS Long Term Plan

Chapter 3: Better care for major health conditions

3.59. The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer. From 2019, we will start the roll-out of new Rapid Diagnostic Centres (RDCs) across the country to upgrade and bring together the latest diagnostic equipment and expertise.
New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)

- A single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer
- A personalised, accurate and rapid diagnosis of patients’ symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)

HOW MDCs COULD IMPROVE EARLY CANCER DIAGNOSIS

HOW DELAYS CAN OCCUR IN THE CURRENT SYSTEM

PROPOSED MDC SYSTEM

ACCESS POINT
Could be GP or other professional referral as well as self-referral eg. internet, telephone

SPECIALISTS WORKING TOGETHER
Pilot will determine the best configuration for specialists

TRIAGE TESTS
Rapid turnarounds of triage tests and investigative diagnostic tests leads to earlier diagnosis

1ST SPECIALIST
Patient with non-specific but concerning symptoms

2ND SPECIALIST
If more medical specialists seen, pattern continues until a result is declared

3RD SPECIALIST

RESULT
Nothing found 'watchful wait' Late Cancer diagnosis Other diagnosis

Returning to the GP after visiting each specialist slows down the diagnosis and increases the likelihood of patient disengagement

1ST GP VISIT
GP REFERRAL

2ND GP VISIT
TIME WAITING
GP REFERRAL

3RD GP VISIT
TIME WAITING
GP REFERRAL

Source: Cancer Research UK
New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)

10 pilot sites:
- London (5)
- Manchester (2)
- Airedale
- Leeds
- Oxford

Airedale, Wharfdale & Craven
MDC site: Airedale General Hospital

Greater Manchester
MDC sites: Manchester University NHS Foundation Trust (Wythenshawe Hospital) and The Northern Care Alliance (Royal Oldham Hospital)

Leeds
MDC site: St James University Hospital (Specialist Cancer Centre)

London
MDC sites: North Middlesex University Hospital, University College London Hospital (Specialist Cancer Centre), Southend University Hospital, Queens (BHRUT) and the Royal Free Hospital

Oxford
MDC site: Oxford University Hospital Trust (Specialist Cancer Centre)

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)

- 2,961 patients
- Median age 69
- 56% Female
- 58% had ≥2 non-specific symptoms (ex “GP gut feeling”)
- 26% Stage 1/2

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)

% referral symptoms

- Weight loss: 70%
- Pain: 30%
- Nausea/loss of appetite: 20%
- "Gut feeling": 20%

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs)
• 8.0% diagnosed with cancer
• >⅓ had a significant non-cancer diagnosis made

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs) – Cancer Sites

New Ways to Diagnose Cancer Earlier

Rapid Diagnostic Centres (RDCs) – Referral Intervals

Interval times across the pathway – median time (range) in days

GP referral to first seen: 8 (0-84) N:2744

GP referral to cancer diagnosis (clinical): 19 (0-199) N:217

Any referral to treatment: 57 (6-269) N:142

New Ways to Diagnose Cancer Earlier

National Cancer Diagnosis Audit (NCDA) 2019
2018 Cancer Diagnoses

<table>
<thead>
<tr>
<th></th>
<th>Registration start</th>
<th>Data collection start</th>
<th>Feedback: Interim reports</th>
<th>Feedback: Full reports</th>
</tr>
</thead>
</table>
New Ways to Diagnose Cancer Earlier

National Cancer Diagnosis Audit (NCDA) 2019

The story so far:

• Over 1,700 practices enrolled
• >14,000 cancer cases reviewed and completed
New Ways to Diagnose Cancer Earlier

National Cancer Diagnosis Audit (NCDA) 2019
The story last time:

‘Completing the audit really helped shine a light on the whole patient journey and where things could be improved’

GP from Farnham

‘This is a quality review tool. It will help you review your practice’s processes and improve your care of patients with cancer.’

GP from Aberdeen

‘Our surgery submitted details of its participation in the NCDA, the findings and our improvement plans to the CQC when we were inspected. At the visit, the CQC signalled they were really pleased to see the practice engaging with national level audits as well as CCG and internal ones.’

GP from Surrey

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New Ways to Diagnose Cancer Earlier

National Cancer Diagnosis Audit (NCDA) 2019

• Opportunity to sign up...
• Preparation for possible QOF QI...
• Will enable contribution to collaborative working with PCNs
### Understanding the impact

What will you do when you return to surgery?

1. Order chest X rays more readily
2. Trust my gut feeling
3. Safety net all negative chest X rays
4. Be vigilant to cancer in never smokers
5. Target bowel screening non-responders
6. Safety net bowel screening patients
7. Endorse bowel screening invitations
8. Familiarise myself with NG12/SRG guidelines and/or tools that help summarise or visualise the guidelines
9. Ask for a CRUK facilitator practice visit
10. Other – please state
CRUK Facilitator Programme

cruk.org/facilitators
facilitators@cancer.org.uk

Come and find us at
Stand G22
For health professionals

Primary Care and Cancer Matters

Free to access, high quality evidence-based bite-sized resources specifically for GPs and health professionals

Videos and podcasts

Primary care and cancer matters – videos (3-8 min)

Early diagnosis of cancer QI – screencast (5 min)

RCGP position statement on e-cigarettes – podcast (10 min)

RCGP position statement on e-cigarettes – video (10 min)

Smoking cessation webinar – video (20 min)

cruk.org/hponlinelearning

E-learning

- Behaviour change and cancer prevention – e-learning (30 min)
- Essentials of smoking cessation – e-learning (30 min)
- Early diagnosis of cancer – e-learning (30 min)
- Talking About Cancer – massive open online course (3 hrs)
- Demystifying targeted cancer treatments – massive open online course (15 hours)
- Oral cancer toolkit – online resource
- Skin cancer toolkit – online resource
New Ways to Diagnose Cancer Earlier

How confident are you about your ability to spot suspected symptoms/signs of lung and bowel cancer earlier NOW?

1. Extremely
2. Fairly
3. Quite
4. Slightly
5. Not at all

Also - please rate your knowledge/understanding NOW

Sli.do #C1Cancer
New Ways to Diagnose Cancer Earlier

Question & Answer Panel

More questions? Want support?
Come and find us on stand G22