Managing patients with non-specific signs or symptoms of cancer

Information for GPs in England and Wales
A practical guide to managing patients with non-specific vague symptoms

Translating the myriad of cancer guidelines into practice can be challenging, but there are some key considerations that may be useful.

Refer at a low risk threshold
NG12 now recommend urgently referring patients at a 3% or more positive predictive value (PPV) threshold, reduced from 5% previously. An even lower threshold is recommended for children and young people and for primary care tests.

Use primary care investigations where available
Primary care investigations such as chest X-rays and blood tests are usually easily accessible and can help speed up cancer diagnosis. If you’re unsure of what’s available to you, contact your CCG or Health Board.

Use tools to make following the guidelines easier
There are several educational materials to support with decision making and navigation of the guidelines, find your preferred support tool below:

- Arrange free tailored support and training for your GP surgery with a Cancer Research UK Facilitator visit [bit.ly/NHSEnglandRDCs](bit.ly/NHSEnglandRDCs)
- Download NG12 referral guideline summaries including desk easels and posters at [cruk.org/NICESummary](cruk.org/NICESummary)
- Take the GatewayC module on improving the quality of referral (England only)
- Electronic cancer decision support tools, such as QCancer® and Risk Assessment Tools, are often integrated into GP software and may aid with decision-making [cr.uk.org/decisionsupporttool](cr.uk.org/decisionsupporttool)
- Cancer Maps is an interactive online tool based on the NG12, designed to be used during consultations [bit.ly/CancerMapsNG12](bit.ly/CancerMapsNG12)

Safety netting for our patients with suspected cancer is crucial, especially those receiving investigations in primary care where multiple tests and diagnostics will be taking place without the oversight of secondary care tracking for an urgent referral. Documentation is also an important part of safety-netting, and all advice should be recorded in your notes. GPs can use customised leaflets for patients so they receive written advice, but this should not replace verbal communication.

Dr Debbie Harvey, CRUK GP, Cheshire and Merseyside Cancer Alliance

Guidelines can vary locally so it’s also important to be aware of specific local guidance.

NG12 aims to give GPs more flexibility to manage and refer patients

- Low risk threshold for referral
- Presented by cancer site and symptoms
- Specific safety-netting recommendations
- Direct to test where available
- Allows for adaptations to local pathways
- Encourages use of clinical acumen

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Rapid Diagnostic Centres (RDC)
Some GPs in England and South Wales will be able to send patients presenting with non-specific symptoms to an RDC. RDCs will provide alternative routes for these patients when GP’s are unsure which site-specific route would be appropriate. Visit NHS England [bit.ly/NHSEnglandRDCs](bit.ly/NHSEnglandRDCs) or Wales Cancer Network [bit.ly/WCN-RDC](bit.ly/WCN-RDC) for more information.

How can NG12 support your urgent referral decisions?

Use of NICE NG12 cancer referral guidelines is recommended to aid assessment of signs and symptoms presenting to primary care and can help guide cancer referral decisions. It includes information on a whole range of symptoms linked to cancer, from well known ‘red flags’ to the vague and non-specific. The referral threshold for specialist advice has been set at 3% to help support the earlier diagnosis of cancer and the threshold for tests and in children and young people is even lower.

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NG12 can help clinicians identify which patients are most likely to have cancer and therefore require further investigation, but also indicate when patients are less likely to have cancer and where safety-netting remains important. Recommendations are not in place to override clinical judgement, which should remain an important factor in deciding when to urgently refer a patient.

Dr Anne-Marie Eliades, Wellspring Medical Centre, Newport
Tony is 72 years old and presents to his GP with appetite loss. He has diabetes and arthritis in his hands, which often makes it difficult for him to sleep and eat. Tony is a non-smoker and has had no exposure to asbestos.

The GP enquires if there are any additional symptoms, to understand if the appetite loss is related to Tony’s difficulty sleeping or not.

• If chest pain, cough, fatigue, shortness of breath or weight loss is present then NG12 recommends offering an urgent chest X-ray

There are no additional symptoms, but the GP decides to request several blood tests for additional reassurance that nothing serious is going on.

Which blood tests would you order?

• Several tests could be done at this stage given the non-specificity of Tony’s presentation, but the GP includes: FBC, haematinics, U&E, LFT, TFT, HBA1C, bone profile & ESR

The GP asks Tony to book another appointment in five day’s time, when his blood test results are due back. Tony returns in five days and says he is becoming increasingly tired. The blood tests show iron deficiency anaemia, but everything else is normal.

What would you do next?

Ask Tony to return for another anaemia blood test in a week’s time?

Refer on to an urgent suspected colorectal cancer pathway?

Complete a Faecal Immunochemical Test (FIT) and wait for the result to determine whether to make a colorectal urgent referral?

Having discussed the options with Tony, the GP refers him to the urgent referral pathway for suspected colorectal cancer without doing a FIT, as this is the NG12 recommendation for people over 60 with iron-deficient anaemia.²

Diagnosis: Colorectal cancer

Diagnosis:
Colorectal cancer

1 National Cancer Registration and Analysis Service (NCRAS). Routes to Diagnosis (2016).
2 Suspected cancer: recognition and referral: NICE guideline [NG12]. NICE.org/NG12
3 CRUK. Training by Facilitators. Available at: cruk.org.uk/facilitators
4 GatewayC. Courses. Available at: www.gatewayc.org.uk/courses
5 QCancer. 2013. Available at: qncancer.org
6 GatewayC Cancer Maps. Available at: www.gatewayc.org.uk/gwc-cancer-map

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