Emergency Cancer Presentations
Primary Care Top Ten Tips

Wessex Strategic Clinical Networks and Clinical Senate

In Wessex 18% (17-27 %) of all cancer diagnoses are made following an emergency presentation. One year survival in this group is generally poor. Both nationally as in our region around 80% of these patients are over 60 years old. Symptoms most commonly recorded after self-referral to A&E are abdominal pain, shortness of breath and weight loss. The Wessex top four cancer sites for 2006-2013 ranked by number of patients and % of cases diagnosed via emergency route are 1. Prostate 17,094 (10%) 2. Colorectal 15,431 (24%) 3. Lung - 13,248 (37%) and 4. Pancreas 3,332 (47%).

1 Do you tell?

A significant number of patients fail to comply with investigations or DNA the 2WW appointment because they do not know they are being investigated for a possible cancer. Do you tell?

2 Safety net system

'Patient awaiting investigation' is a read code that can be used to ensure appropriate follow-up of cancer investigations. Regular e.g. fortnightly recall of this code by an administrator to check patient compliance can reduce loss to follow-up.

3 When to come back?

Some investigations are falsely negative. Trust your clinical judgement and ask a hospital colleague if in doubt. If all is well for now, ensure the patient knows ***when*** and for ***which symptoms*** they need to come back.

4 Measuring weight

A great number of patients have their (annual) weight routinely measured by nurses or HCAs. Looking at the graph of weight over time rather than looking at a single measurement allows identification of unintentional weight loss and the need for further investigation each time weight is recorded.

5 Urine dipstick: haematuria

A recent Wessex audit listed prostate -, kidney - and bladder cancer in the list of 9 most common cancers. Does your practice's routine urine dipstick pick up haematuria? Is there an agreed practice approach to positive test results to accommodate for early cancer diagnosis?

6 Prostate cancer

Prostate cancer is linked to the largest number of patients presenting as an emergency. Remember DRE and PSA for every man with (increasing) LUTS and 2WW referral if PSA is above age-specific range unless valid reason to repeat 6 weeks later (e.g. UTI, catheterisation).

7 COPD and lung cancer

Recognising lung cancer amidst COPD exacerbations can be difficult – routinely ask for chest pain, haemoptysis, weight loss, appetite loss and asbestos exposure at time of recurrent or persistent chest infection. Look for finger clubbing, lung cancer compatible chest signs, chest lymphadenopathy and thrombocytosis. Do a CXR if present. Remember a normal CXR does not exclude cancer, so refer if cancer suspicion remains present.

8 Bowel cancer screening (BCS)

People aged over 74 or 60 -74 who have not responded can request a screening kit by contacting the bowel cancer screening helpline on 0800 707 6060.

Polypectomy as part of BCS can prevent colon cancer from developing. 76% Of all cancers detected via BCS have stage Dukes A or B with a 93% and 77% 5 year survival rate. BCS saves lives; promote its participation.

9 Abdominal pain and cancer

In our pilot 31% of patients self-presenting at A&E had abdominal pain, yet investigating abdominal pain is not always straightforward. A schematic approach to abdominal symptoms and referral routes as per NICE guidance is linked below.

10 New onset diabetes

Pancreas cancer can present itself as diabetes. Consider routinely checking for other symptoms suggestive of pancreas cancer such diarrhoea, back pain, abdominal pain, nausea/vomiting, constipation or weight loss of every new patient at your diabetic clinic.

2015 NICE guidance interactive, symptom-based clinical decision tools available via links below:

- Cancer Research UK interactive desk easel
- Macmillan Rapid Referral guidelines interactive PDF

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