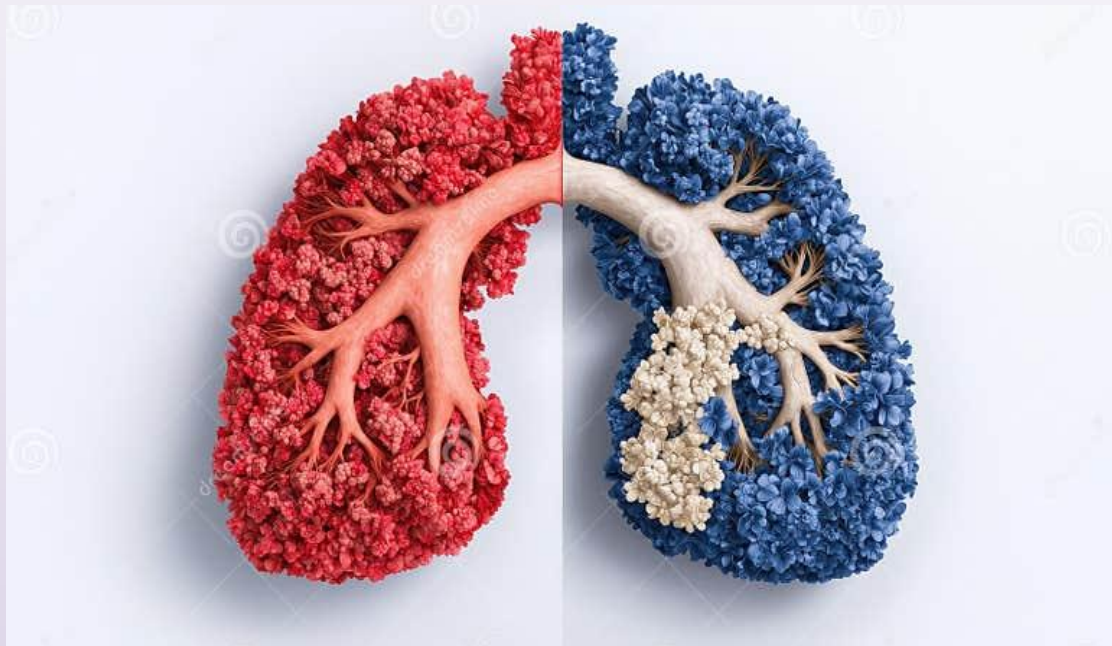




COPD & Lung Cancer



Maria Eurton

Respiratory Nurse Specialist

Asthma + Lung UK Respiratory
Champion for H10W ICB

ARNS Diagnostics Lead

Sarah Denton

Respiratory Nurse Specialist

COPD Nurse Educator

Integrated COPD Team

This session is being recorded. Please mute mics and turn off cameras

Background

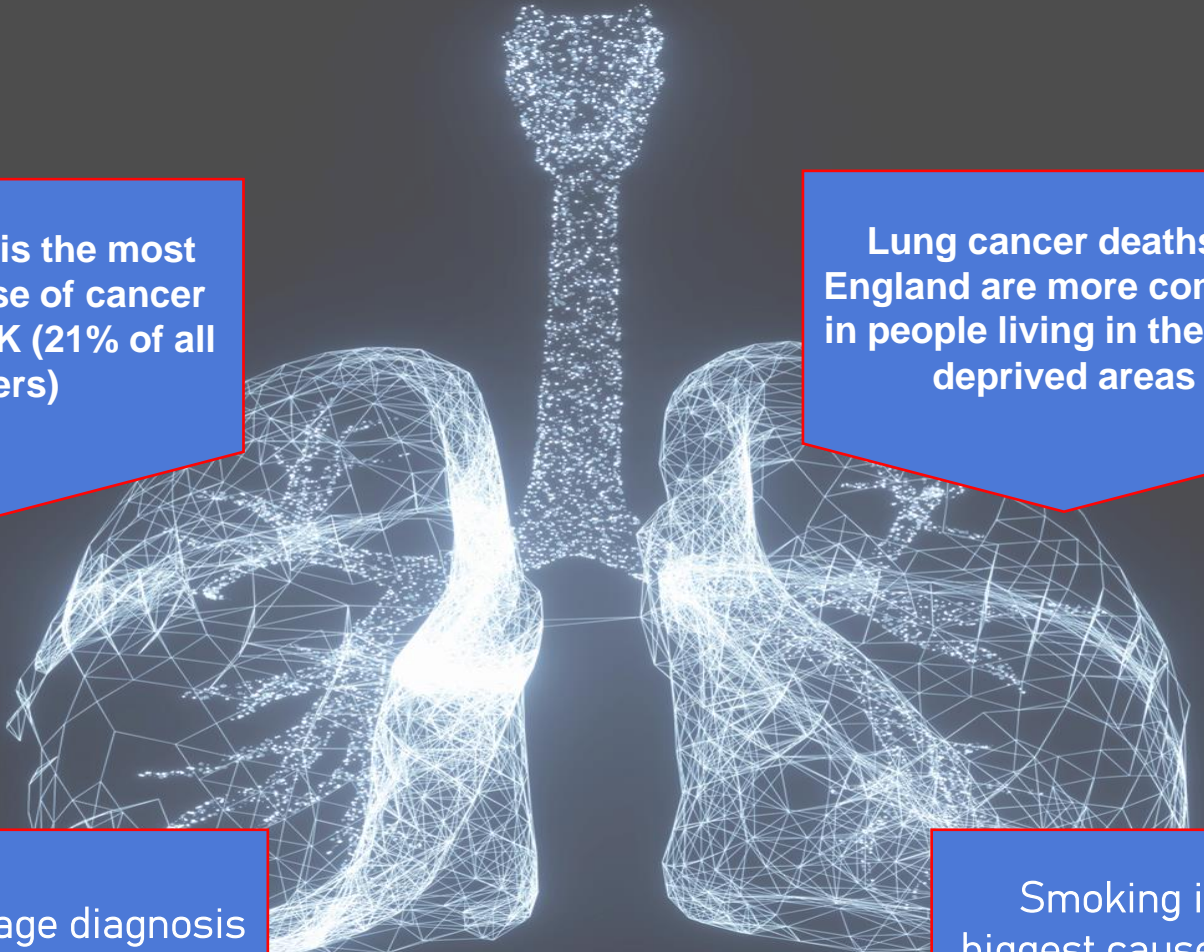
Lung Cancer:

- Lung cancer is the **third most common cancer in the UK** with significantly fewer Lung cancers being diagnosed at stage 1&2 in England
- 49,229 new cases of lung cancer, 2017-2019, UK
- 34,771 deaths from lung cancer, 2017-2019, UK
- **10% survive lung cancer for 10 or more years**, 2013-2017, England
- The burden of disease is higher in areas of **lower socioeconomic status**

COPD:

- 1.2 million people are diagnosed with COPD in the UK every year. There are around 21,000 COPD-related deaths in England per year making **COPD the 5th leading cause of death in the UK** with a mortality rate (in adults over 65 years of age) that is one of the highest in Europe.
- 195,957 instances of hospital care received following a COPD-related admission (and more than 1 million hospital bed days) reported between 2021 and 2022 in England alone with around 40% being readmitted or dying within 90 days of hospital discharge. This accounts for 1 in 8 UK hospital admissions.
- The burden of disease is higher in areas of **lower socioeconomic status**

Why focus on lung cancer?



Lung cancer is the most common cause of cancer death in the UK (21% of all cancers)

Lung cancer deaths in England are more common in people living in the most deprived areas

1/4 Early-stage diagnosis (2020)

Smoking is the biggest cause of lung cancer (~70-80%)

Risk factors



Risk factors for Lung cancer	Risk factors for COPD
Tobacco smoking	Tobacco smoking
Occupational exposures	Occupational exposures
Air pollution	Air pollution
Previous lung disease	Genetics
Exposure to radon gas (risk increases if smoking also)	Lung development
Family history of lung Cancer	

Symptom Overlap

Lung Ca Symptoms	COPD symptoms
A cough that does not go away after 3 weeks and gets worse	A persistent chesty cough with phlegm that does not go away
Recurrent chest infection	Frequent chest infections
Haemoptysis	Haemoptysis (less common)
Persistent chest or shoulder pain	Chest pains (less common)
Persistent breathlessness	Shortness of breath
Persistent tiredness or lack of energy	Persistent tiredness or lack of energy
Loss of appetite or unexplained weight loss	Loss of appetite or unexplained weight loss
Wheezing	Persistent wheezing
Swelling of face and neck	Ankle oedema (less common, due to PH or RHF)
Difficulty/pain on swallowing	
Hoarse voice	
Finger clubbing	



Lung Cancer Demographics, Risks, Diagnosis and Symptoms

Total Patients

1047



ICB

All

Region

All

Early or Late

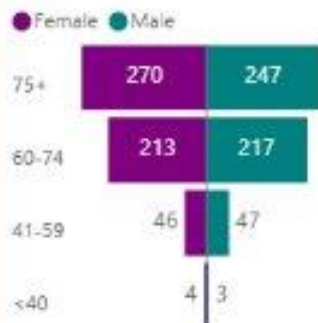
All

Demographics

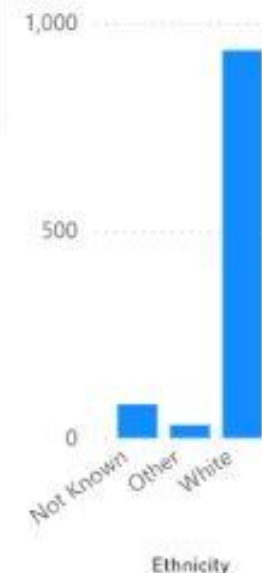
Mean Age Band

60-74

Age and Sex



Ethnicity



Risk Factors

% with Occupational Exposure

9.65%

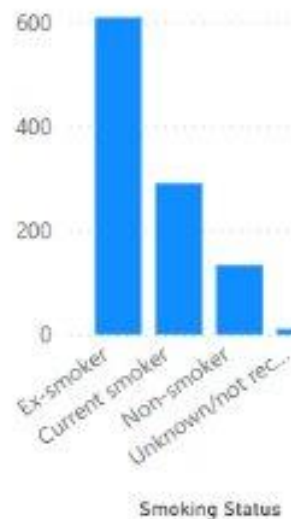
% of Patients with COPD

37.39%

% with Family History of Lung Cancer

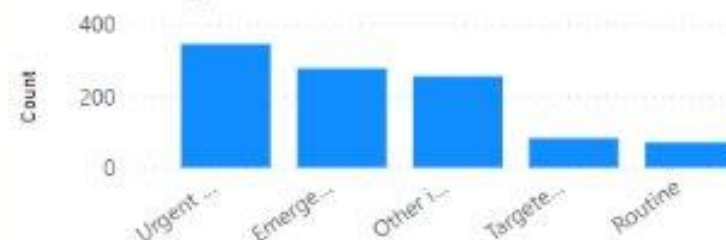
4.65%

Smoking Status



Diagnoses

Route to Diagnosis



Stage of Diagnosis



Symptom Presentation

% with Shortness of Breath

47.73%

% with New or Worsening Cough

44.53%

Other Symptoms %

30.75%

% with Weight Loss

24.66%

% that are Tired all the Time

19.40%

% with Persistant Chest/Shoulder Pain

19.18%

% with Haemoptysis

9.22%

% with no Symptoms

18.15%

Red Flags / Who to be concerned about

- 1. **Persistent** cough: A chronic cough that doesn't go away or worsens over time.
- 2. Coughing up **blood** or rust-coloured sputum.
- 3. **Chest pain**: Persistent or worsening pain in the chest, shoulders, or back.
- 4. Shortness of breath/**increased** breathlessness.
- 5. **Hoarseness** or changes in voice.
- 6. **Chronic respiratory infections**: Frequent bouts of bronchitis or pneumonia.
- 7. **Fatigue** or **unexplained** weight loss.
- 8. Wheezing or a noisy breathing sound.
- 9. Difficulty swallowing or pain while swallowing.

Physical examination additional signs:

- Finger clubbing (Schamroth's window/diamond gap test)
- Decreased breath sounds on auscultation
- Swelling in face, neck or arms
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy.



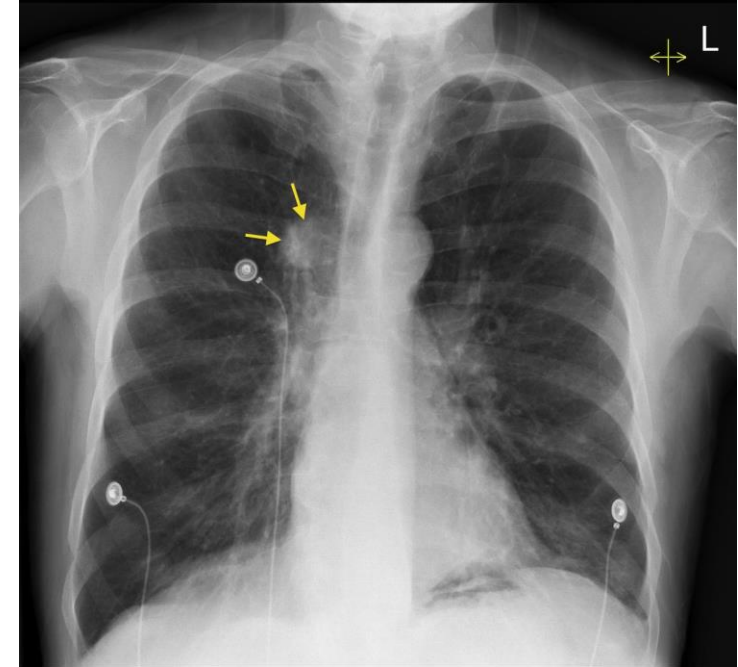
— Taking a good history is key

- Exposure to risk factors
- Past medical history
- Family history
- Pattern of symptom development:
- A history of exacerbations or previous hospitalisations for respiratory disorders.
- Presence of comorbidities
- Impact of disease on patient's life.
- Social and family support available to the patient.

Chest x-ray or referral?

Suspected cancer pathway **referral** (2 week wait):

- **Abnormal** chest x-ray findings
- >40 years old with **unexplained haemoptysis**
- **Finger clubbing**
- **Thrombocytosis (elevated platelet count)**



Chest x-ray or referral?

Urgent chest x-ray (within 2 weeks) for 2 or more symptoms, or a smoking history with 1 of below:

- Persistent cough/change in nature
- Fatigue
- Worsened shortness of breath
- ⑩ Chest pain (note: rule out cardiac causes)
- ⑩ Weight loss
- ⑩ Appetite loss



Urgent chest x-ray (within 2 weeks) for **any** of below:

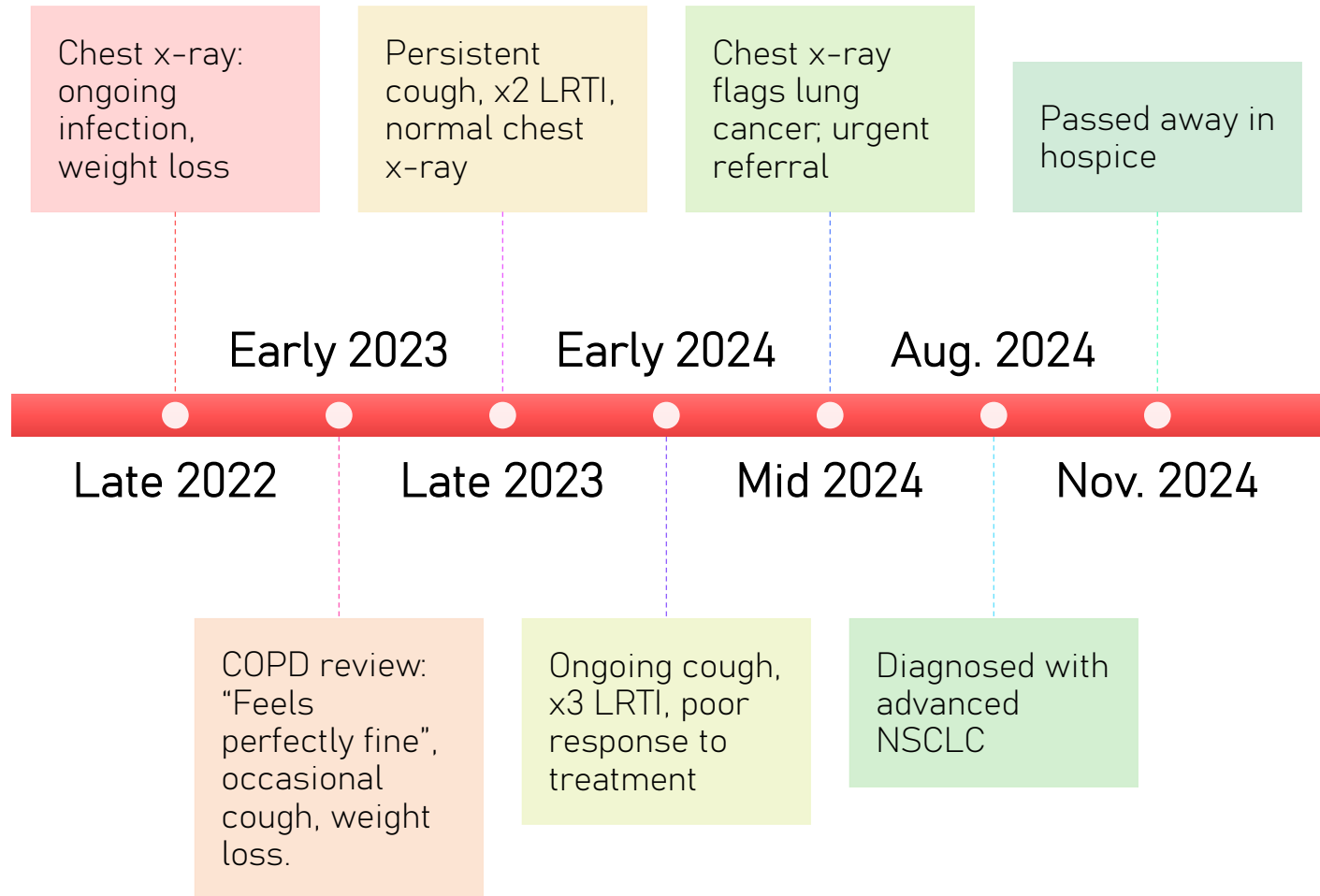
- ⑩ Persistent / **recurrent** chest infection or **poor response to antibiotics**
- ⑩ Finger clubbing
- ⑩ Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy

— Case study - Anne

- 64-year-old female with COPD.
- Tobacco smoker 10-15 a day; 30 pack year history.
- Initial presentation 2022: Cough, haemoptysis – treated for lower respiratory tract infection



Case Study





Case Study Learning Points

- COPD and lung cancer symptoms can often **overlap**
- Recognise **red flags**: weight loss, frequent or persistent chest infections, poor response to antibiotics, smoking
- Chest x-rays can be falsely reassuring
- Importance of post exacerbation reviews
- Refer if **clinical suspicion persists** despite normal CXR

Normal chest x-ray?

- Although most large lung cancers can be seen on a chest x-ray, **23% of results come back negative**¹
- If there is **clinical suspicion despite a normal chest x-ray**, refer via suspected cancer pathway

¹ <https://www.royalmarsden.nhs.uk/information-gps/gp-resources/gp-update/best-practice-diagnosing-lung-cancer>

Local incentive scheme

Objective: Increased recognition of signs and symptoms of lung cancer in COPD reviews


- **All COPD nurses** (or those completing COPD reviews) **in PCN to attend training session** on red flags in COPD reviews
- Use of appropriate Ardens template for reviews and complete section of this template on **red flag symptoms for lung cancer for all COPD reviews**, and add appropriate **code** for monitoring purposes
- Raise awareness of red flags cancer symptoms to patients during review (and discuss engaging with lung cancer screening if appropriate)
- Practice/PCN to ensure there is a **clear escalation protocol** for patients with concerning symptoms, suggestive of cancer

Monitoring/coding

- Ensure you are **coding accurately** using the below code:

"Discussion about clinical red flag warning sign"

- This code will be used in searches and for monitoring adherence with the LIS
- Link with your cancer champions

Discussion about clinical red flag warning sign	(procedure)
	Concept ID: 713056003 Description ID: 3287829012
Synonyms 	Description ID
This code has no synonyms	

Review Opportunities

Annual Reviews

Exacerbation
Review

Post
Exacerbation
Review (e.g.
SCOPES)

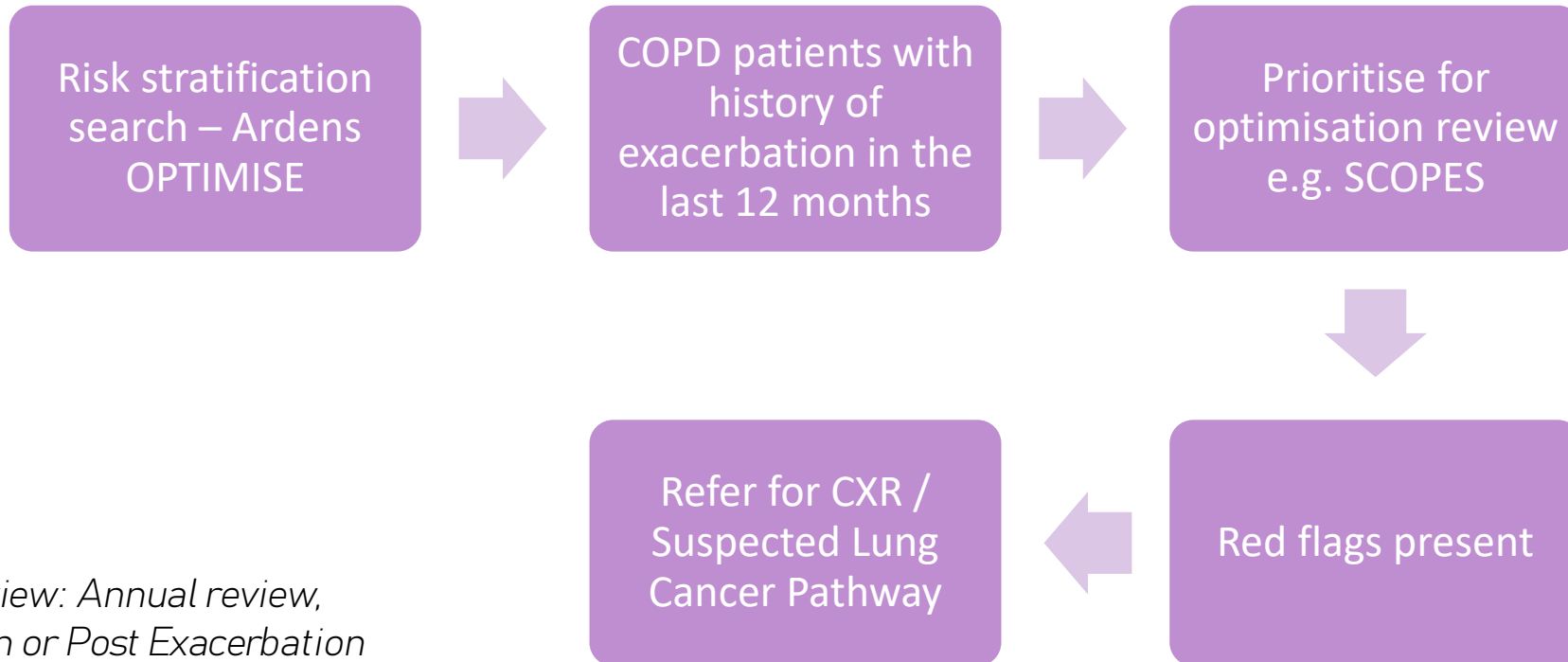
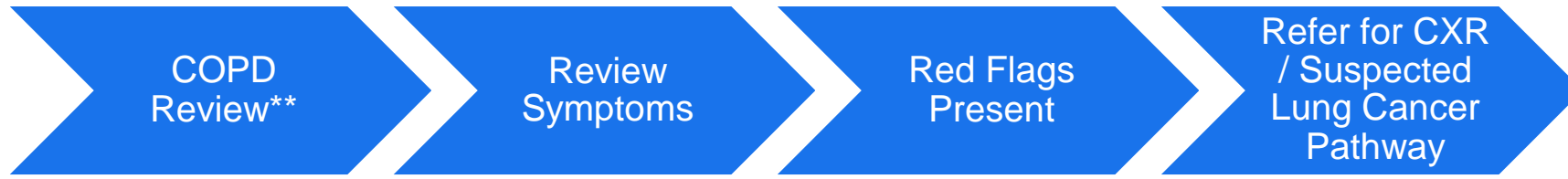
Risk
stratification
searches

Anytime the
patient presents
with red flag
symptoms**



**Discuss with senior
colleagues if concerned
or unsure

COPD Review Pathway



***COPD Review: Annual review, Exacerbation or Post Exacerbation Reviews*

Escalation Pathway

- What is your escalation pathway?
- If you have concerns, who can you escalate to? Duty doctor? ANP? Usual GP?
- If lung cancer is suspected, **do not wait – prioritise escalating your concerns**
- Chest x-ray requests – consider completing IRMER training
- Can you complete suspected lung cancer referrals yourself?



Ardens COPD Template – EMIS Web/Optum

Chronic Obstructive Pulmonary Disease Review - COPD (v19.1) (Ardens)

Pages <<

National Contracts (QOF/IIF)

Review - Symptoms/Meds

Review - Exam/Investigations

Review - Other

Management

Referrals

COPD Exacerbation

Vaccinations

Review Completion and Recall

Resources & Patient Messaging

Template Info/Learning Points

Review of symptom control/ red flags

Dyspnoea scale grade and a record of the number of exacerbations needed for QOF.

*COPD exacerbations in past year /year

MRC dyspnoea scale

*MRC Dyspnoea scale

Review of symptoms/patient perspective

Cough

Condition improved / stable / worsened?

Discussion about clinical red flag warning sign *Text*

Red flag symptoms

Emergency presentations

Number of hospital admissions due to COPD in past year

Risk factors for COPD reviewed *Text*

Ardens COPD template - SystemOne

COPD

Home | Diagnosis | **Review** | Exacerbation | Follow-Up | Referral | Online | Notes | Resources

COPD Review

ardens
[help & feedback](#)

Diagnosis COPD confirmed [Criteria](#) n.b. "Disorder Confirmed Xa1pg" used
Other causes of SOB considered [Breathlessness](#) Nijmegen Hyperventilation ...

Review

- ★ Review [Team](#)
- ★ Initial discharge review [Emergency Admissions & ...](#)
- ★ Smoking [Smoking](#)
- ★ ★ MRC [MRC & mMRC Grade](#)
- ★ COPD Assessment Test [CAT Test](#) [Questionnaires](#)
- ★ Oxygen sats [Vitals](#) [Pulse Oximeter Load](#)
- ★ ★ Number of COPD hospital admissions in past year [Click here to see admissions >](#)
- ★ ★ Number of COPD exacerbations in past year [Click here to see exacerbations >](#)
- FEV1 [Spirometry](#) [DOSE Score](#)
- Cough [Lung Cancer Screening](#)
- Cough timing [Heart Failure Screening](#)
- Nocturnal dyspnoea [Depression Screening](#)
- Peripheral oedema [Frailty](#)

Impression ★ Stage [Group](#) [GOLD Stage & Grade](#)

Management

- ★ Medication review [COPD Formulary](#)
- ★ Inhaler technique [Inhaler Technique](#)
- ★ Rescue meds [Corticosteroid Monitoring](#)
- ★ Pulmonary rehab [Pulmonary Rehab Referral](#)
- Oxygen therapy [Home Oxygen](#)
- ★ Care plan [COPD Care Plan](#) BLF
- ★ Social prescribing [Communications](#)
- ★ Influenza immunisation advised [Influenza Imms](#) [LTC Wellbeing Review](#)

Show recordings from other templates
 Show empty recordings

Information Print Suspend **Ok** Cancel Show Incomplete Fields

Practical Tips for Reviews

- Be alert to symptoms if they are new or worsening – compare with the patient's baseline
- How many chest infections has the patient had in the last 12 months?
- When was the last chest x-ray?
- Are clothes fitting any looser? Weigh the patient
- Assess smoking status
- Is the patient eligible for a lung cancer screening programme? (asymptomatic patients only)
- **Do not ignore red flags**

SCOPES Tool

SCOPES Tool | Summary

SCOPES Tool - COPD

This tool has been developed as part of the work of the South East Act on COPD regional forum.

To be used 2-4 weeks after exacerbation of COPD. Please ensure patient has a confirmed diagnosis of COPD before using this tool.

*At risk of COPD exacerbation
 ★ COPD annual review

S - Smoking Cessation
 Smoking Smoking [Local guidance](#)
 Cessation advice [Smoking cessation referral](#)

C - Comorbidities & Vaccinations
 CVD Risk QRISK2/3 [NICE](#)
 H/O: CVD
 Depression Screening PHQ-2 and PHQ-9 GAD Scale

O - Optimise
 Inhaler Technique [Inhaler technique](#)
 Inhaler Complia...
 Uses a spacer
 Medication
 Influenza vaccine advised
 Pneumococcal vaccination status checked
 Under care of respiratory physician *Consider referral if >2 exacerbations a year despite smoking cessation, pulmonary rehabilitation and triple therapy*
 Referral to respiratory physician

P - Pulmonary Rehabilitation
★ MRC MRC & mMRC Grade *Score ≥ 3 , refer for pulm rehab*
 Pulmonary Rehab Pulmonary Rehab Re...

E - Exacerbations & Eosinophils
★ Number of COPD exacerbations in past year Eosinophils ...
 Number of COPD hospital admissions in past year *Higher risk ≥ 2 exacerbations in 12m OR >3 rescue packs in 12m*

S - Self Management
 Dietary advice
 Exercise advice
 COPD self-management plan review
 COPD Rescue Pack *Do not routinely add to repeat prescription*

Post exacerbation review - SCOPES

- Version 2 (expected by July/Aug 2025) to include “discussion about clinical red flag warning sign”
- EMIS Web version live in next 2 months

Acute Exacerbation Review

- Find out about the character of their symptoms, what is normal for them?
- Do not rule out lung cancer red flags - CXR and/or 2WW referral if present (as mentioned earlier)/discuss with duty doctor team
- Consider other causes of symptoms
- If requiring antibiotics: **If there is no improvement in symptoms on the first choice ABX taken for at least 2 to 3 days, guided by susceptibility and where admission is not indicated:**
 - Send a sputum sample for culture and susceptibility testing.
 - Offer an alternative first-choice antibiotic from a different class (guided by susceptibilities when available).
 - Only change the antibiotic according to susceptibility results if bacteria are resistant and symptoms are not improving.
- **Use local escalation protocol/ seek specialist advice if:**
 - Symptoms are not improving with repeated courses of antibiotics *or*
 - Bacteria resistant to oral antibiotics are identified *or*
 - The person cannot take oral medication.
 - What is your local escalation protocol? Ensure that you are familiar with this.**

Advice for patients & safety netting

- During review, take the opportunity to **educate** your patients about red flag symptoms to look out for, or a change or worsening of their symptoms.
- Be specific with your safety netting advice
- Provide timeframes
- Scheduling follow up appointment vs PIFU
- If you have written resources or are able to email or text information that explains symptoms to look out for, ensure that you provide this.
- Double check that the patient knows what to do if their symptoms are changing or worsening.

Smoking Cessation

- Tobacco smoking is the primary risk factor behind COPD and Lung cancer
- Every opportunity to discuss smoking cessation is vitally important
- The National centre for smoking cessation and training (NCSCT) Very brief advice on smoking is a conversation that can take 30 seconds; however, this could be the catalyst for a smoking cessation attempt
- The chance of developing Lung cancer decreases to more than half that of someone who smokes after 12 years smoke free.

Smoking cessation

Very Brief Advice on Smoking +

ASK

and record smoking status

"Do you smoke?"

ADVISE

on the most effective way of quitting

"Did you know that the best way of stopping smoking is with a combination of specialist support and medication or e-cigarettes?"

"I can refer you to our friendly local stop smoking service that many of my patients have found useful."

or *"You can receive support right here in our clinic/hospital/local pharmacy."*
or add any other support options available locally.

ACT

on patient's response

INTERESTED

Build confidence.
Give information. Prescribe.

Refer to: local Stop Smoking Service
OR in-house stop smoking support
OR any other support options
locally available.

Patients are three times more likely to quit with support and medication.

FOLLOW-UP

Make a note of the referral and ask about smoking status next time you see the patient.

NOT INTERESTED

*"It's your choice of course.
Help will always be available.
You can always return to see me,
contact the smokefree helpline or
your GP if you change your mind."*

Ensure patient understands where to find support.

REASSESS

Repeat VBA at future visits and at least once a year.

Lung Cancer Screening (was TLHC)

Eligibility criteria:

- Between the age of 55-74 years old
- Current or former smoker
- Smoked >100 cigarettes in a lifetime
- Registered with a GP surgery in a TLHC catchment

Catchments:

- •UHS: Southampton, Southwest Hampshire (New Forest), Eastleigh (Hedge End)
- •PHU: Portsmouth, Fareham, Gosport
- •DCH: Weymouth, Portland, Bournemouth, Poole
- •HHFT: Eastleigh, Andover, Basingstoke, Alton

Lung Cancer Screening (was TLHC)

Referral:

All programmes identify eligible participants through primary care records. There is a 'Lung Health Check' banner on Primary care databases which essentially lists 55-74 years with a smoking history.

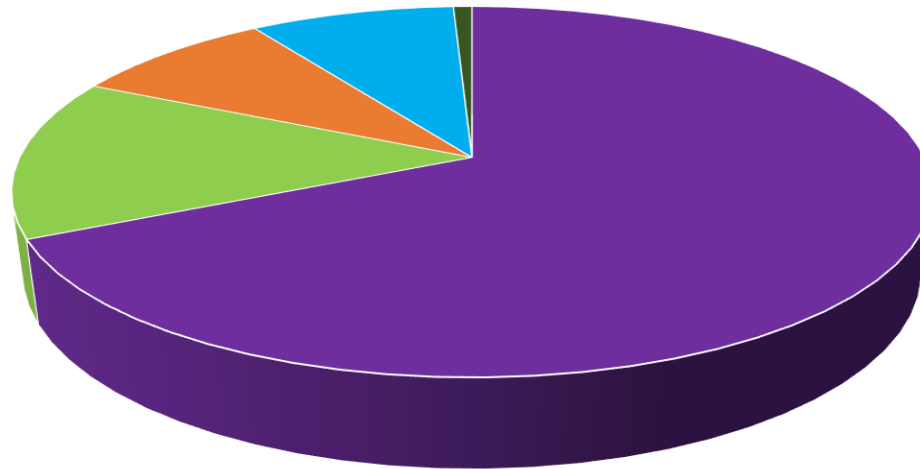
The programme then invites

Self-referrals are permitted, sometimes records may not be up to date or patient may not have disclosed smoking history to GP etc.

Lung Cancer Screening (was TLHC)



Proportion of participants diagnosed with lung cancer from the Wessex TLHC programme (Programme start Apr 19 to Oct 24)



■ Stage I ■ Stage II ■ Stage III ■ Stage IV ■ Unstageable

Early-stage lung cancer diagnosis ~ 80.6% across Wessex. [Nationally ~75%]



Resources

- COPD "Rising Risk" Patients: Ardens COPD risk stratification searches – OPTIMISE

[4.13 Conditions – Respiratory : Ardens EMIS Web / COPD : Ardens SystemOne](#)

- **Add link to WCA LIS**

[Scenario: Referral for suspected lung or pleural cancer | Management | Lung and pleural cancers - recognition and referral | CKS | NICE](#)

Questions & discussion

COPD & Lung Cancer Webinar
Feedback Form



The webinar recording will be available to watch back on our website and recording will be shared with attendees

We are also hosting a further webinar date for those unable to attend today on 30th July 1-2pm. Please do let any colleagues know. Invite to be sent out shortly

For any queries contact

wessexcanceralliance@wca.uhs.nhs.uk