Recognition and Referral of Suspected cancer
NICE NG12

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Macmillan GP NE&C Learning Disability Network
Aims

Summary of the changes

Regional referral forms

Recent review of 2WW forms

What does it mean for you/ your practice

Resources
Recognition and referral for suspected cancer
NICE NG12

Issued in June 2015
- Identify more cancer at an earlier stage
- Symptoms based
- Increased emphasis on early referral/ direct to test in primary care
  - BLOOD TESTS/ CXR/ CT/ MRI
- PPV 3%

Implications for referral pathways

Impact on diagnostic services

Cost - for patients and systems
## Pancreatic Cancer Risk Assessment Tool

<table>
<thead>
<tr>
<th>Back pain</th>
<th>New onset diabetes</th>
<th>Diarrhoea</th>
<th>Constipation</th>
<th>Malaise</th>
<th>Nausea or vomiting</th>
<th>Abdominal pain</th>
<th>Loss of weight</th>
<th>Jaundice</th>
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<td>0.8 (0.7, 1.0)</td>
<td>21.6 (14, 52)</td>
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<td>0.3 (0.2, 0.6)</td>
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<td>0.7 (0.5, 1.0)</td>
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PPV as a single symptom

Back pain

New onset diabetes

Diarrhoea

Constipation

Malaise

Nausea or vomiting

Abdominal pain

Loss of weight
NICE NG12  Suspected Cancer: Recognition and referral

Site
Symptoms
Primary care investigations

Also includes
- Symptoms in children and young people
- Information and support for people with suspected cancer and their families
- Safety netting
- Best practice in diagnostic process
Lung Cancer/Mesothelioma

2 week referral

- CXR suggests lung cancer.
- Aged over 40 with haemoptysis.

Offer Urgent CXR – 2 Weeks

- Over 40 and have 2 or more unexplained symptoms from cough, fatigue, shortness of breath, chest pain, weight loss or appetite loss.
- Over 40 and they have ever smoked and 1 or more unexplained symptoms from cough, fatigue, shortness of breath, chest pain, weight loss or appetite loss.

Consider urgent CXR - 2 Weeks

- Persistent or recurrent chest infection.
- Finger clubbing
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- Chest signs consistent with lung cancer.
- Thrombocytosis
Colorectal cancer

2 Week Referral
Aged 40 and over with unexplained weight loss and abdominal pain.
Aged 50 and over with unexplained rectal bleeding.
Aged 60 and over with iron deficiency anaemia.
Aged 60 and over with change in bowel habit.
Occult blood in stool (WHO TO TEST)

Consider 2 week referral
Rectal or abdominal mass
Aged under 50 with rectal bleeding and one of,
  • Abdominal pain
  • Change in bowel habit
  • Weight loss
  • Iron deficiency anaemia
Colorectal cancer

Offer faecal occult blood testing patients without rectal bleeding and

- Aged 50 and over with unexplained abdominal pain or weight loss
- Aged under 60 with change in bowel habit or iron deficiency anaemia.
- Aged 60 and over with anaemia even in the absence of iron deficiency.

FOB testing currently NOT supported
Refer for NON-URGENT Lower GI opinion
Waiting for FIT
Upper Gastro-intestinal tract Cancers
Stomach/ Oesophageal.

2 week referral
• Upper abdominal mass CONSISTENT with gastric cancer

Direct access 2ww upper gastrointestinal endoscopy
• Dysphagia
• Aged 55 with weight loss and upper abdominal pain or, reflux or dyspepsia

Consider NON URGENT referral (direct assess upper gastrointestinal endoscopy)
• Haematemesis
• Aged over 55 with one of
  • Treatment resistant dyspepsia
  • Upper abdominal pain with low Hb
  • Raised platelet count with either, nausea or vomiting or weight loss or reflux or dyspepsia or upper abdominal pain
  • Nausea or Vomiting with either weight loss or reflux or dyspepsia or upper abdominal pain
Upper Gastro-intestinal tract Cancers
Pancreatic Cancer

2 week referral if aged 40 or over with jaundice.

Consider an urgent CT scan (or urgent u/s if CT not available) if aged 60 or over with weight loss and any of the following.

1. Diarrhoea
2. Back pain
3. Abdominal pain
4. Vomiting
5. Constipation
6. Or new onset diabetes
Brain / CNS  Progressive neurological deficit  MRI 2ww

Breast  Lump in Axilla  2WW

Gynae  > 55y haematuria + platelets / Gluc  USS

Haematological  FBC/ paraprotein/ Bence Jones  48 hrs

Head and Neck  DO NOT USS NECK LUMPS

Sarcoma  Lump unexplained / growing  USS 2ww

Skin  > 3 on checklist/ Dermoscopy  2WW

Urology  Age specific PSA/ >45 visible  >60 unexplained microhaematuria
SIGNS

Skin changes
Weight loss/ masses

From www.pcds.org.uk/clinical-guidance/oral-lesions
PRIMARY CARE – Urgent tests

Bloods
  – FBC within 48hrs
  – CA125
  – PSA
  – U+E, Coag screen/calcium/P electrophoresis/ESR

CXR 2 weeks
Plain x ray 48hrs
USS 2ww
CT 2ww
MRI 2ww

NOT NECK LUMPS
YOU CANNOT REMEMBER IT ALL

USE THE TOOLS
NICE website
CRUK Posters/ desk easel
Macmillan summary
Mind Maps
NICE NG12  Suspected Cancer: Recognition and referral

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Also includes

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**Pallor plus bleeding**

- Petechiae, Purpura
- Unexplained bruises
- Persistent bloody oozing from mouth or nose

Persistent, unexplained severe lethargy, anaemia

ARRANGE a FBC

**Persistent, unexplained fever, apathy or weight loss**

- First consider urinary tract infection, pneumonia or inflammatory bowel disease – refer to general paediatrics (not oncology)
- Then consider malignancy

**Bone pain - persistent or recurrent**

- Night pain is red flag
- Child with new limp, toddler reluctant to bear weight or stopped walking
- Always investigate backache in a child

Plain x-rays can be very helpful

*Bone pain can be a feature of leukaemia or metastatic solid tumour such as neuroblastoma*

**Unexplained neurological signs**

- Headaches lasting longer than two weeks
- Early morning vomiting
- Ataxia
- Cranial nerve palsy
- Focal convulsions
- Focal neurological deficit
- Unexplained nystagmus especially in an infant
- Deteriorating school performance and missing school
**Lymph Nodes**
Malignant lymph nodes in young children usually progress rapidly, but in older (>10 years) children indolent nodes may be malignant, especially
- Lymph nodes >2cms size
- Supravacular nodes
- Nodes associated with shortness of breath
- Nodes associated with pallor and bruising (leukaemia)
In younger children refer to general paediatrics (and not as cancer). Palpable nodes in 0-6 year olds are usually a normal finding and often persistent

**Eye changes**
- White reflex;
- Recent onset of squint;
- Proptosis;
- Significant deterioration in vision;
- Bilateral black eyes (neuroblastoma or leukaemia)
*Need to consider particularly CNS tumours and retinoblastoma.*

**An unexplained mass**
- Important sites are: abdomen, testes, head, neck and limbs
- If in doubt screen with an ultrasound examination
- Other red flags are:
  - Hepatomegaly or splenomegaly or both;
  - Haematuria associated with abdominal mass (or even in isolation).

**Breathing difficulty**
- Repeated or persistent inspiratory stridor
- Dyspnoea on lying down
These require emergency (ie same day) chest x-ray
- Unilateral nasal obstruction

**Take into account parental concern and insight**
Please call us at any time
NICE NG12  Suspected Cancer: Recognition and referral

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Also includes

– Symptoms in children and young people

– **Information and support for people with suspected cancer and their families**

– Safety netting
– Best practice in diagnostic process
Information and Support for patients and their families

Tell people they are being referred/investigated for suspected cancer.

Explain what to expect from the referral/investigation.

Make reasonable adjustments - consider written information.

Most people referred urgently will not have cancer.
NICE NG12 Suspected Cancer: Recognition and referral

Site

Symptoms

Primary care investigations

Also includes

- Symptoms in children and young people
- Information and support for people with suspected cancer and their families
- **Safety netting**
- Best practice in diagnostic process
SAFETY NETTING SUMMARY

- Patient communication
- Practice process / system
- Education

PATIENT PRESENTS TO GP...

CANCER SUSPECTED

- Check up to date patient contact details
- Tell patient:
  - reason for tests
  - who will make follow-up appointment
  - when to return for results

NO INVESTIGATIONS/REFERRALS BUT CANCER IS POSSIBLE

- Log safety netting advice in notes and code symptoms
- Process for follow-up inc who?

REPEATED CONSULTATIONS FOR SAME SYMPTOMS?

- Consider referral / investigations
  - OR planned/patient-initiated review
- Communicate to patient:
  - Uncertainty
  - When to come back if symptoms persist
  - Red flag symptom/changes

2WW REFERRAL/INVESTIGATION

- Practice system to check & log:
  - Patient apt attendance
  - Patient receives results
  - Results viewed and acted on (including investigations ordered by locums)

ABNORMAL RESULTS

- Practice system for communicating abnormal test results to patient

CANCER EXCLUDED/CONFIRMED

NORMAL RESULTS

NEW OR RECURRING SYMPTOMS

CANCER EXCLUDED

ALSO CONSIDER...

- Keep up to date with referral guidelines for suspected cancer
- Conduct an annual audit of new cancer diagnoses
- Carry out a Significant Event Audit (SEA) of every delayed diagnosis of cancer

REFERENCES

DUMMY Bowel Scope screening has the potential to prevent thousands of people in the UK from developing and dying from bowel cancer and could save the NHS around £300 million each.
2WW referral forms

Opportunity
• Reduce variation

Development
• Gateshead CBC Improving referral forms by collaborative working
• Dr Gareth Forbes
• NECS

Challenges
• Clinical
• IT

How they work
Support for 2WW forms

**Clinical** queries please contact katieelliott@nhs.net or your local cancer lead.

**CRUK** primary care engagement facilitators contact numbers are on the Cancer Alliance web site

Helping with Emis or SystmOne or joining the DCS Group contact the NECS Training Team on 03005550340
Review June 2017

Survey monkey May - June 2017

- 371 completed

82% Primary care

Secondary care

- Too long
- Too complicated
- Too difficult to find information
- INCOMPLETE

Unintended consequences
Possible changes

- Lay out
- Patient information
- Learning Disability Flag
- Reason for referral
- Performance status
- Guidance - move to page 2
- Optimise mail merges
- EMIS publisher
What does it mean for you/ Your practice

Education/ updates – access to educational resources
  – CRUK desk easel/ Infographics
  – RCGP/ BMA online learning
  – Cancer update courses

Diagnostics – Blood tests, radiology, endoscopy

Referral mechanisms – referral forms

Safety netting – clinical/ practice systems
Implementation resources

CRUK primary care facilitators


NICE website  [http://nice.org.uk/guidance/ng12](http://nice.org.uk/guidance/ng12)


Mind Maps – Dr Ben Noble – contact Dr K Elliott/ Chris Tasker for more information
Educational resources

CRUK health professionals page
http://www.cancerresearchuk.org/health-professional

Macmillan – Ten top tips – safety netting, Easy read materials, rapid referral advice
http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/

RCGP e-learning free to members - early cancer diagnosis module
GP Update/ MB Medical - cancer update courses
Thank you