Primary Care and Cancer Matters

Early Diagnosis of Cancer

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

• Earlier Diagnosis of Cancer
  • From this morning what are your take home messages?
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• Earlier Diagnosis of Cancer

• Early detection of cancer

• Early detection of cancer greatly increases the chances for successful treatment. There are two major components of early detection of cancer:
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• Earlier Diagnosis of Cancer
  
• Early detection of cancer
  
• Early detection of cancer greatly increases the chances for successful treatment. There are two major components of early detection of cancer:
  
  • Education to promote early diagnosis
  
  • Screening

ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020

Report of the Independent Cancer Taskforce

Royal College of General Practitioners

Cancer Research UK
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.”
“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
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?

• 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”.

Royal College of General Practitioners

Cancer Research UK
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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 (e.g. 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 - examples)

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

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 - examples)

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 - examples)

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
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NICE Guidance (NG12)

What is new? (Specifics - examples)

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

Br J Gen Pract 2017; 67 (659): e405-e413.
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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

Br J Gen Pract 2017; 67 (659): e405-e413.
As the use of the Faecal Immunochemical Test (FIT) in ‘low risk’ colorectal symptomatic patients (as per NICE DG30, 2017) continues to gather momentum, Cancer Research UK have recently developed an infographic to outline the key differences between FIT screening and symptomatic.

**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.

### 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
5. GPs are informed of all results and receive these electronically

#### 2 years

6a. Those with a positive result are invited for further tests, normally colonoscopy
6b. Those with a negative result continue to be eligible for screening every two years

### Symptomatic

1. FIT is offered to people who present with symptoms**
2. This kit is given out by the GP or sent to the patient by the lab on GP request
3. The patient returns the completed test normal to their GP practice or directly to the nominated lab***
4. The threshold for determining a positive result is lower than BCSP (normally 10µg Hb/g faeces)
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 2ew
6b. Those with a negative result may still warrant routine referral or further investigation
6c. A negative result does not exclude cancer – GPs should safety-net for ongoing, changing or worsening symptoms

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*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/gs2)
*** Check local pathway

cr.uk/FIT
Together we will beat cancer
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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

1. Why will the new cancer guidelines inevitably increase referrals for suspected cancer?
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?
Early Diagnosis Group Work

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?
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 women presents with a history of having felt a lump in her left breast. It is painless, there is no history of trauma and she is not breast feeding.

What further assessment would you undertake and what signs would you look for?
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NICE Guidance (NG12)
Early Diagnosis Group Work

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?
Q4. A 45 year old lady with a 2cm lump in the right axilla should be referred via the 2WW breast cancer pathway:

True or False
Q5. A 51 year old lady with a unilateral nipple discharge and normal examination should be referred via the 2WW breast pathway.

True or False
Q6a. A 58 year old man presents with LUTS. What assessment would you make?
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.
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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NICE Guidance (NG12)
Early Diagnosis Group Work

Q6d. PSA is now 2.8 MSSU normal what action would you take?
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NICE Guidance (NG12)
Early Diagnosis Group Work

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?
Q7. A 47 year old man presents with frank / visible haematuria. MSSU is negative He should be referred urgently via a 2ww pathway:

True or 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?
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NICE Guidance (NG12)
Early Diagnosis Group Work

Q8b. He is not clinically anaemic or jaundiced and examination of his abdomen is normal.

What action would you take?
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 or False?
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?
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 L 2, PR NAD.

What investigations would you do?
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NICE Guidance (NG12)
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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NICE Guidance (NG12)
Early Diagnosis Group Work

Q10d. BJP are positive and serum protein electrophoresis is abnormal how would you proceed?
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 or 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?
Q12. Non urgent upper GI endoscopy is appropriate in the following – True or 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:

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

Differential diagnosis, and what next?
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NICE Guidance (NG12)
Early Diagnosis Group Work:
Abdominal Pain:

Abdominal Pain: 64 year old female patient

Later that week....

FBC - Hb10.6g/dl, WCC 13, platelets 525
Ca125 normal (< 35IU/ml)

What next?
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NICE Guidance (NG12) Early Diagnosis Group Work: 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) Early Diagnosis Group Work: 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.

Differential diagnosis; what next?
Mrs W is a 60 year old lady with who attends with dysuria and frequency.
This is the 3rd 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+
Mrs W is a 60 year old lady with who attends with dysuria and frequency. This is the 3rd 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+

What next?
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NICE Guidance (NG12) Early Diagnosis Group Work: 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) Early Diagnosis Group Work: 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:

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- Hb 11.2 Wbc 7.4 Platelets 490
- Renal function Normal

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?

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Safety netting

Cancer detection in patients with vague symptoms’ BJGP 2016:355;i5515
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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
- Explain the presence of diagnostic uncertainty
- Anticipated time-frame for symptom resolution
- How, when & where to consult if no resolution
- The process of being informed of test results
- Potential alarm symptoms to trigger re-consultation
- Document carefully advice given in the notes
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Safety netting


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Trainers’ Workshop
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Resources:
RCGP Cancer Toolkit
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RCGP Cancer Toolkit

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Resources:
RCGP Early Diagnosis Module
RCGP Cancer Toolkit
Trainers’ Workshop
Resources:
RCGP Early Diagnosis Module

RCGP Cancer Toolkit
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Resources:

• 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?
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Our common goal? NHS Long Term Plan
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Our common goal? NHS Long Term Plan

Milestones for cancer

- From 2019 we will start to roll out new Rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.
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Any questions?