Primary Care and Cancer Matters

Early Diagnosis of Cancer

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Senior Clinical Advisor Cancer Research UK
@DrRichardRoope @CRUKHCPs
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
• World Health Organisation:
• 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

https://www.who.int/cancer/detection/en/  Accessed 15.1.20
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• Earlier Diagnosis of Cancer
• Early detection of cancer
• World Health Organisation:
  • Recognizing possible warning signs of cancer and taking prompt action leads to early diagnosis. Increased awareness of possible warning signs of cancer, among physicians, nurses and other health care providers as well as among the general public, can have a great impact on the disease.

https://www.who.int/cancer/detection/en/  Accessed 15.1.20
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ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020
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• Achieving World Class Cancer Outcomes...

Recommendation 16:

• We recommend the following to take forward the new NICE guidelines:

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

The aim of the guidelines is to improve cancer diagnosis:

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

Implementation

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

Implementation

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

Implementation

The guideline focuses on those areas of clinical practice:

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

Implementation

It is assumed that:

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

What is new?

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

What is new?

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

What is new?

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

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

What is new? (Specifics - examples)

Persistent bone pain, unexplained fracture:

do Fbc + ESR

60+ with hypercalcaemia/↓wbc:

electrophoresis and BJP within 48h

Palpable abdominal mass <16

(used to be under 1y)
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NICE Guidance (NG12)

What is new? (Specifics - examples)

Relevance of ↑ Platelet count
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
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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.
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NICE Guidance (NG12)

Case Study:

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)

Case Study:

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?
Q2b. He is well, has a long standing morning cough with clear phlegm. Full examination is normal. What investigations would you request in primary care?

What arrangement / safety net would you put in place for follow up?
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NICE Guidance (NG12)

Early Diagnosis Group Work

Q2c. CXR and FBC are normal but on review 1 week later he has experienced 2 episodes of haemoptysis.

What action would you take?
Q3a. 38 year old lady presents with a history of having felt a lump in her left breast. It is painless, there is no history of trauma, she is not breast feeding.

What further assessment would you undertake and what signs would you look for?
Q3b. There is a 1.5 cm breast lump in the upper outer quadrant of the left breast, there is no lymphadenopathy.

What action would you take?
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NICE Guidance (NG12)
Early Diagnosis Group Work

Q3c. What would you do if she were 28?

What action would you take?
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NICE Guidance (NG12)
Early Diagnosis Group Work

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
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Early Diagnosis Group Work

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

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

What action would you take?
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NICE Guidance (NG12)  
Early Diagnosis Group Work

Q8c. CT abdo confirms a suspicious lesion in the pancreas.

What action would you take?
Q9. A 51 year old man presents with months of intermittent painless rectal bleeding. There is no weight loss or change in bowel habit. Examination of his abdomen is normal and PR NAD.

He should be referred via a 2 WW pathway to a colorectal surgeon.

True 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?
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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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.
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.

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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?
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NICE Guidance (NG12) Early Diagnosis Group Work: Haematuria

- 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+
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NICE Guidance (NG12) Early Diagnosis Group Work: Haematuria

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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:

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What next?
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Safety netting
Trainers’ Workshop

Safety netting

1. If I’m right what do I expect to happen?
2. How will I know if I’m wrong?
3. What would I do then?
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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
### Trainers’ Workshop

#### Safety netting

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**Actions for Practices**

- 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 diagnoses

## Trainers’ Workshop

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Safety netting

SAFETY NETTING SUMMARY

CANCER SUSPECTED

- Check up to date patient contact details
- Test patient
  - Reason for test
  - Who will make follow-up appointment
  - When to return for results

CANCER CONFIRMED

- Practice system for communicating abnormal test results to patient

CANCER EXCLUDED

- Normal results
  - Practice system to check & keep
  - Patient appointment attendance
  - Patient receive results
  - Results served and actioned on by service

NEW OR RECURRING SYMPTOMS

- Consider further social investigations

NO INVESTIGATIONS/REFERRALS BUT CANCER IS POSSIBLE

- Low safety netting advice in notes and code symptoms
- Process for follow-up, including who

REPEATED CONSULTATIONS FOR SAME SYMPTOMS?

- Consider referral/investigation (of primary patient initiated review)

REFERENCES

- Suspected cancer recognition and referral NICE guideline
  Published: 22 June 2020

ALSO CONSIDER...

- Keep up to date with national guidelines for suspected cancer
- Conduct annual audit of new cancer diagnoses
- Carry out a significant event audit (SEA) of every delayed diagnosis of cancer

For health professionals

Primary care and cancer matters

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

- 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)
- 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

cruk.org/hponeonlinelearning
For health professionals

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E-learning

- Behaviour change and cancer prevention – e-learning (30 min)
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cruk.org/hponlinelearning
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Resources:

• Need more information about cancer (locally)?

• CRUK facilitator/facilitators
• Local cancer lead GPs
• CRUK GP: Dr Anant Sachdev
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Our common goal?
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Our common goal?
Trainers’ Workshop

Our common goal? NHS Longterm Plan
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Our common goal? NHS Longterm 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?