



GM Primary Care & Community Nursing Forum Early Cancer Diagnosis

Clinical Lead: Dr Sarah Taylor

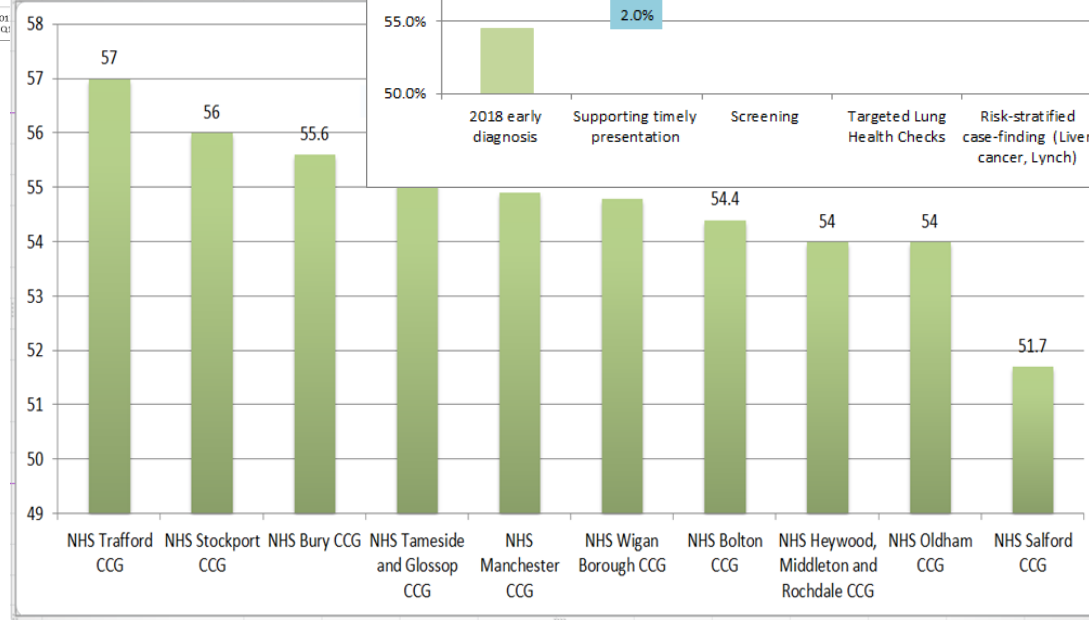
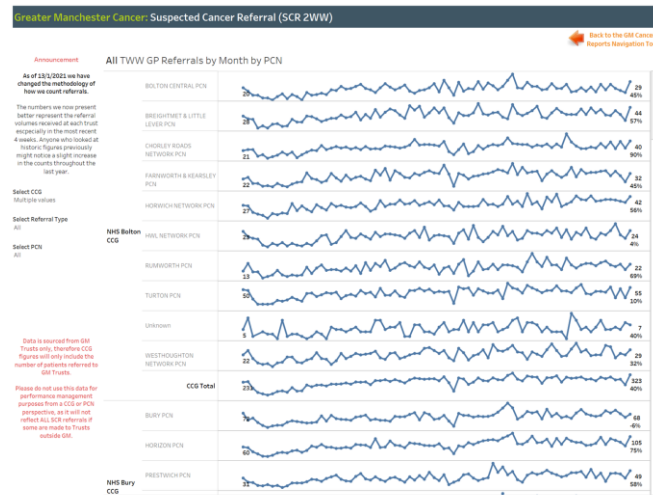
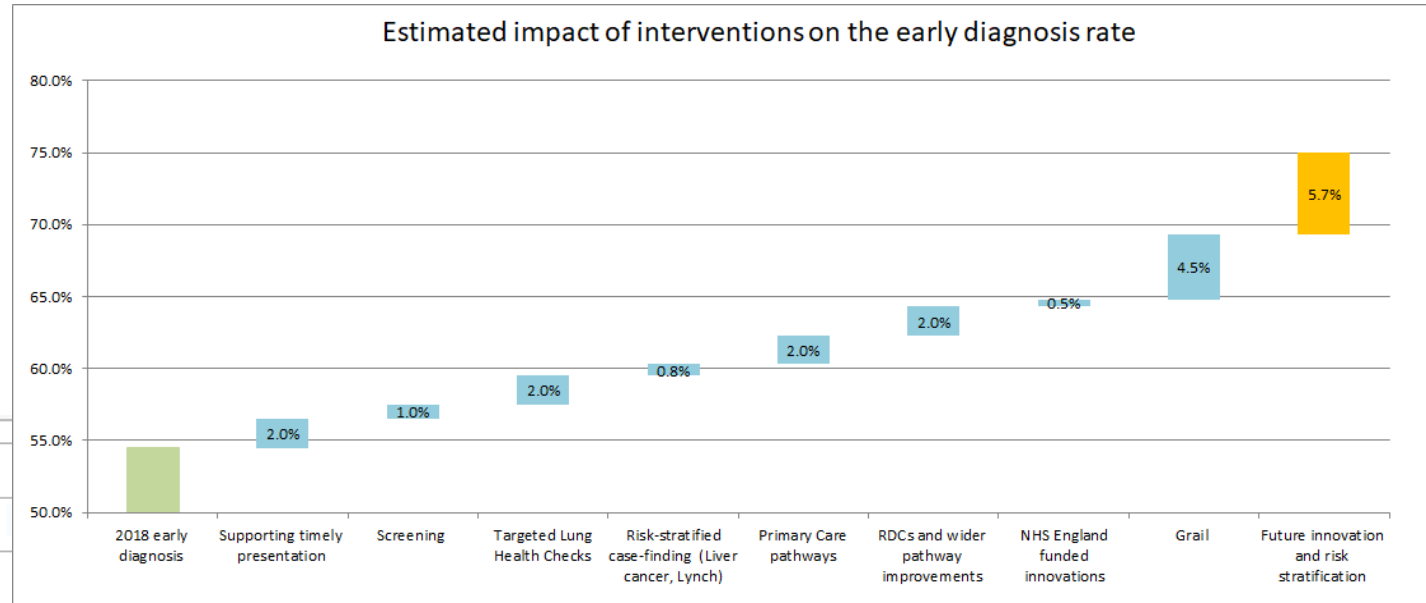
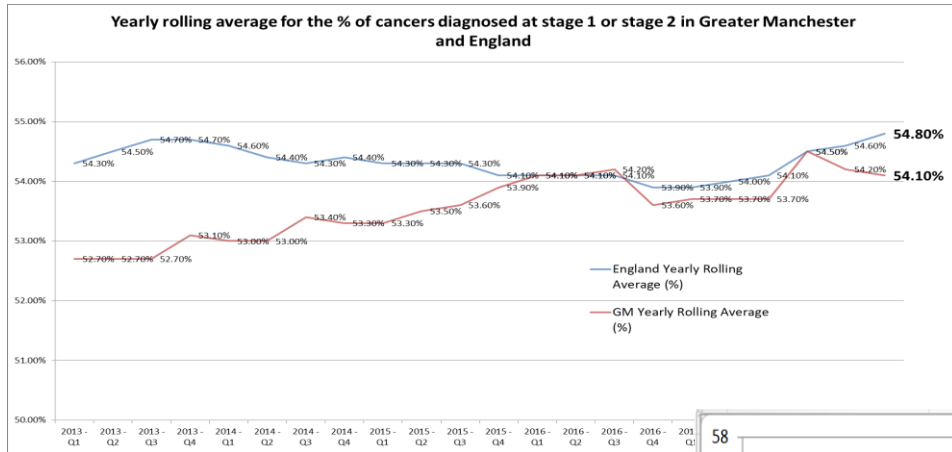
Programme Lead: Ali Jones, Director of
Cancer Commissioning & Early Diagnosis,
GM Cancer Alliance

Tuesday 19th July 2022

NHS Long Term Plan Ambition

From 2028, 3 in 4 (75%) of cancers will be diagnosed at stages 1 and 2

The current position



Relationships

- Early Diagnosis Steering Group
- Engagement and Co-Production
- Clinical design and leadership
- National and NW teams (Cancer)
- GM Integrated Care Partnership
- Localities and PCNs
- Provider and Commissioner
- VCSE
- GM Cancer colleagues
- Alignment with GM programmes
- Locality visits – peer support



Getting People Into the System: Timely Presentation

- Patient & public facing communications
- PCNs & localities
- VCSE
- (Social) Media
- Priority groups
- Varying media and languages



Greater Manchester Can... · 25/02/2021 ▾

If you've had a cough for three weeks or more, it could be a sign of cancer.

It's probably nothing serious, but if it is cancer, finding it early makes it more treatable. Your NHS is here to see you, safely.

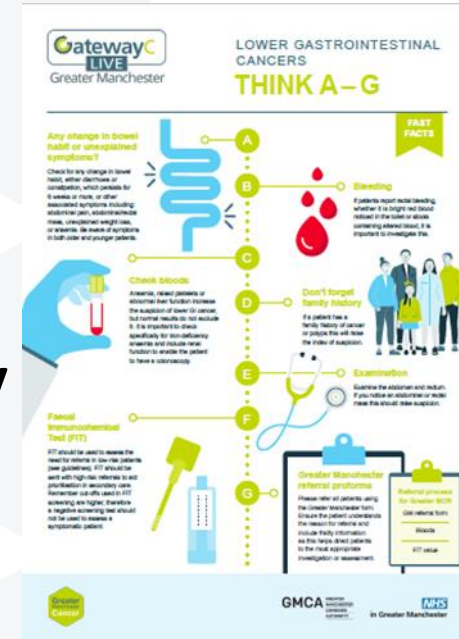
Contact your GP practice.
[#HelpUsHelpYou](#)

nhs.uk/cancersymptoms



Programmes of work / Interventions: Example

- Primary Care – Referral Management
- Primary Care Network engagement – DES delivery
- Screening and Targeted Lung Health Checks
- Education (professionals)
- Pathway redesign / pathway board projects
- Innovation



Suspected Cancer Referral for ENT, Head & Neck NHS		
Priority		
Referral Date:	Priority:	NHS Number:
Short date letter merged	Suspected Cancer Referral	NHS Number
Patient Details / Contact Information		
Title:	Forename:	Surname:
Title	Given Name	Surname
Date of Birth:	Gender:	Ethnicity:
Date of Birth	Gender (full)	Ethnic Origin
Address:	Home Telephone Number:	Email:
Home Full Address (stacked)	Patient Home Telephone	Patient E-mail Address
	OR Mobile Telephone Number:	Text Message Consent:
Preferred Contact Time:	Patient Mobile Telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Interpreter Required:	Preferred Language:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referrer / Practice Details		
Referrer Name:	Referrer Code:	Practice Code:



GatewayC

Dr Sarah Taylor, GP Lead



Courses



Early diagnosis courses

- Improving the Quality of Your Referral
- Lung Cancer
- Skin Cancer
- Colorectal Cancer
- Brain Tumour
- Oesophageal Cancer
- Stomach Cancer
- Pancreatic Cancer
- Ovarian Cancer
- Cervical Cancer
- Breast Cancer Recurrence
- Prostate Cancer
- Chronic Leukaemia
- Acute Leukaemia
- Lymphoma
- Myeloma
- Sarcoma



Supportive care courses

- Managing Physical Effects
- Supporting Your Patients



Early detection testing courses

- Faecal Immunochemical Test (FIT)



RCGP
ACCREDITED

NICE

National Institute for
Health and Care Excellence



Regional – Fast Facts

LUNG CANCER THINK A-G



Supporting earlier & faster cancer diagnosis

APPETITE LOSS

Reduced appetite, lethargy or weight loss can be presenting symptoms of lung cancer. Consider a chest X-ray (CXR), CT scan or referral to a non-site specific clinic.



A

B

C

D

E

F

G

FAST FACTS

BLOOD TESTS

Abnormal blood test results (i.e. anaemia, raised platelets, raised white cell count low albumin, and/or ferritin) may trigger a suspicion of lung cancer. Investigate further with a CXR and consider a referral on the suspected lung cancer pathway for a CT scan, even if the CXR is normal.



COUGH

Any cough lasting 3 weeks or more (or breathlessness/chest pain) should trigger a CXR. If any concern of lung cancer remains despite a normal CXR, then refer on the suspected cancer pathway.

REMEMBER: Not every cough is Covid.

DON'T FORGET NEVER-SMOKERS

A never-smoker is defined as someone who has smoked less than 100 cigarettes in their lifetime. Approximately 6000 people that are never-smokers die of lung cancer each year in the UK; this is the 8th commonest cause of cancer-related death. Always investigate patients with persistent chest symptoms.



EARLY DIAGNOSIS

The early diagnosis of lung cancer improves prognosis. It's important to investigate patients with persistent respiratory symptoms such as, breathlessness, chest pain and haemoptysis.



FALSE NEGATIVE RATE OF CHEST X-RAYS

25% of lung cancers are not visible on chest X-rays. A normal CXR does not exclude lung cancer. If any concern of lung cancer remains despite a normal CXR, refer for a CT scan or on the suspected lung cancer pathway.



GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR	
GM referral form	
Bloods	
Recent CXR results	

Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register



around cough, breathlessness and chest pain

THINK A-G

- A Appetite loss
- B Blood tests
- C Cough
- D Don't forget never-smokers
- E Early diagnosis
- F False negative rate of chest X-rays
- G Greater Manchester Referral Proforma



Cancer Conversations

- Cross-cutting themes
- Informative 10-minute news articles which cover key innovations and developments in the field of cancer care
- Interviews with key experts



**Proton
Beam
Therapy**

**Genetic
Testing**

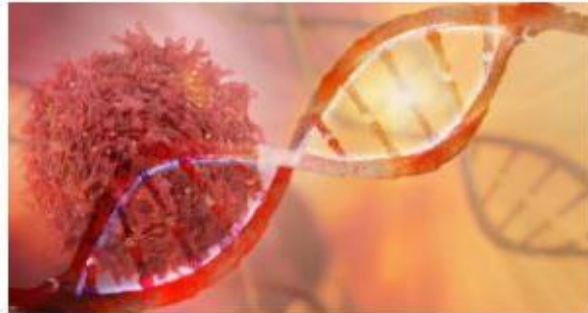
**Cancer in
Pregnancy**

**Clinical
Trials**



Cancer Keys

Tips to elicit your patient's family history of BRCA1 and BRCA2



20th October 2021

Taking a good family history allows geneticists to stage referrals appropriately.

BRCA1 and **BRCA2** gene mutations are characterised by an increased risk of breast and ovarian cancers; furthermore, the genes also carry an increased risk of prostate cancer (Morgan et al, 2016). In some populations (such as the Ashkenazi Jewish community) there is a higher incidence of **BRCA1** and 2, therefore a lower threshold for referral should be considered.

Taking a concise detailed family history is an important part of the consultation. Patients with a strong family history should be referred to a clinical geneticist for further assessment.

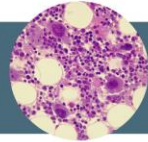
The referral letter should include all relevant information, including:

- First and second degree affected
- Age at diagnosis
- Tumour type
- Stage of the disease
- Survival rate

For more tips, access GatewayC's 'Ovarian Cancer - Early Diagnosis' course which featured Dr Emma Woodward, Consultant Clinical Geneticist, discussing the link between family history and ovarian cancer.



GatewayC



CANCER KEYS Myeloma and C.R.A.B

C.R.A.B is the acronym designed to simplify the most typical clinical manifestations of multiple myeloma. Clinicians should consider the following indicators in a potential myeloma diagnosis:

C: Calcium – hypercalcaemia

Symptoms include: excessive thirst, nausea, constipation, loss of appetite, and confusion.

R: Renal – any form of renal dysfunction

A: Anaemia (of unknown cause)

Symptoms include: exhaustion, weakness, mental fatigue, and forgetfulness.

B: Bone – unexplained and persistent bone pain (often back pain)

Symptoms include: pain, breaks/fractures, and spinal problems.

Helpful hint:

NICE NG12 guidelines advise that a very urgent protein electrophoresis and Bence-Jones protein urine test (within 48 hours) to assess for myeloma in people aged 60 and over with hypercalcaemia or leukopenia and a presentation that is consistent with possible myeloma.



MACMILLAN
CANCER SUPPORT

MyelomaUK



Health Education England
NHS

GatewayC



CANCER KEYS Migraines versus Brain Tumours

Potential pitfall: A migraine headache is typically a unilateral, frontal, throbbing headache which may be associated with photophobia or phonophobia. Although the intensity can vary, the characteristics of the headache tend not to change.

Helpful hint: The most concerning headache is a headache associated with other symptoms, for example: memory loss, speech disturbance and personality change. The NICE NG12 guideline recommends considering an urgent direct access MRI scan of the brain, (or CT scan if MRI is contraindicated) (to be performed within 2 weeks), to assess for brain or central nervous system cancer in adults with progressive, sub-acute loss of central neurological function.

The Christie
School of Oncology



MACMILLAN
CANCER SUPPORT



Health Education England
NHS

25% of lung cancers report as a false negative chest X-ray



12th August 2021

Approximately 25% of lung cancer cases can be missed due to false-negative chest X-ray results. This often leads to a delay in diagnosis and can result in a worse prognosis for the patient.

If there are still suspicions of lung cancer following a normal chest X-ray result, the patient should be referred for a CT scan or as a suspected cancer referral to rule out the possibility of lung cancer.

In GatewayC's 'Lung Cancer - Early Diagnosis' course, Dr Matthew Eytson, Consultant Chest Physician, discusses the sensitivity of chest X-rays and how reliable they are for diagnosing lung cancer.



What do I know?

- Early diagnosis saves lives
- Early diagnosis is difficult
- Disease, patient and health care factors contribute to this



What I have learnt?

- History taking is key
- Safety netting must be explicit
- Coding can be misleading



Investigations do not always give the answer

- CXR misses 25% lung cancer
- USS misses % of pancreatic cancer
- CA125 misses. % of ovarian cancer
- Serum electrophoresis misses % of myeloma (need serum free light chains as well)
- Don't forget urinalysis



Metastasis is also difficult to diagnose

- Normal liver function tests do not exclude liver mets
- Normal CXR does not exclude lung mets
- Normal USS does not exclude liver mets
- Normal CT brain does not exclude brain mets



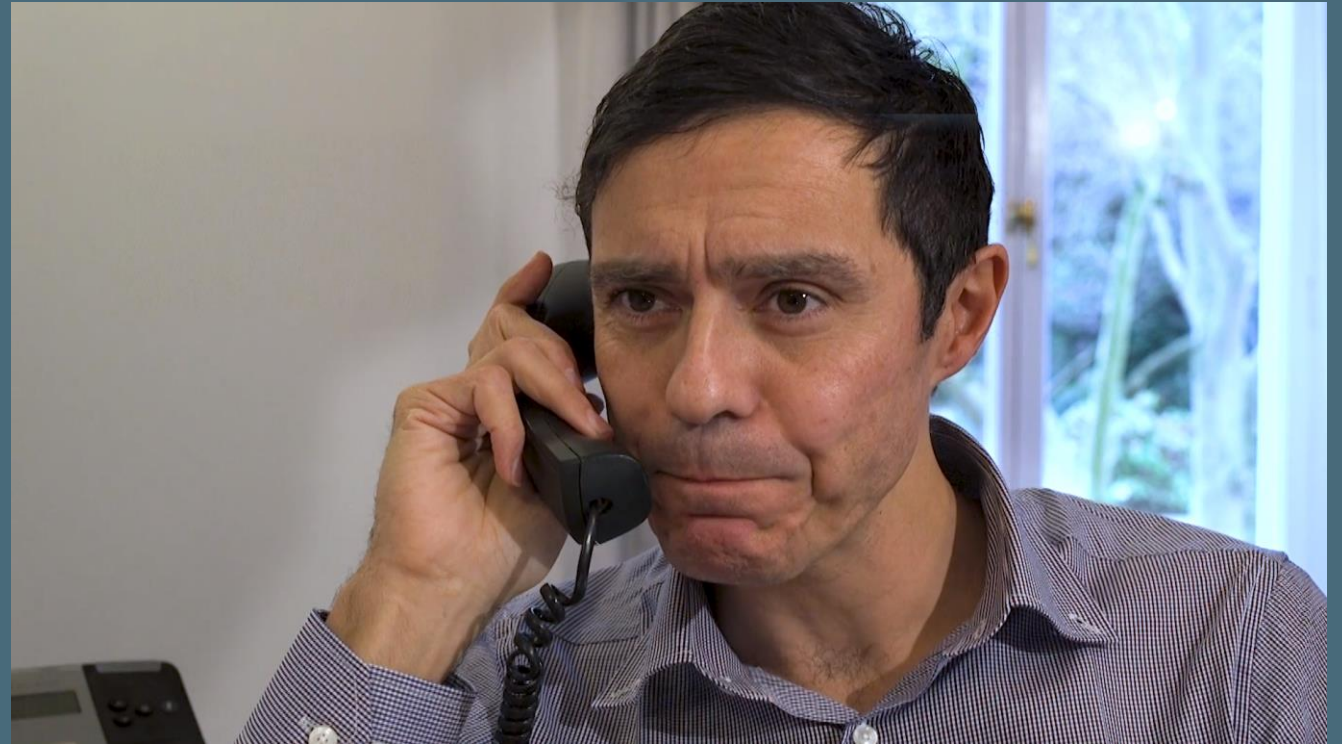
Patients don't fit stereotypes

- Non- smokers get lung cancer- if never-smoker lung cancer was considered a separate entity to smoking induced lung cancers then it would still be around the eighth to eleventh most common cause of cancer-related death in the UK.
- Young patients get bowel cancer- 6% of



Helpful questions?

- Unintentional weight loss
- Appetite loss
- Fatigue
- Family history
- Steatorrhoea/



Role of examination

- It is important to visualise the cervix in patients with abnormal bleeding
- Rectal examination is helpful in diagnosing prostate and rectal cancers
- Remember to record negatives- no abdominal masses/ no blood on glove



Warning signs

- Raised platelets- lung, endometrial, oesophageal-gastric, colo-rectal
- New onset diabetes- pancreatic
- CRAB (calcium, renal, anaemia, bone)-myeloma



Genomics

- There are 2 types of genetic mutations:
 - Somatic mutations - these are mutations which are confined to the tumour and are useful to direct treatment
 - Germline mutations - these are mutations which affect every cell in the body. This can affect treatment but can also cause a predisposition to malignancies for the patient and members of their family
- Patients may confuse these



Summary

- Ask one more question
- 3 strikes and you're in
- Give clear and specific advice

- Don't over rely on investigations

- RELY ON YOUR INTUITION



Register for GatewayC



Keep connected...

www.gatewayc.org.uk

gatewayc@christie.nhs.uk

 [@GatewayC_](https://twitter.com/GatewayC_)

