Primary Care & Lung Cancer

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What is new?
What is coming?
What is different?
Been coughing for 3 weeks? Tell your doctor.

A persistent cough could be a sign of lung cancer. Finding it early makes it more treatable.
British Journal of General Practice January 2013

– 7 papers on assessing cancer risk and primary care interventions

– 3 relating to lung cancer

– Unprecedented focus on earlier diagnosis Cancer
Major papers/editorial:

– **Understanding diagnosis of lung cancer in primary care: qualitative synthesis of significant event audit reports**

– **Reducing the time before consulting with symptoms of lung cancer: a randomised controlled trial in primary care**

– **Assessment of cancer risk in men and women**
Understanding diagnosis of lung cancer in primary care: qualitative synthesis of significant event audit reports

- Reflective approach to understanding what happened and what can be learned
- For GPs important – revalidation!
- 2 Northern PCTs
- 132 cases of lung cancer
- Structured write up and clinical discussion in practices
Understanding diagnosis of lung cancer in primary care: qualitative synthesis of significant event audit reports

- Patterns of presentation
- Delays- patient and GP
- Safety netting
- Normal CXR
- CXR showing infection and no FU suggested
- Complexity/multimorbidity
- The diagnostic process
Reducing the time before consulting with symptoms of lung cancer: a randomised controlled trial in primary care

– Innovative project from Scotland
– Identify 200 smokers/recent ex-smokers
– Randomise to usual care, or,
– Offered an educational intervention
– Nurse consultation and self help manual
– First study to look at actual consulting behaviour
Reducing the time before consulting with symptoms of lung cancer: a randomised controlled trial in primary care

- Shortened time to consultation with new Sx
- Non significant
- Small increase in cancer worry
- No increase in anxiety/depression score
- Encouraging findings – to repeat with larger sample
Clinical decision support tool

- National pilot starting next month
- In West and South, 83 practices
- Macmillan funded
- CR UK evaluating
- NCAT co-ordinating
- Algorithm sits behind clinical system
- Real time data entry
- Real time feedback
- Professors Willie Hamilton and Julia Hippisley-Cox
Clinical decision support tool

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- Qcancer and RAT

- Pilot to run for 6 months
Prompt in clinical consultation

- PPV indicates a risk of lung cancer
  - PPV is 4 for this patient.
  - 2WW referral suggested but use your clinical judgement.
  - FEV1/FVC ratio recorded on 10 Feb 2011
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Symptom Checker

[Image of a software window for Lung Cancer Assessment Tool with checkboxes for various symptoms like Smoker, Cough, Fatigue, Dyspnoea, Chest Pain, Loss of Weight, Loss of Appetite, Thrombocytosis, Abnormal Spirometry, and Heemoptysis, and a result box showing a lung cancer risk score of 1]
Audit function – identify those at highest risk in practice population
A quarter of cancer patients only diagnosed in casualty
Research raises fresh questions about the NHS's ability to spot the disease early enough

Denis Campbell, health correspondent
The Guardian, Friday 21 September 2012

Among all age groups cancers of the brain and central nervous system were the most likely to be diagnosed after a patient came to A&E (62%), followed by pancreatic cancer (50%) and lung cancer (39%) – two of the forms of cancer with the worst prospects of survival. But just 3% of skin cancers, 5% of breast cancers and 5% of cases of melanoma were diagnosed that way, which suggests that GPs and hospital doctors are much better at identifying them after symptoms occur.
Understanding Emergency Presentations

- Dr Tom Newsom-Davis
- Lung and colo-rectal
- Secondary and primary care analysis
- Patient/family questionnaire
- Aiming for 300 patients by 2014
- GP supporting project - Ishani Patel
- Interviewing GPs
- Aiming for detailed understanding of presentations
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