Cancer early diagnosis:
Guidance, pitfalls and safety netting

Clinical Learning E2

Dr Richard Roope, RCGP and Cancer Research UK Clinical Champion for Cancer
Dr Rachael Marchant, RCGP and Cancer Research UK Clinical Lead
Dr Pawan Randev, East Midlands Cancer Research UK Strategic GP Lead
PLEASE COMPLETE OUR
SLI.DO PRE-WORKSHOP QUESTIONS:

WHICH OF TODAY’S TOPIC(S) ARE YOU MOST INTERESTED IN? (TICK ALL THAT APPLY)

1. Safety netting
2. Referral pathways
3. Vague symptoms

Responses: 62
PLEASE COMPLETE OUR SLI.DO PRE-WORKSHOP QUESTIONS:

HOW CONFIDENT ARE YOU ABOUT YOUR CANCER DIAGNOSIS KNOWLEDGE AND PRACTICE?

Not at all ▪▪▪▪
A little ▪▪▪▪▪
Reasonably ▪▪▪▪▪▪▪
Quite a lot ▪▪▪▪▪▪▪▪
Extremely ▪▪▪▪▪▪▪▪▪

Responses: 100
Average Score: 3.2
PLEASE COMPLETE OUR
SLI.DO PRE-WORKSHOP QUESTIONS:

HOW DO YOU RATE YOUR KNOWLEDGE AND UNDERSTANDING OF CANCER REFERRAL GUIDELINES?

Very low
Quite low
So so
Quite high
High

Responses: 77
Average Score: 3.3
Cancer early diagnosis: 
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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 Roope’s role is funded by Cancer Research UK
- Dr Randev’s Strategic GP Lead role is funded by Cancer Research UK
THE PIVOTAL ROLE OF PRIMARY CARE IN EARLY DIAGNOSIS

Richard Roope
RCGP and Cancer Research UK Clinical Champion for Cancer
SLI.DO QUESTION:

CAUSE OF DEATH IN <75s IN SCOTLAND: WHICH OF THE FOUR OPTIONS IS CORRECT?

1. Circulatory Disease
2. Cancer
3. Alcohol related
4. Respiratory
5. Other

2. Cancer
1. Other
3. Circulatory Disease
4. Respiratory
5. Alcohol related

3. Circulatory Disease
1. Cancer
2. Respiratory
3. Other
4. Alcohol related
5. Other

4. Cancer
1. Circulatory Disease
2. Other
3. Alcohol related
4. Respiratory
5. Other

RCGP 2018 GLASGOW 4-6 OCTOBER

Royal College of General Practitioners
SI.DO QUESTION:

CAUSE OF DEATH IN <75s IN SCOTLAND: WHICH OF THE FOUR OPTIONS IS CORRECT?

Responses: 176

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
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<td>3</td>
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4. Cancer
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Cancer early diagnosis: Guidance, pitfalls and safety netting

Under 75 deaths in Scotland 2017

Cancer Matters

Cancer early diagnosis: Guidance, pitfalls and safety netting

Under 75 deaths in England 2017

- Cancer: 41%
- Cardiovascular: 22%
- Respiratory: 10%
- Liver: 6%
- Other: 21%

Total: 36%

Under 75 deaths in Scotland 2017

- Cancer: 37%
- Cardiovascular: 22%
- Respiratory: 9%
- Alcohol related: 5%
- Other: 27%

Total: 36%

Cancer Matters

<75 age standardised death rates in Scotland 1994-2017

Cancer Matters

Deaths In England per Standardised 100,000 <75s from 2011-13 to 2014-2016:

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<tr>
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<tr>
<td>Heart disease and stroke</td>
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<td>75.7</td>
<td>74.6</td>
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<tr>
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<td>Other</td>
<td>69.2</td>
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Cancer matters
Deaths in England per standardised 100,000 <75s from 2011-13 to 2014-2016:

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3,798 less premature cancer deaths per year

Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
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</thead>
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<td></td>
<td><strong>-2.5%</strong></td>
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</tbody>
</table>

3,798 less premature cancer deaths per year

Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters - Good progress
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters - Good progress

Conversion Rate

- 2009/10: 10.8%
- 2010/11: 10.3%
- 2011/12: 10.0%
- 2012/13: 9.4%
- 2013/14: 9.0%
- 2014/15: 8.2%
- 2015/16: 7.8%
- 2016/17: 7.6%
Cancer Matters - Good progress

Cancer early diagnosis: Guidance, pitfalls and safety netting

Conversion Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Conversion Rate</th>
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<tr>
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Detection Rate

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2010/11</td>
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<tr>
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<td>2014/15</td>
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<td>2015/16</td>
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<tr>
<td>2016/17</td>
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</table>
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters - Good progress

Conversion Rate

Detection Rate

https://fingertips.phe.org.uk/profile/cancerservices (last accessed 25.4.18)
<table>
<thead>
<tr>
<th></th>
<th>Emergency Diagnosis %</th>
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<tr>
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<tr>
<td>Mar-13</td>
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<td>Jun-13</td>
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<td>Mar-14</td>
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<td>Jun-14</td>
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Cancer Matters - Good progress

[http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics) (last accessed 29.8.18)
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<table>
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<td>Dec-13</td>
<td>47%</td>
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<tr>
<td>Mar-14</td>
<td>48%</td>
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<td>Jun-14</td>
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<td>Sep-14</td>
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Cancer early diagnosis: Guidance, pitfalls and safety netting

All Cancers Combined, Observed Deaths, and Expected Deaths if Mortality Rates Had Not Fallen from Peak, UK, 1979-2016
Cancer Matters

An estimated 832,000 cancer deaths had been avoided in the UK by 2016 because mortality rates dropped from their peak levels in the 1980s.

https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/all-cancers-combined#heading-Two Accessed 29.8.18
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
However...
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However...

the perfect storm is brewing:

Storm Gertrude passing north of Shetland 2016
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
However...
the perfect storm is brewing:
Aging population

https://data.worldbank.org/indicator/SP.DYN.LE00.IN?end=2015&locations=GB-XD&start=1960&view=chart&year_high_desc=true
(Accessed 14.8.18)
Cancer Matters

However...

the perfect storm is brewing:

Aging population

(Accessed 14.8.18)
Cancer Matters

However...the perfect storm is brewing:

Aging population

Lifestyles less healthy:
- Smoking
- Weight
- Diet
- Alcohol
- Exercise
- Sun exposure

Increasing survival
Cancer Matters

However...the perfect storm is brewing:

Aging population

Lifestyles less healthy:
- Smoking
- Weight
- Diet
- Alcohol
- Exercise
- Sun exposure

Increasing survival

“Non-communicable diseases are a slow-motion disaster; these are the diseases that break the bank”.

Dr. Margaret Chan, Former Director-General of WHO
Cancer early diagnosis: Guidance, pitfalls and safety netting

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Where could Primary Care Make a Difference?
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters

Prevention
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters

Prevention

Preventable Cancer Percentage

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>England</td>
<td>37.3%</td>
</tr>
<tr>
<td>Scotland</td>
<td>41.5%</td>
</tr>
<tr>
<td>Wales</td>
<td>37.8%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>38.0%</td>
</tr>
<tr>
<td>UK</td>
<td>37.7%</td>
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</tbody>
</table>

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Zero (last accessed 29.8.18)
Cancer early diagnosis: Guidance, pitfalls and safety netting

Numbers of cases of preventable cancer by site

Cancer Matters

Prevention

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One (last accessed 29.8.18)
Cancer Matters

Prevention

Cancer early diagnosis: Guidance, pitfalls and safety netting

Attributable cancer numbers

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Number of Cases per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>60,000</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>25,000</td>
</tr>
<tr>
<td>UV radiation</td>
<td>15,000</td>
</tr>
<tr>
<td>Occupation</td>
<td>10,000</td>
</tr>
<tr>
<td>Infections</td>
<td>5,000</td>
</tr>
<tr>
<td>Alcohol</td>
<td>2,000</td>
</tr>
<tr>
<td>Insufficient fibre</td>
<td>2,000</td>
</tr>
<tr>
<td>Ionising radiation</td>
<td>1,000</td>
</tr>
<tr>
<td>Processed meat</td>
<td>1,000</td>
</tr>
<tr>
<td>Air pollution</td>
<td>700</td>
</tr>
<tr>
<td>Not breastfeeding</td>
<td>700</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>500</td>
</tr>
<tr>
<td>Post-menopausal hormones</td>
<td>500</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>300</td>
</tr>
</tbody>
</table>

http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-two (last accessed 29.8.18)
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters

Where could Primary Care Make a Difference?
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters

Where could Primary Care Make a Difference?
Earlier Diagnosis
Cancer Matters
UK lags behind similar Health Systems

Cancer early diagnosis: Guidance, pitfalls and safety netting

For 4 types of cancer, survival was lower in Denmark and the UK
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
Earlier Diagnosis
Cancer early diagnosis: Guidance, pitfalls and safety netting

Proportion of Cases Diagnosed at Each Stage

Cancer Matters
Earlier Diagnosis

www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two (Accessed 29.8.18)
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National Cancer Diagnosis Audit
(2014 data)
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
National Cancer Diagnosis Audit
(2014 data)

WHERE CANCER PATIENTS FIRST REPORTED THEIR SYMPTOMS

67.5% GP SURGERY
6.9% A&E
6.4% Screening
5% Outpatients
4.7% GP home visit
9.5% Other places & unknown (includes hospital inpatients, telephone consultations and out of hours)

Source: National Cancer Diagnosis Audit 2017, BJGP
LET'S BEAT CANCER SOONER cruk.org

https://doi.org/10.3399/bjgp17X694169
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
National Cancer Diagnosis Audit
(2014 data)

WHAT CAUSES AVOIDABLE DELAYS IN CANCER DIAGNOSIS?
GPs were asked about more than 17,000 cancer diagnoses in England in 2014. They said...

1 in 5 patients experienced an avoidable delay in their diagnosis.

TOP THREE CAUSES OF AVOIDABLE DELAYS
- Health Professional (e.g., GP, Hospital doctor)
  - 28%
- Hospital
  - 27.1%
- Patient
  - 25.7%

OTHER CAUSES
- Cancer signs & symptoms (e.g., vague symptoms)
  - 11.9%
- Primary care system (e.g., GP surgery)
  - 6.8%
- Specialist hospitals (Tertiary care)
  - 0.6%
- Other
  - 4.9%

Source: National Cancer Diagnosis Audit 2017, BJGP
LET'S BEAT CANCER SOONER
cr.uk.org

https://doi.org/10.3399/bjgp17X694169
Cancer Matters
National Cancer Diagnosis Audit
(2014 data)

Number of consultations prior to referral (where recorded)

- 78% <3 consultations
- 22% ≥3 consultations
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
National Cancer Diagnosis Audit
The audit will be repeated
(data collection to start in 2019)
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Key reflections:
1. Cancer is the largest cause of premature death in UK
2. 5.2% less premature cancer deaths over last 3 years
3. 832,000 cancer deaths avoided since 1989
4. Perfect storm brewing
5. 38% of cancers preventable
6. Early diagnosis – we are behind other similar health systems
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters
Key reflections:

Primary Care is doing a great job – but the best is still to come...
Cancer early diagnosis: Guidance, pitfalls and safety netting

Cancer Matters

Key reflections:

Primary Care is doing a great job – but the best is still to come...

How...?
Cancer early diagnosis: Guidance, pitfalls and safety netting

REFERRAL GUIDANCE AND PATHWAYS

Rachael Marchant
CRUK/RCGP clinical support fellow for cancer
OBJECTIVES

• Guidance for referral of suspected cancer and a couple of examples of pitfalls
  • Thrombocytosis
  • Bladder cancer in women

• Referral pathways- making the most of them and what’s coming soon
GUIDANCE ON REFERRALS FOR SUSPECTED CANCER NICE NG12 AND SCOTTISH REFERRAL GUIDELINES FOR SUSPECTED CANCER
NICE NG12 GUIDANCE FOR REFERRAL FOR SUSPECTED CANCER

• First guideline for this to use primary care evidence
• Symptom based guidance
• Referral threshold of a PPV of symptoms of 3% or higher
• Guidance and should not overrule clinician “gut feeling”
• Following it will increase referral rates...

... Easier to refer even when there is a small possibility of cancer
• Aim is earlier diagnosis, more diagnosis through managed routes and stage shift.... Not yet evaluated.
CRUK symptom reference guides – available in various formats depending on preferences.

Scottish Referral Guidelines for Suspected Cancer

Quick Reference Guide

The full version of the guidelines is available from the Scottish Health Services website.

Healthier Scotland Scottish Referral Guidelines Quick Reference Guide – available as PDF online

Macmillan Rapid Referral guide – available as a printed copy and a PDF download.
SLI.DO QUESTION:
WHAT IS THE POSITIVE PREDICTIVE VALUE OF RAISED PLATELETS FOR CANCER?

1. PPV of 6.4% in men, 1.9% in women
2. PPV of 9.5% in men, 3.1% in women
3. PPV of 11.6% in men, 6.2% in women
4. PPV of 12.8% in men, 7.5% in women
SLI.DO QUESTION:

WHAT IS THE POSITIVE PREDICTIVE VALUE OF RAISED PLATELETS FOR CANCER?

Responses: 155
THROMBOCYTOSIS

Lung, endometrial, gastric and oesophageal cancers
Highly predictive of a cancer diagnosis in the next 12 months in adults >40 for LEGO cancers
Platelet count >400 in an adult >40 exceeds the 3% threshold for referral.
Is included in the NICE guidance for these cancers
Evidence base for still accumulating
BLADDER CANCER IN WOMEN

- Bladder cancer more common in men
- Women experience more delays in diagnosis
- Primarily down to UTI having similar presentation
- Beware the slow to resolve or persistent UTI
- Refer >50 Persistent urgency in women
- Beware the negative MSU with haematuria
REFERRAL PATHWAYS
URGENT SUSPECTED CANCER REFERRALS (TWO WEEK WAIT IN ENGLAND)
FASTER DIAGNOSIS STANDARD (ENGLAND)

• 28 day diagnosis standard
• Full implementation planned by 2020
• Designed to speed up pathway to diagnosis for patients
• Plans this will ultimately replace the “2 week wait”
• Aim is for patients to find out if they have cancer or not within 28 days of referral
• Needs workforce - radiologists, endoscopists etc
VAGUE SYMPTOM PATHWAYS

• Increasing numbers of these- mostly pilots at the moment (MDC in England, RDC in Wales)
• Encouraging results to date
• Criteria vary but usually vague abdominal symptoms- weight loss, anaemia, jaundice, GP gut feeling
• Models vary but essentially avoid multiple referrals for these patients
• Scotland focusing on Direct access CT CAP for GPs
SLI.DO QUESTION:

HAVE YOU HEARD OF MDCs/RDCs AND/OR HAVE YOU GOT ACCESS TO ANY OF THIS?

1. Yes, heard of them and have access
2. Heard of them but no access
3. Not heard of them and no access
4. Not sure
SLI.DO QUESTION:

HAVE YOU HEARD OF MDCs/RDCs AND/OR HAVE YOU GOT ACCESS TO AN THIS?
HOW MDCs COULD IMPROVE EARLY CANCER DIAGNOSIS

HOW DELAYS CAN OCCUR IN THE CURRENT SYSTEM

1ST GP VISIT
1ST SPECIALIST
GP REFERRAL
TIME WAITING
2ND GP VISIT
2ND SPECIALIST
GP REFERRAL
TIME WAITING
3RD GP VISIT
3RD SPECIALIST
GP REFERRAL
TIME WAITING
RETURNING TO THE GP AFTER VISITING EACH SPECIALIST SLOWS DOWN THE DIAGNOSIS AND INCREASES THE LIKELIHOOD OF PATIENT DISENGAGEMENT

RESULT
Nothing found ‘watchful wait’ Late Cancer diagnosis Other diagnosis

PROPOSED MDC SYSTEM
Patient with non-specific but concerning symptoms

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 turnaround of triage tests and investigative diagnostic tests leads to earlier diagnosis

RESULT
Nothing found ‘watchful wait’ Earlier Cancer diagnosis Other diagnosis

RCGP
Royal College of General Practitioners

RCGP 2018 GLASGOW 4-6 OCTOBER

Cancer Research UK
Symptomatic FIT

- Faecal immunochemical testing
- Already being used for screening in Scotland
- Why FIT?
- GP role in supporting
- Symptomatic FIT
KEY POINTS

• NICE NG12 guidance- 3% PPV, symptom based and encourages early referral
• Beware thrombocytosis
• Beware urinary symptoms in women- not always UTI
• 28 day faster diagnosis standard and MDC/pathways coming soon for England
• Symptomatic FIT coming soon
• New referral guidance coming soon in Scotland
Cancer early diagnosis: Guidance, pitfalls and safety netting

SAFETY NETTING

Pawan Randev
East Midlands Cancer Research UK Strategic GP Lead
SLI.DO QUESTION:

DO YOU HAVE A DEMONSTRABLY RELIABLE SAFETY NETTING SYSTEM IN YOUR PRACTICE?

Yes
No
Not sure

Responses: 124

- Yes: 31%
- No: 27%
- Not sure: 42%
Cancer early diagnosis: Guidance, pitfalls and safety netting

Safety Netting

**History:**
Roger Neighbour’s consultation model
Cancer early diagnosis: Guidance, pitfalls and safety netting

Safety Netting – Roger Neighbour 1987

• If I’m right, what do I expect to happen?
• How will I know if I’m wrong
• What would I do them?
Cancer early diagnosis: Guidance, pitfalls and safety netting

Safety Netting – Roger Neighbour 2009

COMMENTARY

Thanks for the plug, folks. It’s gratifying to find that what just seemed common sense when I first wrote about safety-netting in 1993 has survived the scrutiny of proper researchers and is now thought ‘arguably the most important part of the diagnostic process’. So why was I left feeling a tiny bit flat? It’s certainly not for any lack of facts, logic, or passion in the matter, but I suspect it’s more to do with how general practice itself has changed in the interim. This necessary safeguard against a sloppy over-confidence that made some of us feel good enough, and only other people made mistakes that might have been under-confidence; under-confidence that I call an ‘inundation of guidance’ – you’d think your patients would have heard of it. ‘You’re fallible, and don’t let this patient come to harm as a result.’ I hope the little voice isn’t now saying, ‘Write it all down, spell it all out, and you’re covered.’ No, of course it isn’t; it’s saying both. Isn’t it?

REFERENCE


DOI 10.3398/bjgp09X72980
Cancer early diagnosis: Guidance, pitfalls and safety netting

Suspected cancer: recognition and referral

NICE guideline [NG12]  Published date: June 2015  Last updated: July 2017

Guidance

Recommendations on patient support, safety netting and the diagnostic process

1.14 Patient information and support
1.15 Safety netting
1.16 The diagnostic process

The following guidance is based on the best available evidence. The full guideline gives details of the methods and the evidence used to develop the guidance.

The wording used in the recommendations in this guideline (for example, words such as ‘offer’ and ‘consider’) denotes the certainty with which the recommendation is made (the strength of the recommendation). See about this guideline for details.

The recommendations in this guideline have been organised into 3 separate sections to help healthcare professionals find the relevant information easily. This section includes the recommendations on patient support, safety netting and the diagnostic process. There are also sections covering the recommendations for...
1.15 Safety netting

1.15.1 Ensure that the results of investigations are reviewed and acted upon appropriately, with the healthcare professional who ordered the investigation taking or explicitly passing on responsibility for this. Be aware of the possibility of false-negative results for chest X-rays and tests for occult blood in faeces. [new 2015]

1.15.2 Consider a review for people with any symptom that is associated with an increased risk of cancer, but who do not meet the criteria for referral or other investigative action. The review may be:

- planned within a time frame agreed with the person or
- patient-initiated if new symptoms develop, the person continues to be concerned, or their symptoms recur, persist or worsen. [new 2015]
Cancer early diagnosis: Guidance, pitfalls and safety netting

Playing it safe - safety netting advice
By Dr Sarah Jarvis

Good safety netting practice is a key part of good communication skills between you and your patients, as Dr Sarah Jarvis explains.

Safety netting advice can protect both the patient and the doctor. It can help to ensure that a patient with unexplained or worsening symptoms knows when and how to access further advice, and is an important way of reducing clinical risk and the risk of receiving a complaint.

Communicating well with patients and providing them with appropriate advice is a key part of being a safe doctor. We may provide information many times a day to patients, whether it’s verbally in consultations or by giving them written information, such as regarding post-operative care.
## Cancer early diagnosis: Guidance, pitfalls and safety netting

### 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.

### COMMUNICATE TO PATIENTS
- **Likely time course of current symptoms:**
- When to come back if symptoms do not resolve in expected time course
- Specific warning: red flag symptoms or changes to look out for
- Who should make a follow-up appointment with the GP, if needed
- The reasons for tests or referrals
- If a diagnosis is uncertain

### ACTIONS FOR GPs
- Detail any safety netting advice in the medical notes
- Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g., three visits and you are in)
- Ensure the patient understands the safety netting advice before any account language/ literacy barriers
- Cover all symptoms and urgent referrals
- If symptoms do not resolve, carry out further investigations even if previous tests are negative

### ACTIONS FOR PRACTICE
- Ensure that you have current contact details for patients undergoing tests or referrals
- Ensure patients know how to obtain their results
- Have a system for communicating abnormal test results to patients
- Have a system for contacting patients with abnormal test results who fail to attend for follow-up
- Put in place systems to document that all results have been viewed, and acted upon appropriately
- Have policies in place to ensure that tests/investigations ordered by locums are followed up
- Have systems that can highlight repeat consultations for unexplained recurrent symptoms/signs
- Make sure practice staff involved in logging results are aware of reasons for urgent tests and referrals under the two-week wait
- Conduct significant event analyses for patients diagnosed as a result of an emergency admission
- Conduct an annual audit of new cancer diagnosis

### 1. PATIENT COMMUNICATION

Please indicate below whether you communicate the following safety-netting information to your patient:

<table>
<thead>
<tr>
<th>RECOMMENDED SAFETY NETTING INFORMATION TO COMMUNICATE TO THE PATIENT</th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The likely time course/time to resolution of self-limiting condition of current symptoms (e.g., cough, sore throat, symptoms, pain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific information about when and how to re-consult if symptoms do not resolve in the expected time course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific warning symptoms and signs of serious disease (e.g., cancer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who should make a follow-up appointment with this GP, if needed (locally, requesting the patient make the appointment, sometimes the doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a diagnosis is uncertain, give a clear explanation for the reasons for tests or investigations (e.g., to exclude the possibility of serious disease or cancer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a diagnosis is uncertain, that uncertainty should be communicated to the patient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. GP CONSULTATION

Please indicate below whether you include the following safety-netting actions within your consultations:

<table>
<thead>
<tr>
<th>RECOMMENDED SAFETY NETTING ACTIONS TO INCLUDE WITHIN CONSULTATIONS</th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GP should ensure that the patient understands the safety netting advice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs should take additional measures to ensure that safety netting advice is understood in patients with language and literacy barriers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety netting advice should be documented in the medical notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety netting advice should be given verbally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs should consider referral after repeated consultations for the same symptom, where the diagnosis is uncertain (e.g., three visits and you are in)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If symptoms do not resolve, further investigations should be conducted even if previous tests are negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs should keep up-to-date on current guidelines for urgent referral for suspected cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cancer early diagnosis:

Can safety-netting improve cancer detection in patients with vague symptoms?

Brian D Nicholson clinical researcher, David Mant emeritus professor of general practice, Clare Bankhead university research lecturer

Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, OX2 6GG

What you need to know

• Safety-netting is best practice, but there is an absence of evidence on whether it improves cancer detection and how best to do it in patients with vague symptoms

• Explain the uncertainty about the cause of symptoms to patients, ensuring they understand why, when, and with whom they should re-consult about which concerning symptoms

• Establish systems to ensure test results are reviewed by somebody with knowledge of cancer guidelines and that positive and negative results are communicated to the patient promptly
Cancer early diagnosis: Guidance, pitfalls and safety netting

Practice Based Systems of Safety Netting:
• Use what works already
• Keep it simple
• Move beyond individual safety nets
• Use the practice team to provide safety net systems
Cancer early diagnosis: Guidance, pitfalls and safety netting

- SystmOne
- EmisWeb
Cancer early diagnosis: Guidance, pitfalls and safety netting

Solutions:
Safety Net coding within consultations
Use coded template entry
Trained admin team pick up overdue safety nets and alert responsible/covering GP
Usable by all patient facing clinicians
Track symptoms, diagnostics and referrals
Appropriate use of text messaging/phone/ftf
Cancer early diagnosis: Guidance, pitfalls and safety netting

Safety Netting

Do you have a demonstrably reliable safety netting system in your practice?

Take your feelings back to your practice and make the change!
Cancer early diagnosis: Guidance, pitfalls and safety netting

Key resources:

Cancer Research UK Safety Netting Guidance
Emis Web guides RM Partners and UCLH
SystmOne- contact Pawan
Vision- contact Pawan
Cancer early diagnosis: Guidance, pitfalls and safety netting

PANEL DISCUSSION

Clinical Learning E2

Dr Richard Roope, RCGP and Cancer Research UK Clinical Champion for Cancer
Dr Rachael Marchant, RCGP and Cancer Research UK Clinical Lead
Dr Pawan Randev, East Midlands Cancer Research UK Strategic GP Lead
Dr Douglas Rigg, Clinical Lead West of Scotland Primary Care Cancer Network
PLEASE COMPLETE OUR
SLI.DO POST-WORKSHOP QUESTIONS:

HOW ACCURATE WAS YOUR ASSESSMENT OF YOUR LEVEL OF CONFIDENCE ABOUT YOUR CANCER DIAGNOSIS KNOWLEDGE AND PRACTICE 45 MINUTES AGO?

1. I was spot on
2. I thought I knew more than I did
3. I thought I knew less than I did

Nearly a third of responders had thought they knew more than they did.
PLEASE COMPLETE OUR
SLI.DO POST-WORKSHOP QUESTIONS:

HOW DO YOU RATE YOUR KNOWLEDGE AND UNDERSTANDING OF CANCER REFERRAL GUIDELINES NOW?

Very low

Very high
SLI.DO POST-WORKSHOP QUESTIONS:

DO YOU PLAN TO REVIEW YOUR SAFETY NETTING SYSTEMS WITHIN YOUR PRACTICE?

1. Yes
2. No
3. Maybe

Over two thirds of responders now plan to review their safety netting systems.

Responses: 37
PLEASE COMPLETE OUR
SLI.DO POST-WORKSHOP QUESTIONS:

HOW LIKELY IS THIS WORKSHOP TO IMPROVE YOUR PRACTICE?

Not at all

Extremely

Responses: 35

Average Score: 4.1

8 in 10 responders said the workshop would improve their practice ‘quite a lot’ or ‘extremely’

Responses:

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0%</td>
</tr>
<tr>
<td>A little</td>
<td>6%</td>
</tr>
<tr>
<td>Reasonably</td>
<td>14%</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>49%</td>
</tr>
<tr>
<td>Extremely</td>
<td>31%</td>
</tr>
</tbody>
</table>

Responses: 35

Average Score: 4.1
PLEASE COMPLETE OUR
SLI.DO POST-WORKSHOP QUESTIONS:

OVERALL HOW RELEVANT WAS THIS WORKSHOP TO YOUR ROLE?

Not at all ★★★★★

Extremely ★★★★★★★★★

9 in 10 responders said the workshop was ‘quite a lot’ or ‘extremely’ relevant

Responses: 22

Average Score: 4.6

0% 0% 9% 18% 73%
WHAT IS YOUR KEY TAKE-HOME MESSAGE FROM TODAY’S WORKSHOP?

“Cancer is leading cause of death in under 75s in Scotland”

“Thrombocytosis can be an important predictor of LEGO cancers so to consider this”

“I am GPST2 – will definitely take home these points to my practice and quite like the idea of having a working safety net which includes all clinical staff”

“Be cancer vigilant”

“Involve the patient in safety netting”