



Impact on Commissioners and policy makers

Cancer Reform Strategy 2007

NAEDI Programme

Increased access to diagnostics

ACE programme

Revision of NICE guidance CG27



Risk Assessment Tool for Colorectal Cancer

National Cancer Action Team
Part of the National Cancer Programme

NHS

Diagnosing Cancer Earlier

Lung Cancer Assessment Tool for Non-Smokers

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	Risk as a single symptom
0.4	0.4	0.7	0.8	1.1	0.9	1.6	1.4	2.4	>0.4
0.8	0.8	0.8	0.8	1.0	1.0	1.0	1.2	2.0	Cough
0.8	0.9	0.8	1.0	1.2	1.6	0.8	0.8	0.8	Fatigue
0.9	1.2	0.8	1.0	1.0	1.0	2.0	0.8	0.8	Dyspnoea
0.9	1.0	1.0	2.0	1.4	0.8	0.8	0.8	0.8	Chest pain
1.2	1.2	0.8	0.8	1.0	0.8	0.8	0.8	0.8	Loss of weight
1.2	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	Loss of appetite
1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	Thrombocytosis
1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	Abnormal spirometry
2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	Haemoptysis

Primary Care Cancer Risk Assessment Tool

These tools help you to decide which patients below the risk level implied by NICE guidelines may benefit from urgent investigation. The risk values in the tables are the proportion of those people with the listed symptom(s) who have that cancer type.

- To be used to supplement NICE guidelines
- For patients aged 40 and over
- To calculate the risk value:
 - For a single symptom, read the value from the top row
 - For a single symptom presented more than once, read the value from the cell on the left hand diagonal
 - For multiple symptoms, read the value from the cell combining the worst 2 symptoms
- Amber and red risk values suggests 2WW referral; yellow and white may well be best managed by review within primary care, but use your clinical judgement

Lung Cancer Assessment Tool for Smokers

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	Risk as a single symptom
0.9	0.8	1.2	1.2	2.1	1.8	4.0	4.0	4.5	>0.4
1.3	1.0	1.4	0.9	2.2	2.0	6.5	3.4	0.9	Cough
1.2	1.4	1.3	2.0	2.2	2.4	>10	6.1	0.9	Fatigue
1.5	2.2	3.1	5.5	2.4	>10	6.9	0.9	0.9	Dyspnoea
1.4	4.4	7.6	>10	>10	4.1	0.9	0.9	0.9	Chest pain
1.7	3.6	>10	>10	*	*	0.9	0.9	0.9	Loss of weight
2.7	*	*	*	*	*	0.9	0.9	0.9	Loss of appetite
*	*	*	*	*	*	0.9	0.9	0.9	Haemoptysis

* The original study was not able to calculate figures for these boxes, but they are almost certainly worthy of a red shade

Colorectal Cancer Assessment Tool

Constipation	Diarrhoea	Rectal Bleeding	Loss of weight	Abdominal pain	Abdominal tenderness	Abnormal rectal exam	Haemoglobin 10-13 g/dl	Haemoglobin <10 g/dl	Risk as a single symptom
0.4	0.9	2.6	1.2	1.1	1.1	1.5	0.97	2.3	>0.4
0.8	1.1	2.6	1.0	1.5	1.7	1.6	1.2	1.6	Constipation
1.5	1.8	1.1	1.8	2.6	1.1	2.1	1.6	1.6	Diarrhoea
1.6	1.7	1.7	1.5	0.5	0.5	1.1	1.1	1.1	Rectal Bleeding
1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	Loss of weight
1.9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	Abdominal pain
1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	Abdominal tenderness

January 2012

Piloted in 152 practices in England in 2010 over a 6-month period

Compared to previous 6 months, it resulted in:

- Increase in referrals for suspected cancer
- Increase in number of colonoscopies
- Increase in number of colorectal cancers diagnosed

Hamilton et al BJGP 2013



Details

Lung Cancer Assessment Tool

Risk Factors

Age:

Smoker

Cough

Fatigue

Dyspnoea

Chest Pain

Loss of Weight

Loss of Appetite

Thrombocytosis

Abnormal Spirometry

Haemoptysis

Repeat symptom

Repeat symptom

Repeat symptom

Repeat symptom

Repeat symptom

Repeat symptom

Repeat symptom

Results

Lung cancer risk score:

0.9

OK

Cancel



Impact of Risk Assessment Tool: Colorectal cancer

Colorectal Cancer	Before			After			Change	LCL	UCL	P-value
	Referral Rate	LCL	UCL	Referral Rate	LCL	UCL				
RAT	202.6	200.3	204.9	306.8	304.0	309.7	51.5%	49.3%	53.7%	<0.001
No RAT	202.8	201.5	204.2	297.5	295.9	299.2	46.7%	45.4%	48.0%	<0.001

Colorectal Cancer	Before			After			Change	LCL	UCL	P-value
	Conversion Rate (%)	LCL	UCL	Conversion Rate (%)	LCL	UCL				
RAT	7.5	7.2	7.8	5.5	5.3	5.7	-2.0	-2.3	-1.6	<0.001
No RAT	7.4	7.3	7.6	5.6	5.5	5.8	-1.8	-2.0	-1.6	<0.001

Colorectal Cancer	Before			After			Change	LCL	UCL	P-value
	Detection Rate (%)	LCL	UCL	Detection Rate (%)	LCL	UCL				
RAT	37.6	36.4	38.8	39.5	38.4	40.7	2.0	0.3	3.6	0.020
No RAT	37.7	37.0	38.5	40.3	39.6	41.0	2.6	1.6	3.5	<0.001

Colorectal Cancer	Before			After			Change	LCL	UCL	P-value
	Emergency Presentation Rate (%)	LCL	UCL	Emergency Presentation Rate (%)	LCL	UCL				
RAT	23.7	22.7	24.7	22.5	21.5	23.5	-1.2	-2.6	0.3	0.111
No RAT	23.8	23.3	24.5	21.7	21.1	22.3	-2.2	-3.0	-1.3	<0.001



Revision of NICE guidance CG27

- Evidence from Caper studies progressively undermined CG27 (2005)
- Incorporation of RATs in referral pathways via local vehicles e.g. LES
- Role of Cancer Networks and emergence of GP cancer leads
- Revised guidance to be published June 2015



ACE – Accelerate, Co-ordinate, Evaluate

OBJECTIVE – to develop a national body of evidence and evaluation that informs the operational improvement of early diagnosis cancer pathways through the 16/17 and 17/18 commissioning rounds



IMPACT 1 – 10 percentage points improvement in early diagnosis (Stage 1&2: 56.4% to 66.4%)

IMPACT 2 – Decrease number of cancer diagnoses via emergency to < 25% of total

IMPACT 3 – Improved patient experience

Concepts to Explore (from Cancer FYFV Supplement)

Direct / Access to rapid diagnostics

Proactive approach to high risk individuals

Pathway for vague symptoms

Multi-disciplinary diagnostic centre

Increased role for non-GP primary care clinicians

Lowering referral thresholds

Self-referral