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For health professionals

GP Insight  
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CANCER  
RESEARCH  
UK

Together we will beat cancer

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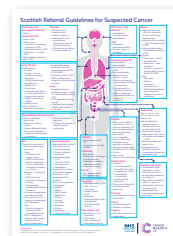


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# Managing patients with non-specific signs or symptoms of cancer

Information for GPs and the wider primary care team in Scotland

Inside: poster summarising guidelines for suspected cancer by organ system





Most patients diagnosed with cancer (63%) first present to the GP surgery with cancer symptoms prior to diagnosis<sup>1</sup>, therefore GPs play a fundamental role in diagnosing cancer promptly.

# How can SRG support your cancer referral decisions?

Use of Scottish Referral Guidelines for Suspected Cancer (SRG) is recommended to help 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 SRG were updated in January 2019 and principle updates included<sup>2</sup>:

- Recognising the importance of the wider primary care team
- Prompts for patient-centred, informed decision making during a consultation, e.g. what are the benefits/risks/side effects/alternative options?
- Safety netting to help appropriately manage patients



The SRG update reflects the change in evidence, aiming to ensure that GPs and the wider primary care team can better identify patients most likely to have cancer and therefore requiring further investigation. SRG also aim to help identify patients less likely to have cancer while embedding effective safety netting. The referral guidelines remain evidence-based and user-friendly, organised by cancer site.



Dr Jennifer Dow, McGlone Practice, Glasgow

## Eight cancer pathways updated in the SRG<sup>3</sup>:



Lung



Brain & CNS



Breast



Head & neck



Lower GI



Urological



Upper GI



Children, teenage and young people

# A practical guide to managing patients with non-site specific symptoms

Translating the myriad of cancer guidelines into practice can be challenging, especially when patients present with vague and non-site specific symptoms, such as weight loss and fatigue. The task for clinicians is to differentiate between those whose symptoms may be due to cancer and those that arise from other causes.

Using the referral guidelines along with some key principles outlined below can support timely recognition and referral of suspected cancer.



## Be aware of changes in the new 2019 guidance<sup>3</sup>

For example, key SRG changes around lung cancer include:

- **Thrombocytosis** as a risk marker. Follow up with a chest X-ray if there are no clues to other cancers
- Age range now **>40 years for haemoptysis** in people who smoke [was >50]
- For **fatigue** in people who smoke >40 years, **appetite loss**, and persistent or recurrent **chest infection**, make an urgent suspicion of cancer referral for chest X-ray
- **Check renal** function if not done in the past 3 months (for patients referred for contrast CT)

Download the full **SRG summary of key changes** here [bit.ly/SRGchanges](http://bit.ly/SRGchanges)



## Access tests directly where available

Primary care investigations can be used to guide the best course of action to take with a patient.

- Direct access to imaging in primary care may include

CT scanning for patients with suspected cancer with no obvious primary site. Each Health Board should have a pathway for imaging or, if not, urgent referral for investigation for these patients

- A FBC could reveal thrombocytosis, which can be a risk marker for cancer. Thrombocytosis is associated with **Lung**, **Endometrium**, **Gastric**, **Oesophageal** and **Colorectal (LEGO-C)** cancers. In patients who have a raised platelet count with no explanation, clinicians should assess for symptoms and risks of malignancy<sup>3</sup>. A FBC can also reveal anaemia that might warrant further investigation

Pathways and availability of tests can vary locally so it's also important to be aware of your specific Health Board guidance. If you're unsure what's available to you, contact your local LMC or GP representative.



## Practise robust safety netting

Consider monitoring patients you don't refer until symptoms are explained or resolved. Patients should be encouraged to book a

follow-up appointment if their symptoms persist or new symptoms develop.

- Ensure that you have a system in place to follow-up on test results, such as qFiT, and to check patients attend appointments
- See our Safety Netting Cancer Insight for more information [bit.ly/CRUKsafetynettingCI](http://bit.ly/CRUKsafetynettingCI)



Safety netting is vital in all consultations and should include specific advice, re-enforced in writing wherever possible, on conditions and interval for further review. This also applies to patients where initial investigations are negative. Effective safety netting requires shared responsibilities and management planning between clinicians and patients.



Dr Douglas Rigg, Clinical Lead West of Scotland Primary Care Cancer Network



## Remember to act on clinical suspicion

Guidance aims to support decision making but should not override a GP's clinical judgement.

# Use tools to make following the guidelines easier



There are several materials to support with decision making and navigation of the guidelines. Find your preferred support tool below:



**Use of Risk Assessment Tools**, such as Qcancer or RATs that are incorporated into Vision software, **and structured documentation for referral**, such as local referral support and SCI Gateway referral proformas, may aid decision-making.



**Establish good communication and support from secondary care colleagues.**

Most clinicians are happy to work together to achieve earlier diagnosis and improve patient outcomes. Health Boards differ in approach including, use of SCI Gateway for referrals, central e-mail contacts for certain services and Consultant Connect telephone

Arrange **free tailored support and training** for your GP surgery with a Cancer Research UK Facilitator [cruk.org.uk/](http://cruk.org.uk/) Facilitators<sup>4</sup>

appointments for consultant advice. If you're unsure what's available to you, contact your local LMC or GP representative.



Provide patients with take home information at the point of referral. Download CRUK's Your Urgent Referral Explained leaflet here: [cruk.org/urgentreferralscot](http://cruk.org/urgentreferralscot)



The SRG Steering group produced a quick reference guide and app to support GP awareness and implementation of the 2019 recommendations: [bit.ly/SRGrefguide](http://bit.ly/SRGrefguide)

1 National Cancer Diagnosis Audit. Scotland 2014

2 NHS Scotland. Practising Realistic Medicine. Accessed: [www.gov.scot/publications/summary-practising-realistic-medicine](http://www.gov.scot/publications/summary-practising-realistic-medicine)

3 NHS Scotland. Scottish Referral Guidelines for Suspected Cancer: [cancerreferral.scot.nhs.uk](http://cancerreferral.scot.nhs.uk)

4 CRUK. Training by Facilitators. Available at: [cruk.org.uk/Facilitators](http://cruk.org.uk/Facilitators)

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Our newsletters provide best practice information on important cancer-related topics, as well as the latest evidence, training materials, practical tools and patient resources: [cruk.org/cancerinsightGP](http://cruk.org/cancerinsightGP)





# Scottish Referral Guidelines for Suspected Cancer

