Vague symptoms, specific needs

Joe Mays
General Practitioner Claremont Medical Practice
Peninsula Cancer Alliance / CRUK GP Lead / NEW Devon CCG
GP role in cancer detection

- GP last true generalist
  - Hunch hugely valuable - 35% PPV increasing with GP experience and patient age
  - BMJ Open Article on GP Gut Feeling

- NG12 Guidelines on Referral for Suspected Cancer
  - First time that referral guidelines have been defined by primary care based approach and using a consistent methodology across all specialities.
  - Enormous increase in referrals *which is intended*. 
Lymphadenopathy

when considering referral, take into account any associated urgent cancers or presenting with unexplained lymphadenopathy or splenomegaly. When considering referral, take into account any associated urgent cancers.

1. Lower gastrointestinal tract cancers
   - Pancreatic cancer
     - Consider an urgent direct access CT scan (to be performed within 2 weeks) to assess for pancreatic cancer in people aged 60 and over with weight loss.
   - Upper abdominal pain, consistent with an enlarged gall bladder.

2. Upper gastrointestinal tract cancers
   - Upper abdominal mass consistent with an enlarged gall bladder.
   - Consider an urgent direct access ultrasound scan if CT is not available within 2 weeks, to assess for gall bladder cancer in people with an upper abdominal mass.

3. Lung cancer
   - Shortness of breath, or
   - A red or red and white patch in the oral cavity consistent with erythroplakia.

4. Breast cancer
   - Breast lump with or without pain.

5. Gynaecological cancers
   - Vaginal cancer
     - Endometrial cancer
     - Consider carrying out tests in primary care (see recommendations 1.5.6 to 1.5.9) if a woman reports visible haematuria or haemoptysis if no other cause is apparent.
     - Consider a suspected cancer pathway referral (for an appointment within 2 weeks) if no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent.

6. Skin cancers
   - Consistent with lesion site or size.
   - Consider dermoscopy and, if consistent with malignant melanoma, urgent melanoma referral (for an appointment within 2 weeks).

7. Leukaemia
   - New red spots or bruises.
   - Consider a suspected cancer pathway referral (for an appointment within 2 weeks) if any of the following are present:
     - Generalised pallor
     - Generalised lymphadenopathy
     - Unexplained weight loss

8. Leukaemia
   - Consider a very urgent referral (for an appointment within 48 hours) if a child or young person has 1 or more of the following unexplained symptoms and has ever smoked:
     - Shortness of breath
     - ночуем
     - Night sweats
     - Fatigue
     - Induced lymph node pain.
NSCS (Vague Symptoms)

- Non-Specific but Concerning Symptoms (Vague Symptoms)
- Rarely presenting patient
- Weight loss
- Malaise
- No focal symptoms and nothing to fit 2WW but your gut feeling says....
- Cancer

Figures ACE Programme MDC Interim Report April 2019
NSCS (Vague Symptoms) – NICE Recommendations

- For people with unexplained weight loss
- For people with unexplained appetite loss
- (For people with unexplained DVT)
  - carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely and
  - Offer (consider) urgent investigation or a suspected cancer pathway referral (for an appointment within 2 weeks). [new 2015]
NSCS (Vague Symptoms) Outcomes

- High risk of
  - Multiple outpatient attendances
  - Multiple Diagnostic Tests
  - Late Stage Diagnosis (Lung, Gallbladder, Stomach, Pancreas 30-40% Stage 4)
  - Poor performance status at time of diagnosis
  - Emergency Diagnosis (20-30% of Lung, Gallbladder, Stomach, Pancreas)
  - Inpatient Diagnosis
NSCS (Vague Symptoms)

• What’s the likely diagnosis?

• 54% New non-cancer diagnosis most often in GI or Resp System
• Variable rate of cancer diagnosis according to scheme.
  • **Oxford 13%**
  • Range 2 – 13%. Median 8, Mean 8.5
• Of those diagnosed with cancers, most are late stage (3-4),

  • Upper GI 24%
  • Lung 21%
  • Urology 13%

  • Haematology 12%
  • Colorectal 7%

Figures ACE Programme MDC Interim Report April 2019
NSCS (Vague Symptoms) Specific Guidance

• Trust the hunch (remember the 35%+ PPV)
• Examine the patient
  • Hands, Head and Neck, Breast, Chest, Abdomen/Pelvis, Prostate
• Primary Care Testing
  • FBC, Ferritin, Bone, Renal, Liver, CA125/PSA
  • CXR and
  • ........FIT (most of these patients will be suitable)
• Complete Referral Form
### NSCS (Vague Symptoms) Specific Guidance

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<thead>
<tr>
<th>Pre-referral Criteria</th>
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<tbody>
<tr>
<td><strong>Examination findings</strong></td>
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<tr>
<td>Chest exam normal</td>
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<td>No regional lymphadenopathy</td>
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<tr>
<td>Breast exam normal</td>
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<td>Abdominal, Rectal and Genital exam normal</td>
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<td>Cutaneous exam normal</td>
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<td><strong>Investigation findings</strong></td>
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<tr>
<td>Chest X-ray normal</td>
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<td>FBC, LFT, HBA1c are included</td>
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<td>CA125 normal</td>
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<td>PSA normal</td>
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<td>Special Test findings</td>
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<td>FIT test normal if aged over 50</td>
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PROPOSED RAPID DIAGNOSTIC SERVICE PATIENT PATHWAY

Referral

- GP receives negative results for pre-referral checks
  - GP completes 2ww form
  - DRSS vets referral and if accepted, sends to Service

Diagnostic Appointment

- Pt attends appt
- Pt cannulated. Low dose CT chest, abdomen and pelvis

Diagnosis

- CT reported
  - Cancer not suspected
  - Cancer suspected
    - Discharge to GP / or routine referral to appropriate specialty
    - Pt contacted via phone and email by Navigator
  - If Cancer suspected, Navigator produces MDT referral form for specific tumour site

Treatment

- Site specific MDT
  - Navigator arranges MDT follow-up appointment via appropriate site specific team
  - Patient attends clinic and is informed of cancer diagnosis
  - Site specific team then arrange any further tests / treatment

- GP completes 2ww form
  - Navigator contacts patient and arranges appointment.
  - Letter / pathway info posted

Times

0-1 days max
1-10 days max
17 days max
28 days max
Take home messages

• GP Gut feeling hugely important
• Vague symptoms aren’t vague – and are better referred to as NSCS
• Lots of the tests necessary to resolve this uncertainty are already available to GPs
• Better pathways required to improve patient experience and outcomes
Questions/Suggestions Please