



Researchers ask why diagnoses of cancer are too often delayed

Patients' chances of survival after one year depend on when and why they seek treatment.

Christian Duffin investigates

A GROUP of cancer experts is trying to find out why so many cancer patients are diagnosed after visiting emergency departments (EDs) rather than through primary care referrals.

To answer the question, the London Cancer Alliance (LCA) is examining relevant patient histories, the roles of their GPs and the views of acute care clinicians. LCA's Cancer Diagnosis in the Acute Setting study, the first of its kind in the UK, focuses on patients with colorectal or lung cancer who are diagnosed as a result of attending EDs.

The study involves more than 200 patients from six London trusts and 16 sites in the east of England, for example in Cambridgeshire, Norfolk, Northamptonshire and Suffolk. LCA hopes to publish its findings this October.

Data from the National Cancer Intelligence Network (NCIN) relating to 1.3 million patients in England who were treated during 2006-2010 show that almost one quarter of cancer diagnoses were made during visits to EDs. Among patients with

lung cancer, the figure is 38%, and among those with colorectal cancer, it is 25%. It is important to examine why so many people with cancer are diagnosed only after their condition requires emergency care because they are significantly less likely to survive the next 12 months.

The effects of such delays in diagnosis are highlighted in NCIN data, which show that 49% of colorectal patients survived the 12 months following diagnosis after emergency admission, but that 81% survived after diagnosis through GP referral and 98% after screening.

Only 11% of patients with lung cancer were alive one year after diagnosis linked to emergency admission, compared with 38% who were diagnosed after GP referral.

LCA emergency diagnosis cancer project manager and nurse Cathy Hughes explains: 'We chose to look at lung cancer because there would have been symptoms, such as persistent coughing, hoarseness or coughing up blood, that could have been picked up. For colorectal cancer, the NHS has screening so we need to look at why this is not working. We are hoping to look at whether patients' ages, level of social deprivation or whether they live alone are significant factors. And there may be differences between patients living in rural areas and those in London.'

As well as leading to better survival rates, early diagnosis may also cut NHS costs by reducing the number of emergency admissions, she adds. 'This study examines all aspects of the diagnostic journey and consider improvements in practice. Addressing each factor and identifying opportunities to diagnose cancer earlier are crucial for improving outcomes.'

Signs and symptoms

LCA researchers are collecting data, such as date of admission, tumour characteristics and clinicians' perspectives of patient pathways to diagnosis, from secondary care services. The researchers are also studying information from primary care services, such as date of consultation with a GP and signs and symptoms. Research nurses are interviewing patients about the nature and duration of signs and symptoms, those that prompted them to attend EDs, and whether they had experienced any barriers to accessing primary care services.

According to Dr Hughes, some anxious GPs tell patients to go straight to EDs because they think that the usual two-week wait to see consultants on a standard GP cancer-referral pathway is too long. In some cases, however, these GPs are being overly cautious because emergency help is unnecessary.

LCA primary-care data collection lead and research nurse Jo Simmons says: 'One GP commented that it was difficult to make an early diagnosis if a patient ignores medical advice,' she says. 'Another said that the number of lung cancer diagnoses following A&E visits would be fewer if long-term smokers were offered chest X-rays, even when they have no worrying symptoms.'

Faculty of Emergency Nursing president Phil Downing says of patients who visit EDs with undiagnosed cancer: 'With lung cancer, people have shortness of breath and coughing, but they may not think their symptoms are bad enough for them to make appointments. But primary care nurses tell me that some patients present at EDs because they cannot get access to their GPs or it takes too long to book appointments.'

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