NHS
South East London
Clinical Commissioning Group

Protected Learning Time Event

Thursday 19 of May 2022

Cancer Update

Early diagnosis and prevention

Targeted Lung Health Checks

Cancer care in the community- giving better support to our population.

Agenda

NHS
South East London
Clinical Commissioning Group

Welcome and Introductions – Linda Drake and Dr Nicola Weaver

Lung cancer diagnosis in Southwark - Dr Kimuli Ryanna, Consultant Respiratory Physician at GSTT, Chair, SEL Lung Tumour Group

The National Targeted Lung Health Check - Val Kostas, Targeted Lung Heath Check Programme Manager, South East London Cancer Alliance

Breast cancer screening - Nicola Weaver GP Clinical Cancer Lead Southwark

Delivering better Cancer Care in the community - Nikki MacFarlane our Southwark Healthy Populations Primary Care Cancer Facilitator

Earlier diagnosis and prevention -Dr Nicola Weaver, GP Clinical Cancer Lead Southwark

NHS
South East London
Clinical Commissioning Group

Lung cancer – achieving earlier diagnosis

Dr Kimuli Ryanna
Consultant Respiratory Physician
Guy's and St. Thomas' NHS Foundation Trust
Email – kimuli.ryanna@gstt.nhs.uk

NHS
South East London
Clinical Commissioning Group

Pre-pandemic progress & the impact of COVID-19

- NHS Long Term Plan for England has set a target of diagnosing 75% of all cancers at stage I or II by 2028
- This will lead to 55,000 more people surviving cancer for five years or more each year.
- Diagnosis of lung cancer at an earlier stage will be a key contributor to achieving this ambition. High proportion of lung cancer patients are diagnosed at stage IV.

NHS
South East London
Clinical Commissioning Group

Pre-pandemic progress & the impact of COVID-19

- One year survival of patients in England and Wales in 2019 was at least 40.7% (compared to 39% in 2018). This is the highest achieved so far

- Five-year survival for lung cancer patients diagnosed between 2014 and 2018, followed up until 2019, stood at an estimated 17.6% in England

- Comparing 2019 data with 2016, there was an increase in diagnosis at stages I and II from 26% to 29% and a reduction in diagnosis at stage IV from 53% to 49%

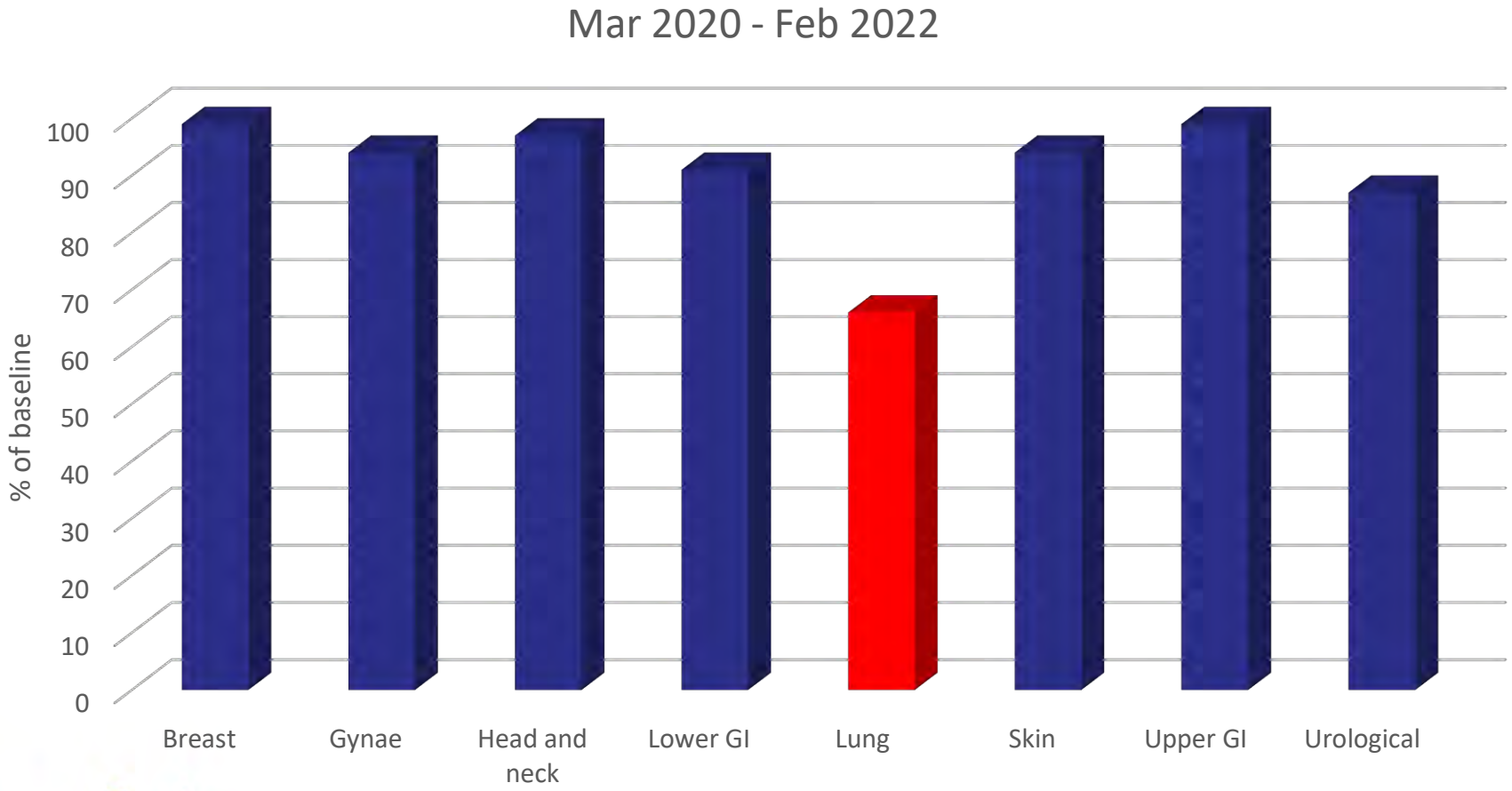
NHS
South East London
Clinical Commissioning Group

Impact of COVID-19

- Marked decrease in 2WW referrals with slow recovery
- Comparing 2020 data to 2019, lung cancer patients had worse performance status at diagnosis, were more likely to be diagnosed via emergency presentation and less likely to have a pathological diagnosis.
- Preliminary NHSE data suggests stage shift (patients with more advanced disease at diagnosis)
- 2019 - curative treatment rate of NSCLC patients with stage I/II and good performance status - 81%. This metric fell significantly to 73% in 2020 with a drop in surgical resection rate from 20% to 15%.

NHS
South East London
Clinical Commissioning Group

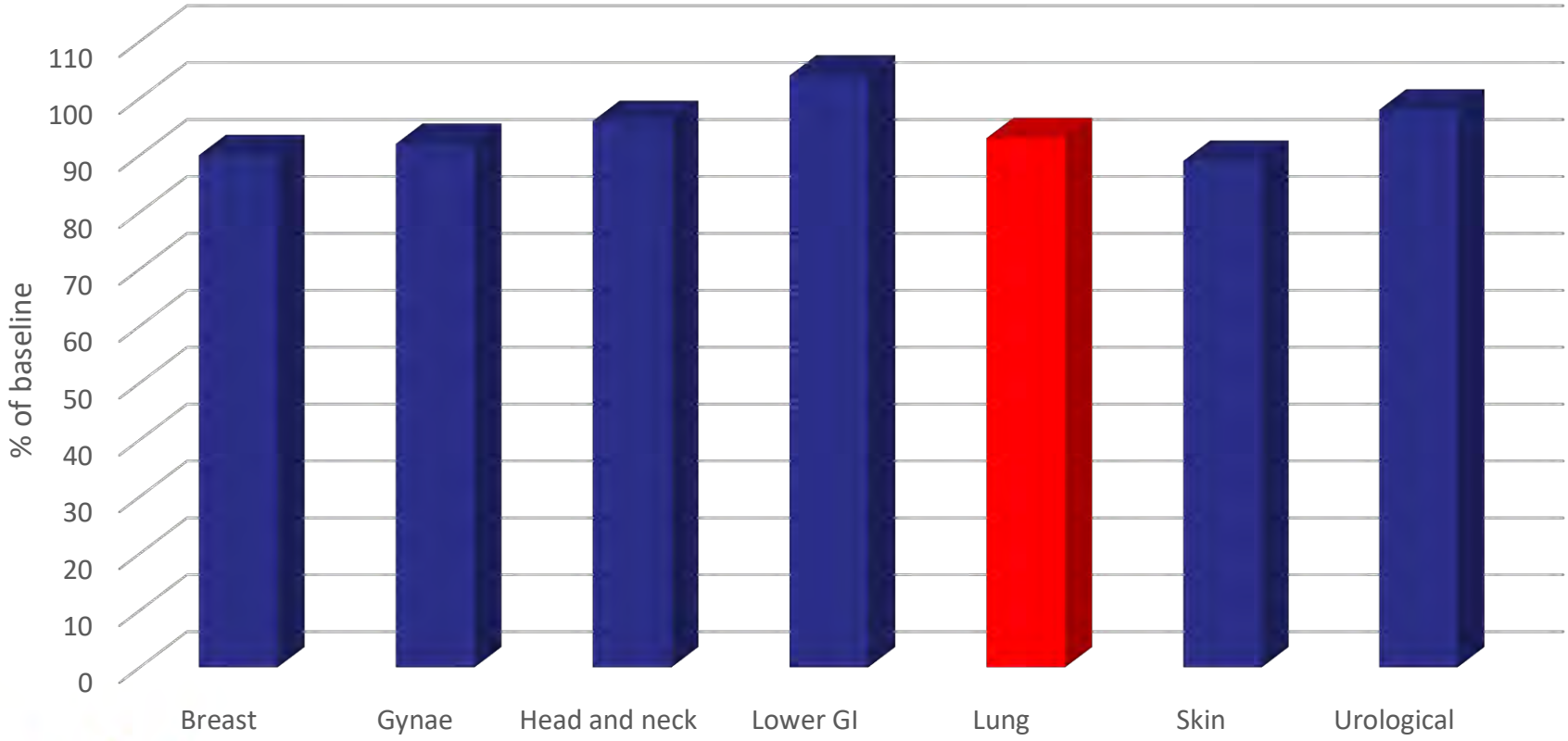
2WW referrals – SEL



NHS
South East London
Clinical Commissioning Group

Lung cancer treatments

Mar 2020 – Feb 2022

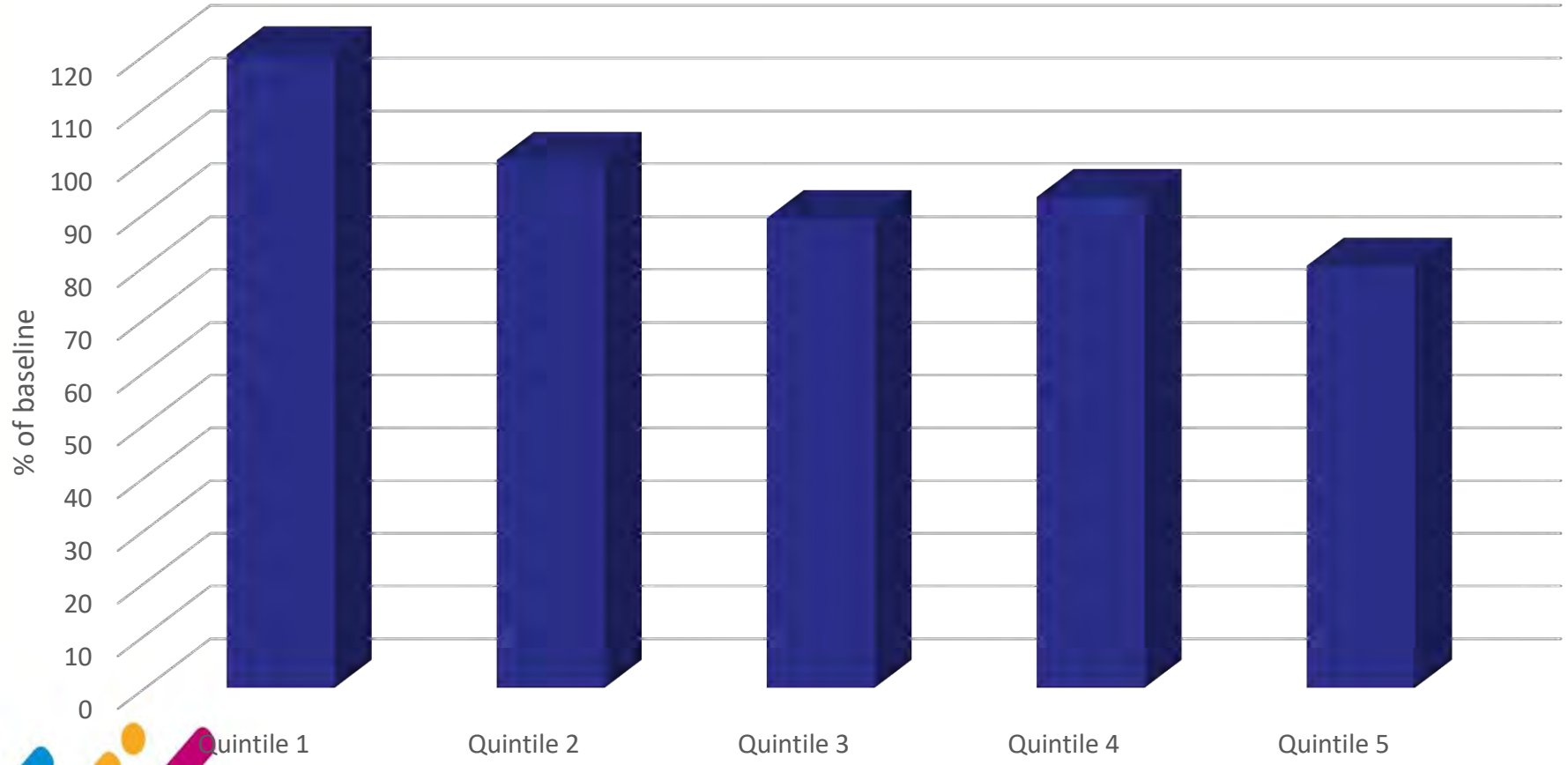


2WW referrals vs deprivation score

NHS
South East London
Clinical Commissioning Group

Lung cancer treatments vs deprivation score

Mar 2020-Feb 2022



NHS
South East London
Clinical Commissioning Group

How to achieve earlier diagnosis?

- Symptomatic patients
- Asymptomatic

NHS
South East London
Clinical Commissioning Group

Symptomatic patients

Awareness campaigns

- ‘Help us to help you’ – NHSE
- ‘Do it for yourself’ SEL + several other alliances + MSD
- Next national lung cancer awareness campaign – November 2022

NHS
South East London
Clinical Commissioning Group

Symptomatic patients - NG12 guidance

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer or
- are aged 40 and over with unexplained haemoptysis. [2015]

Symptomatic patients – NG12 guidance

NHS
South East London
Clinical Commissioning Group

Offer an urgent chest X-ray (to be done within 2 weeks) in people aged 40 and over if they have 2 or more of the following unexplained symptoms, or if they have ever smoked and have 1 or more of the following unexplained symptoms:

- Cough
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Loss of appetite.

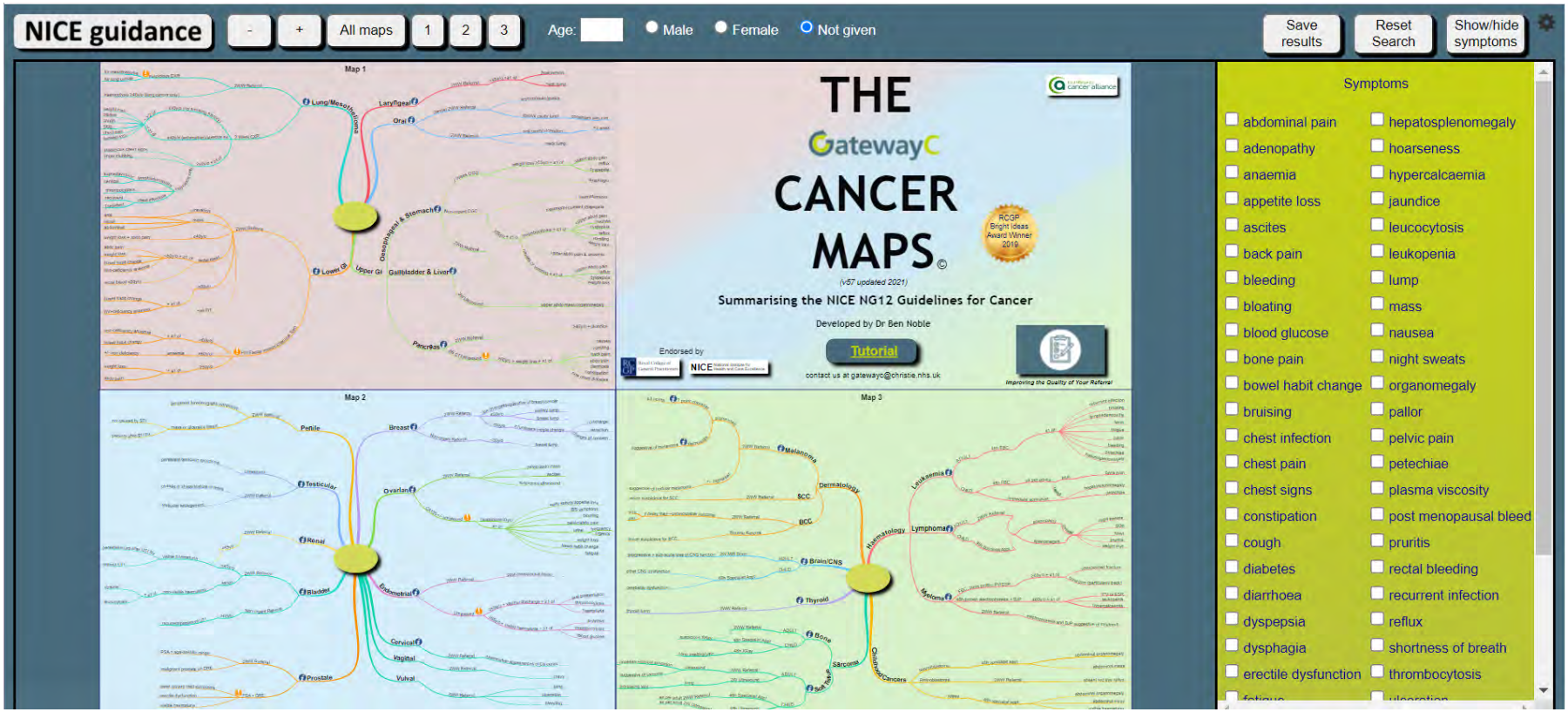
NHS
South East London
Clinical Commissioning Group

Cancer decision support tools - risk assessment tool

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombo-cytosis	Abnormal spirometry	Haemoptysis	
0.40 0.3, 0.5	**0.43** 0.3, 0.6	**0.66** 0.5, 0.8	**0.82** 0.6, 1.1	**1.1** 0.8, 1.6	**0.87** 0.6, 1.3	**1.6** 0.8, 3.1	**1.6** 0.9, 2.9	**2.4** 1.4, 4.1	PPV as a single symptom
0.58 0.4, 0.8	**0.63** 0.5, 0.9	**0.79** 0.6, 1.0	**0.76** 0.6, 1.0	**1.8** 1.1, 2.9	**1.6** 0.9, 2.7	**2.0** 1.1, 3.5	**1.2** 0.6, 2.6	**2.0** 1.1, 3.5	Cough
	0.57 0.4, 0.9	**0.89** 0.6, 0.3	**0.84** 0.5, 1.3	**1.0** 0.6, 1.7	**1.2** 0.7, 2.1	**1.8**	**4.0**	**3.3**	Fatigue
		0.88	**1.2** 0.9, 1.8	**2.0** 1.2, 3.8	**2.0** 1.2, 3.8	**2.0**	**2.3**	**4.9**	Dyspnoea
			0.95 0.7, 1.4	**1.8** 1.0, 3.4	**1.8** 0.9, 3.9	**2.0**	**1.4**	**5.0**	Chest pain
				1.2 0.7, 2.3	**2.3** 1.2, 4.4	**6.1**	**1.5**	**9.2**	Loss of weight
					1.7	**0.9**	**2.7**	**>10**	Loss of appetite
							3.6	**>10**	Thrombocytosis
								>10	Abnormal spirometry

Cancer decision support tools - computer based algorithms

NHS
South East London
Clinical Commissioning Group



NHS
South East London
Clinical Commissioning Group

Symptomatic patients

- Positive CXRs helpful to identify lung cancer and alternative diagnoses
- Negative CXR does not exclude lung cancer (normal CXRs in 15-25%)

- Direct to CT service for GPs
- Available at all three trusts
- NG12 criteria

- (GSTT/KCH Nodule clinic)

NHS
South East London
Clinical Commissioning Group

Symptomatic patients

- NG12
- Cancer decision support tools
- Gut instinct (recurrent presentations etc.)

- Investigations
- Bloods (FBC, U&E)
- CXRs
- Direct to CT

Asymptomatic patients - screening

Low dose CT

- NLST (USA)
- NELSON (Europe)
- (TLHC (NHSE))
- National lung screening programme?

Blood

- SUMMIT (blood analysis awaited, CT data promising correlates with other studies)
- GRAIL

NHS
South East London
Clinical Commissioning Group

Achieving earlier diagnosis

- Identifying those at risk
- Encourage patients to attend TLHC when available
- Primary care participation in awareness campaigns
- Early imaging for symptomatic patients

Targeted Lung Health Check Programme

NHS

SOUTH EAST LONDON
LUNG HEALTH CHECKS

Targeted Lung Health Check Programme

NHS

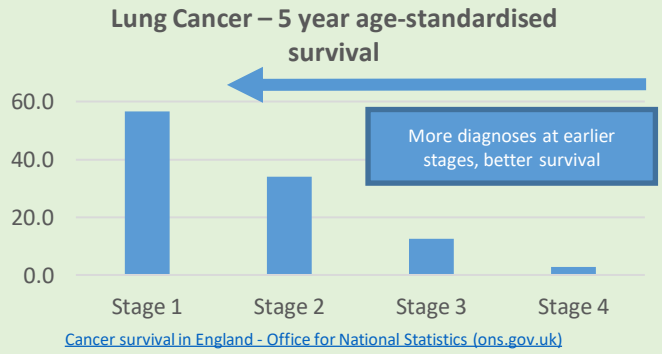
LUNG CANCER IN SOUTH EAST LONDON

South East London has the **second highest rate of 'ever-smokers'** in London[4]	**Lung cancer incidence in SEL is the highest in London** (*85.1 vs London average of 71.4 per 100,000 pop.*), and one of the highest nationally[1]	**Lambeth, Southwark, Greenwich and Lewisham have one of the highest rates of lung cancer mortality** per 100,000 population in London (top 20%)[2].	**Currently, only 24% of lung cancers in South East London are diagnosed early (stage 1 & 2)[1]**

Clear and urgent need to improve earlier diagnosis of lung cancer

Targeted Lung Health Checks

Target High Risk Population → *Screen for Lung Cancer* → **Improve Earlier Diagnosis**



Cancer survival in England - Office for National Statistics (ons.gov.uk)

1. CancerData | 2. Public health profiles - OHID (phe.org.uk) | 3. GP Patient Survey - Public health profiles - OHID (phe.org.uk)

Targeted Lung Health Check Programme

NHS

NATIONAL TARGETED LUNG HEALTH CHECKS (TLHC) PROGRAMME

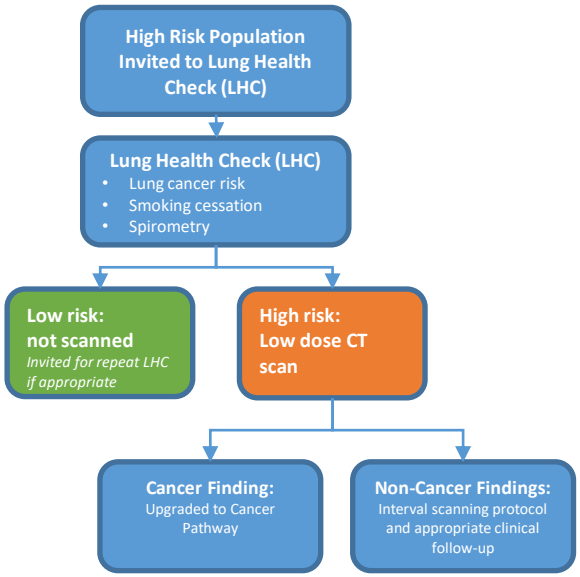
- National TLHC Programme has been running since in 2019.
- Currently 23 TLHC programmes across England, a further 15-20 sites invited during 2021-2022 – of which SEL was one.

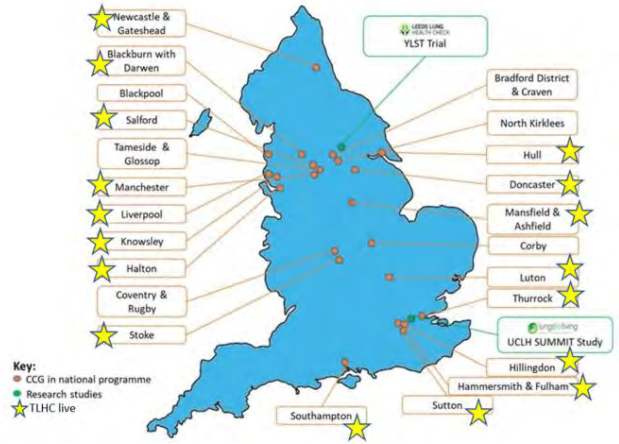
- **People aged over 55 years old but less than 75 years old that have ever smoked will be invited to a free lung check.** Following the lung health check those assessed as **high risk** will be offered a **low dose CT scan to investigate possible cancer**.

- It is estimated that with the expansion of the programme, over the next 4 years **an additional 4,500 cancers could be diagnosed nationally, with 3,000 at an early stage.**

"To date, 80% of lung cancers found by the TLHC programme have been at stage 1 or stage 2, compared to 30% without this kind of intervention."

High Level Participant National Pathway





Location of TLHC programmes across England as of 2021/22.

Targeted Lung Health Check Programme

NHS

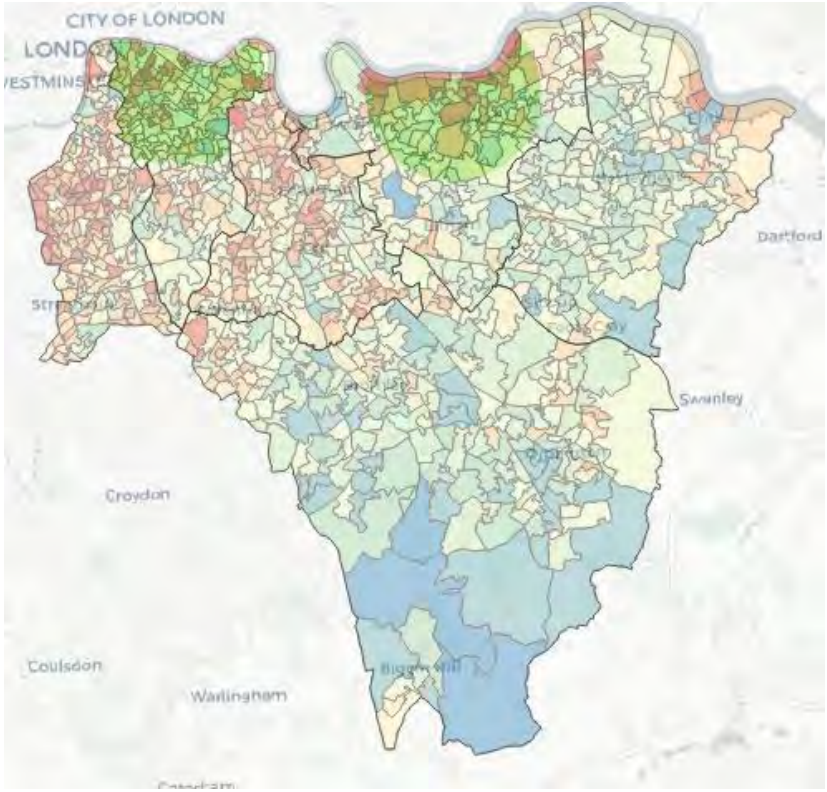
SOUTH EAST LONDON TARGETED LUNG HEALTH CHECK (TLHC)

- SEL TLHC programme due to launch in **July 2022**.
- **Hosted by Guy's and St Thomas' NHS Foundation Trust**, with programme supported by SEL Cancer Alliance.

- Programme to **start small** in 2022/23, focusing on ever smokers registered with GP practices in **north Southwark** and north Greenwich.

- Locations have been chosen based on **modelling of high density of the eligible population, and higher rates of deprivation**.

- Lung Health Checks will be **done in the community, with a mobile unit** to ensure local access for the population.



TLHC Eligible Population Density Map.
Plotting of population aged 55-74/364 with an ever smoked status, by LSOA.

Highest — Lowest

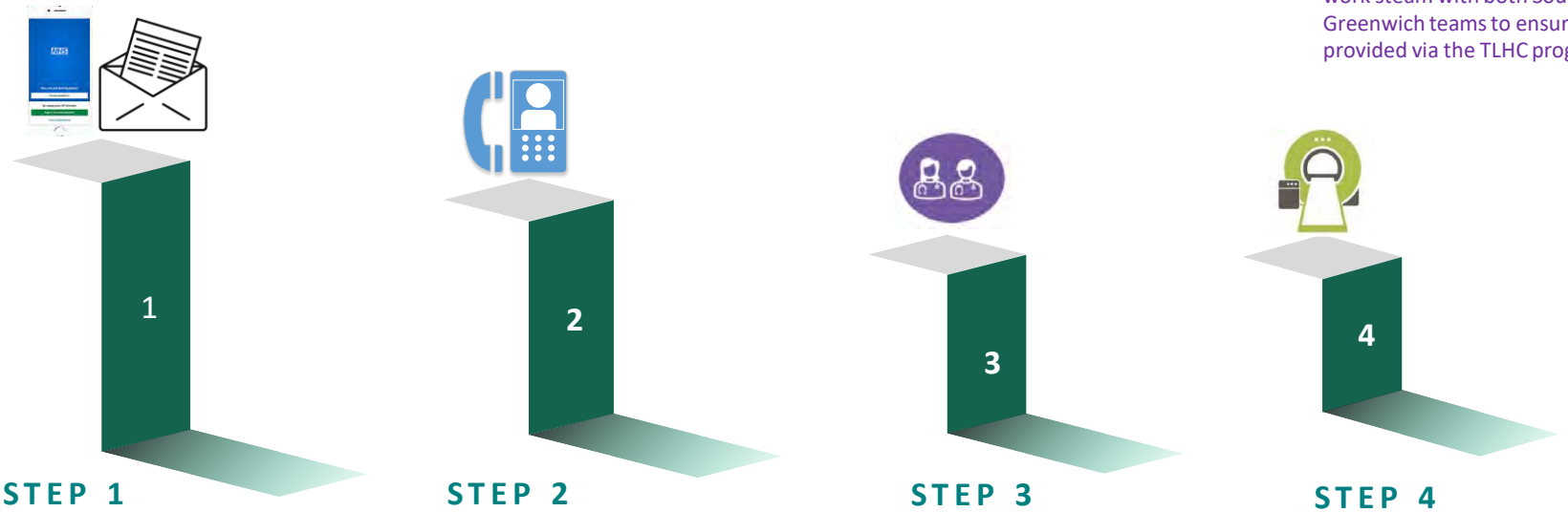
These areas also strongly corelate with areas of high deprivation (English indices of deprivation 2019 - GOV.UK (www.gov.uk)), as would be expected given the target population.
TLHCs therefore offer a particular opportunity to improve outcomes for highly deprived areas of our population.

Targeted Lung Health Check Programme

NHS

The SEL Lung Health Check (LHC) Clinical Model

We have an ongoing smoking cessation work steam with both Southwark and Greenwich teams to ensure we have this provided via the TLHC programme.



STEP 1

INVITE

- Participants aged between 55 – 74 and registered with GP practice.
- Fixed appointment via letter and where possible text.

STEP 2

TELEPHONE RISK ASSESSEMENT

- Candidates stratified into high and low risk categories
- Verbal consent documented.
- Low risk candidates offered smoking cessation and spirometry back to community.

STEP 3

FACE TO FACE

- High risk participants only.
- Attends mobile unit for Spirometry, BP, height and weight taken.
- Smoking cessation given if not qualified.

STEP 4

LOW DOSE CT

- Same day LDCT on mobile unit.
- Images reviewed by radiographer for acute findings.
- Scan reported and audited.

STEPS 2 and 3 – reasonable adjustments will be made translators, learning/physical disability etc..

LUNG HEALTH CHECK MOBILE UNIT

In addition we are working with:

Ashfield Engage Healthcare to support in the invites, bookings and telephone triage delivery.

Alliance Medical to deliver the support units delivery.

LHC CABIN.
RECEPTION, STAFF FACILITIES, SPIROMETRY AND SMOKING CESSATION ADVICE (TBC).

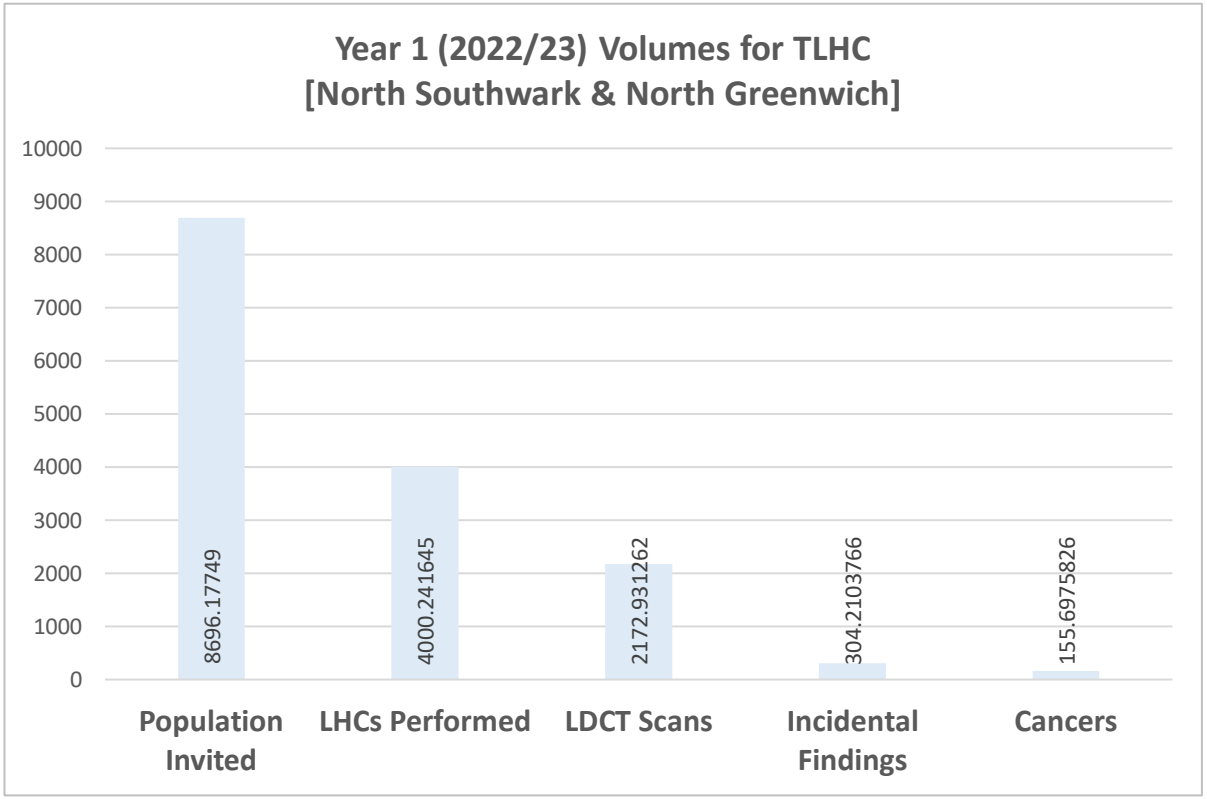
FRONT ENTRANCE .

CT CABIN .

Targeted Lung Health Check Programme

NHS

WHAT ARE THE VOLUMES FLOWING THROUGH TLHC IN SOUTH EAST LONDON?



- This modelling is based on national evidence from previous TLHC pilots. **All assumptions are based on the higher end estimates** (e.g. response rates to invitations are estimated to range between 30-50%, and so in this example a 50% response rate has been used).
- **As with all screening initiatives, volume and workload dramatically reduce with each step** along the process.
- The **overwhelming majority of incidental findings (14%) will be managed within secondary care** as other pilots.
- A **small minority of incidental findings (e.g. low risk/acuity) will be suitable for primary care management** – these will not be any different to conditions normally managed within primary care.
- During year 1, approximately 304 incidental findings will occur. Only a very small proportion of these will be suitable for primary care management, which we estimate to be roughly **equivalent to 1 case *per practice* *every 2 months.***
- In subsequent years, the programme will move to different areas to expand to the total eligible population in SEL. Given this, the **equivalent incidental findings rate per practice will likely stay the same, but impact more, although different, practices as the programme moves around SEL.**

Targeted Lung Health Check Programme

NHS

GP/PRIMARY CARE INVOLVEMENT.

Identifying the Eligible Population:

Running a template search of primary care systems to generate the list of patients to be invited to participate. We will retrieve data locally and work with PCN's to extract data required.

- A comprehensive Data Protection Impact Assessment (DPIA) and a data sharing agreement will be in place, any patients who have opted out of their data being shared (national data opt out) will not be invited.

Clinical Responsibility for the Participant:

The TLHC programme in SEL is clinically led by GSTT and all patients will be retained under the care of GSTT throughout their participation in the programme.

- GPs will be notified in writing of any clinical findings from the TLCH.
- Any confirmation of cancer diagnosis will be via the usual processes, in writing to the GP. From the point of clinical suspicion of lung cancer, the patient will be on the standard NHS suspected lung cancer pathway, and GPs should have the usual expectations of this pathway.

Lung Health Check:

The lung health check will be entirely coordinated and organised by GSTT and it's commissioned providers.

- The LHC will be located in accessible community locations (e.g. supermarket car parks etc.) with a one-stop design to make this as easy and convenient as possible for participants.

Clinical Findings:

The overwhelming majority of incidental findings will be managed within secondary care.

- A small minority of incidental findings (e.g. low risk/acuity) will be suitable for primary care management and clear guidance has been developed/drafed for GPs.

Targeted Lung Health Check Programme

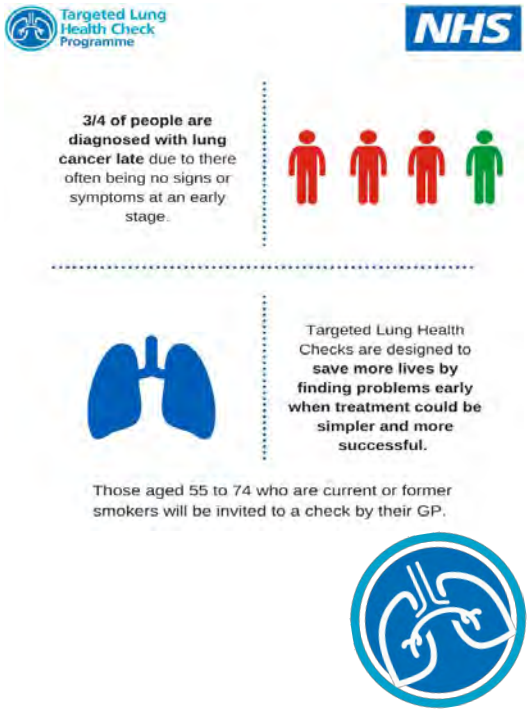
NHS

HOW CAN PRIMARY CARE SUPPORT THE PROGRAMME?

Ways GPs can support the programme include:

- **Opportunistic discussion with patients** who are eligible for the TLHC programme, to help them make an informed decision about attending an appointment when invited.
- Up to date **smoking status** is key for invitations to be sent out to eligible patients.
- Direct those eligible for a check to more information on the TLHC website and hand out the participant booklet.
- Display and use the **printed materials in surgery** to help raise awareness of lung health checks in South East London.
- Use our range of free **digital and social resources on your social media** and communication channels.
- Follow us on Facebook and Twitter and re-share our social media posts.
- Put the articles provided on your intranet / website and in any newsletters .

Talk about the Lung Health Check with friends, family and colleagues!



Targeted Lung Health Check Programme

NHS

IN SUMMARY – KEY MESSAGES

- From July 2022, smokers and ex-smokers aged over 55 to 74 that have a north Southwark GP (QHS) will be offered a free lung health check, which may include a CT lung scan.
- The ‘Lung Health Check’ will help to improve early diagnosis of lung cancer, and support earlier recognition of other respiratory diseases.
- Those eligible will receive a letter and where a possible a text from the TLHC/Ashfield team. The team will contact these candidates at a specific time and day. If necessary they will then be offered an appointment for a lung health check.
- The lung health check will be quick (30 minutes), free, local and run by GSTT nurses.
- Candidates will be able to talk to a nurse throughout the whole journey. A key TLHC helpline will be provided.
- There is no judgement on smoking and assistance to quit will be offered.
- If lung cancer, or another problem with your breathing or lungs is found early, treatment could be simpler and more successful. Earlier and faster diagnosis saves lives.

Breast cancer screening

- Changes and problems in the mammogram service.
- Late diagnosis of breast cancer is seen nationally in Black women and we have a large BAME community.
- **Breast cancer screening promotion animations created in partnership with London College of Communications and a group of black women who have been treated for breast cancer**. Potential to send out by text to women who DNA a breast screening invitation

Breast cancer screening promotion animations created in partnership with London College of Communications 2022

Links could be sent by AccuRx text to Breast Cancer Screening non attenders. Please do use as much as possible!

It's in your hands
https://www.youtube.com/watch?v=iCYBCcj0IIo

Together
https://www.youtube.com/watch?v=iKH4cJGaN10

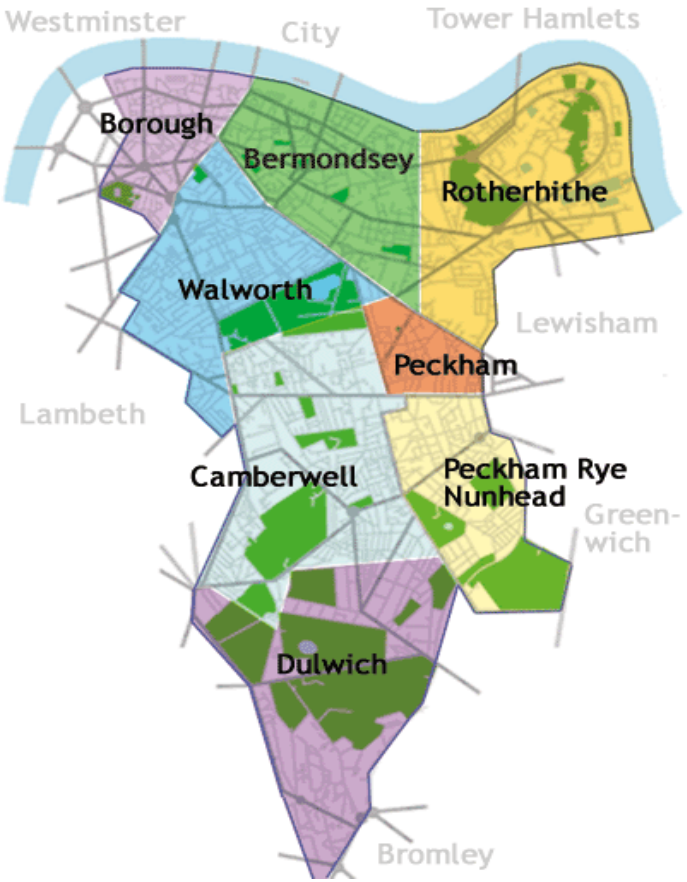
Speak up
https://www.youtube.com/watch?v=xwIicKNSLPA

Say no to cancer
https://www.youtube.com/watch?v=xwIicKNSLPA

Primary Care Cancer Facilitator

Nikki Macfarlane

NHS
South East London
Clinical Commissioning Group



Cancer as a long-term condition

NHS
South East London
Clinical Commissioning Group

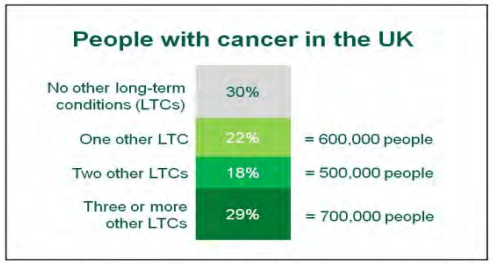
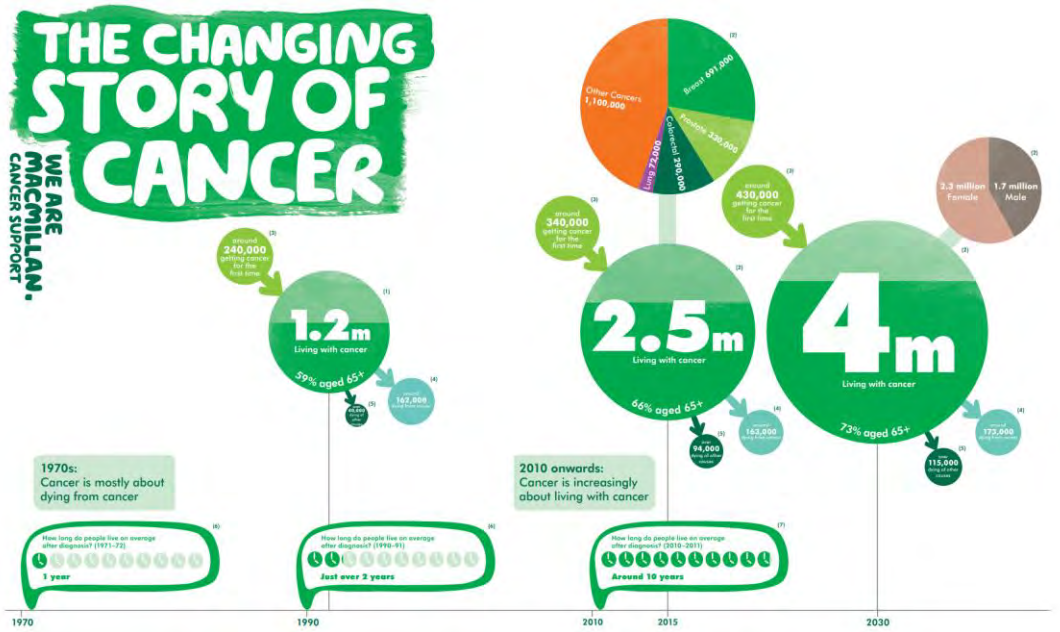


Figure 1: Proportion and number of people with cancer living with one or more other long-term health conditions

The top five most common long-term conditions for people with cancer are as follows[iii]:

1. High blood pressure (hypertension) – affects 42% of people with cancer
2. Obesity – 31%
3. Mental health problems – 21%
4. Chronic heart disease – 19%
5. Chronic kidney disease – 17%



NHS
South East London
Clinical Commissioning Group

Living with and beyond cancer

As the number of cancer survivors grows, so will the number of people living with the consequences of treatment. The nature of consequences of treatment mean that they vary significantly between patients in frequency, timing, severity and impact on quality of life

The long-term consequences of cancer and its treatment include both physical and psychological effects. Using published data combined with expert opinion, we estimate [12] that:

At least **350,000** people living with and beyond cancer are experiencing chronic fatigue [13]

Around **350,000** are having sexual difficulties [14]

Around **240,000** are living with mental health problems, which can include moderate to severe anxiety or depression, and post-traumatic stress disorder (PTSD)[15]

At least **200,000** are living with moderate to severe pain after curative treatment [16]

Around **150,000** are affected by urinary problems such as incontinence[17]

Around **90,000** are experiencing gastrointestinal problems, including faecal incontinence, diarrhoea and bleeding [18]

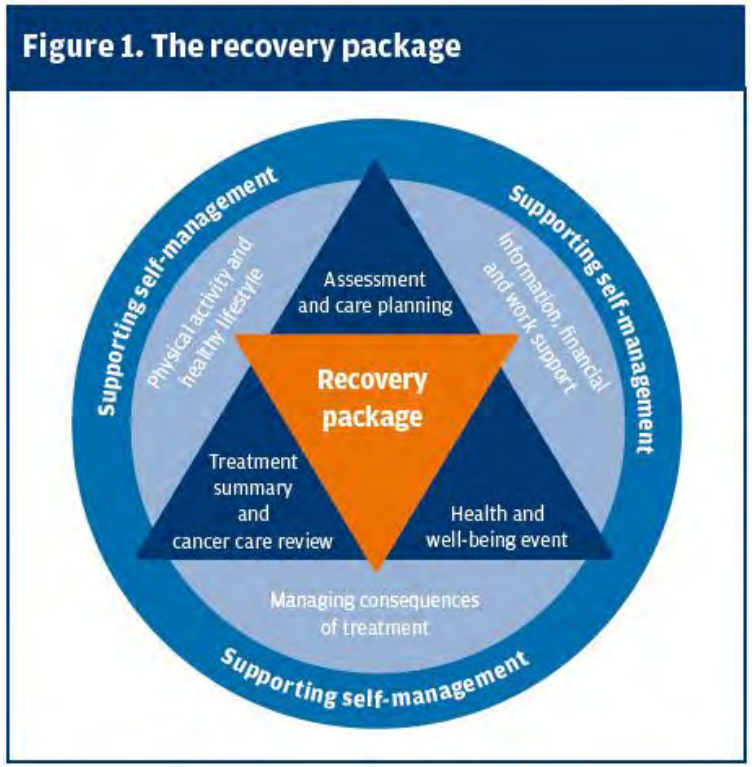
Up to **63,000** are experiencing lymphoedema (persistent tissue swelling caused by fluid retention, usually in the arms or legs) [19]

NHS
South East London
Clinical Commissioning Group

Personalised care and support planning

4 main components

- Personalised Care and Support Plans (based on Holistic Needs Assessments)
- End of Treatment Summaries
- **Primary Care Cancer Care Reviews**
- Health and Well-being Information and Support.



NHS
South East London
Clinical Commissioning Group

NCPES

A Macmillan Cancer Support survey found that most patients were positive about the review and over 71% reported being ‘very satisfied’.

The [2019 National Cancer Patient Experience Survey](#)(CPES) highlights that people with cancer don’t always feel they’ve received enough support from primary care.

When people with cancer were asked if GPs and nurses at their general practice did everything they could to support them through their cancer treatment, one in seven respondents said 'no, they could have done more'.

Cancer Care Reviews (CCRs)

NHS
South East London
Clinical Commissioning Group

- A Cancer Care Review (CCR) is a conversation between a patient and their GP or Practice Nurse about their cancer journey. A CCR can help patients to:
  - talk about their cancer experience and concerns
  - understand what support is available in their community
  - receive the information they need to begin supported self-management.
- The Quality and Outcomes Framework (QOF) requires primary care professionals to carry out a CCR at the time of a patient's diagnosis (within 3 months) and after a patient has received acute treatment (within 12 months).

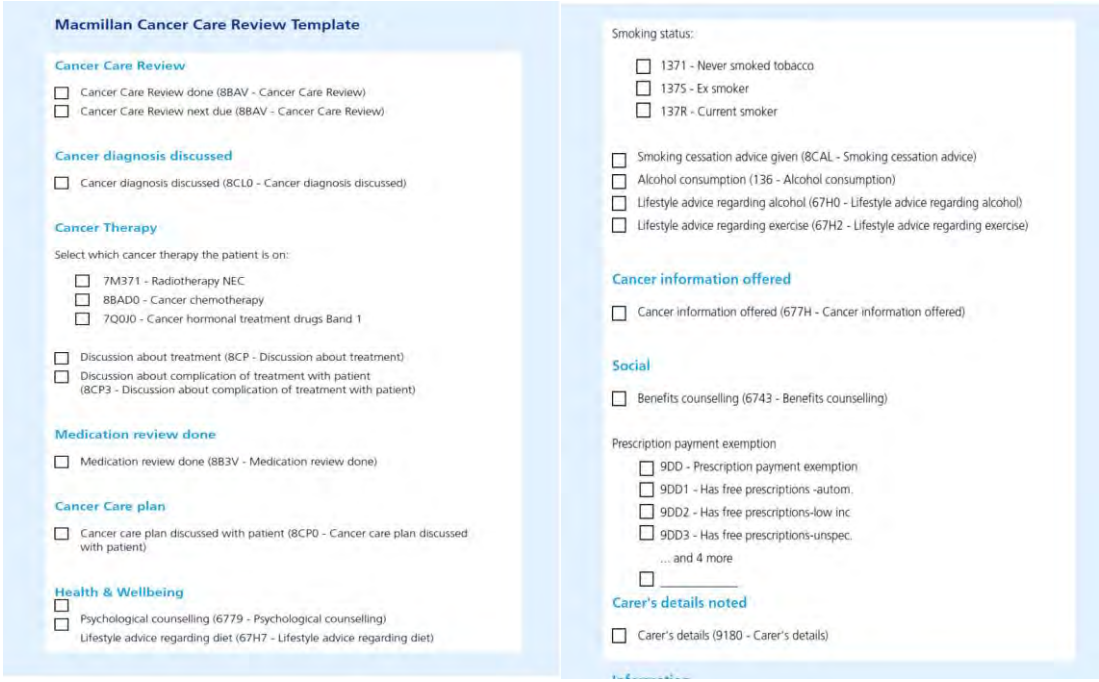
NHS
South East London
Clinical Commissioning Group

QOF

- CAN001 -The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers
- CAN004 -The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis
- CAN005- The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis.

Cancer Care Review Macmillan template

NHS
South East London
Clinical Commissioning Group



Macmillan Cancer Care Review Template

Cancer Care Review

- ☐ Cancer Care Review done (8BAV - Cancer Care Review)
- ☐ Cancer Care Review next due (8BAV - Cancer Care Review)

Cancer diagnosis discussed

- ☐ Cancer diagnosis discussed (8CL0 - Cancer diagnosis discussed)

Cancer Therapy

Select which cancer therapy the patient is on:

- ☐ 7M371 - Radiotherapy NEC
- ☐ 8BAD0 - Cancer chemotherapy
- ☐ 7Q0J0 - Cancer hormonal treatment drugs Band 1

- ☐ Discussion about treatment (8CP - Discussion about treatment)
- ☐ Discussion about complication of treatment with patient (8CP3 - Discussion about complication of treatment with patient)

Medication review done

- ☐ Medication review done (8B3V - Medication review done)

Cancer Care plan

- ☐ Cancer care plan discussed with patient (8CP0 - Cancer care plan discussed with patient)

Health & Wellbeing

- ☐
- ☐ Psychological counselling (6779 - Psychological counselling)
  Lifestyle advice regarding diet (67H7 - Lifestyle advice regarding diet)

Smoking status:

- ☐ 1371 - Never smoked tobacco
- ☐ 1375 - Ex smoker
- ☐ 137R - Current smoker

- ☐ Smoking cessation advice given (8CAL - Smoking cessation advice)
- ☐ Alcohol consumption (136 - Alcohol consumption)
- ☐ Lifestyle advice regarding alcohol (67H0 - Lifestyle advice regarding alcohol)
- ☐ Lifestyle advice regarding exercise (67H2 - Lifestyle advice regarding exercise)

Cancer information offered

- ☐ Cancer information offered (677H - Cancer information offered)

Social

- ☐ Benefits counselling (6743 - Benefits counselling)

Prescription payment exemption

- ☐ 9DD - Prescription payment exemption
- ☐ 9DD1 - Has free prescriptions -autom.
- ☐ 9DD2 - Has free prescriptions-low inc
- ☐ 9DD3 - Has free prescriptions-unspec.

... and 4 more

- ☐ _____

Carer's details noted

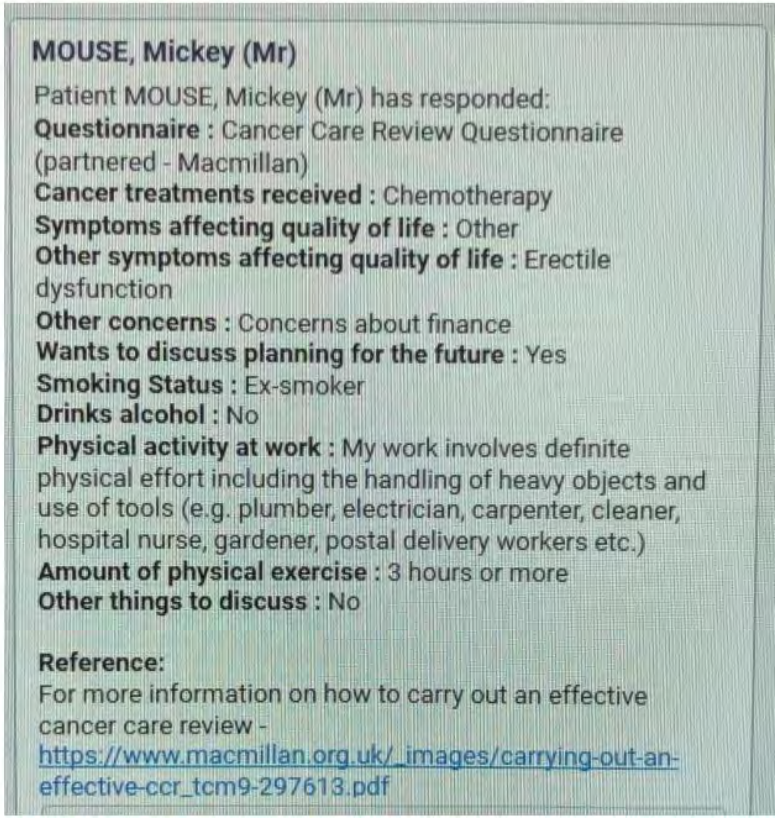
- ☐ Carer's details (9180 - Carer's details)

NHS
South East London
Clinical Commissioning Group

Text Questionnaire

CCR Patient Questionnaire that can be sent to a patient ahead of their Cancer Care Review conversation.

Sent to the patient via an SMS Text Message and can be completed in few minutes by the patient on their phone



MOUSE, Mickey (Mr)

Patient MOUSE, Mickey (Mr) has responded:
Questionnaire : Cancer Care Review Questionnaire (partnered - Macmillan)
Cancer treatments received : Chemotherapy
Symptoms affecting quality of life : Other
Other symptoms affecting quality of life : Erectile dysfunction
Other concerns : Concerns about finance
Wants to discuss planning for the future : Yes
Smoking Status : Ex-smoker
Drinks alcohol : No
Physical activity at work : My work involves definite physical effort including the handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)
Amount of physical exercise : 3 hours or more
Other things to discuss : No

Reference:
For more information on how to carry out an effective cancer care review - https://www.macmillan.org.uk/_images/carrying-out-an-effective-ccr_tcm9-297613.pdf

NHS
South East London
Clinical Commissioning Group

Future plans

- Working with nurses to increase knowledge on cancer as a LTC
- Looking for further sites to start nurse led clinics
- Working with practices to implement use of text questionnaire pre review
- Creating an accurx message that's available to both federations to be used at 3mths with links to local information resources
- Working with practices to audit existing CCRs and implement changes to improve the current process

NHS
South East London
Clinical Commissioning Group

Local Resources

Cancer care map

Cancer Care Map is a simple, online resource that aims to help you find cancer support services in your local area wherever you are in the UK.

Homepage | Cancer Care Map

Exercise after cancer

The 12-week Southwark GP Exercise Referral service has been designed to help inactive people that are struggling with their mental and physical health. The Kickstart and Active boost programmes are both suitable for patients after cancer treatment

Referral can be made by any HCP online at the following address: Professional Referral - Everyone Health Southwark

Walking Groups

The walks are open to all, last no longer than one-hour, shorter distance options are available for beginners and those with long term health conditions. scheme coordinator: julieharris@everyonehealth.co.uk

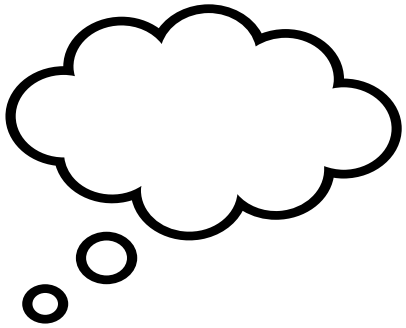
Everyone Health Walks Southwark | Walking for Health

Talking therapies

Through Bupa, Macmillan are offering up to six counselling sessions, free for people struggling emotionally because of cancer

Free specialist counselling for people with cancer - Macmillan Cancer Support

Questions ?



Earlier diagnosis and prevention

Breast, Bowel and Prostate

SELCA PCN Workshop
Early Diagnosis of Cancer DES 2022

- South East London Cancer Alliance are running an ‘in person’ workshop for interested clinicians and PCN leads to develop plans to meet the DES requirements
- On Thursday morning 16th June.
- Location: Southwark Cathedral
- Register: Email: **zara.gross@gstt.nhs.uk**

‘Bowelbabe’ Deborah James

44 min

PLAY

Deborah James (Bowel Babe) On Living With Stage Four Bowel Cancer E

Not Another Mummy Podcast

Parenting

Telling your children that you have cancer is likely to up there on everyone's list of their worst fears but for my guest on this episode, Deborah James, it happened. Just over a year ago, mum-of-two Deborah went to her GP with suspected irritable bowel syndrome and was eventually diagnosed with stage four bowel cancer. 21 rounds of chemotherapy later, Deborah is still fighting the cancer, which has spread to her lungs, and is documenting her experiences on her blog Bowel Babe, her Instagram account and her column with The Sun.

On the podcast, Deborah talks about what it was like to be told she has cancer, how she told her children and how the diagnosis has brought her closer to them. Deborah also explains why she wants to show a different side to cancer...

Music: Epidemic Sound

Support this show http://supporter.acast.com/notanothermummy.

See acast.com/privacy for privacy and opt-out information.

More Episodes

Bowel Cancer

What is FIT?

FIT (Faecal Immunochemical Test) is a stool test designed to identify possible signs of bowel disease. It detects minute amounts of human blood in faeces.

Why is it useful?

A patient with abdominal symptoms and FIT<10 has a 99.6% chance of NOT having colorectal cancer.

A patient with a FIT of >150 has a 1 in 3 chance of having bowel cancer.

Having the result included/available with the referral is therefore essential to helping clinically triage an individual patient's risk of bowel cancer. This will ensure they receive the most clinically appropriate investigation in the shortest time possible.

FIT testing for suspected bowel cancer

- FIT results should support referral decision making for suspected lower GI cancer in general practice. Availability of FIT on suspected LGI referrals can significantly improve the time to test and diagnosis

- The proportion of suspected LGI referrals it is estimated should include a numerical FIT value is 80-95% . Currently we are achieving about 50%

- FIT specific kits should be given to the patient, with clear instructions on how to complete the sample e.g CRUK video
  https://www.youtube.com/watch?v=il6VSceMWfM
- FIT tests can now be ordered *by site* not just by practice- log on to the portal- helpful if you have practice spread over several locations

FAQ:
What if the person reports blood loss in the stool?

- Yes
- FIT should still be used in patients presenting with active rectal bleeding (where benign causes have been ruled out e.g. haemorrhoids), or with frank blood in their stool.
- The FIT result is so useful as it is able to *quantity the amount of human blood* in the stool. Evidence has shown how this directly correlates to the risk of a bowel cancer diagnosis, even in patients with a presenting history of rectal bleeding

FIT for diagnosis versus FIT for screening

- FIT for screening detects blood at level > 120 units

- FIT for screening detects blood at level > 10 units

-so is much more sensitive . A recent negative screening FIT test doesn't rule out the need for FIT testing in the presence of symptoms

ALL referrals for suspected lower GI cancer must now have a numerical FIT result.

Except, in cases of unexplained anal/rectal mass, or anal ulceration who can be referred regardless of FIT.

Upon receipt of the result of the FIT test, please take the appropriate action below:	
FIT ≥10µg/g FIT Positive	Refer on 2WW Pathway
FIT <10µg/g FIT Negative	Consider one of the following: 1) Safety netting and review at 4-6 weeks to consider need for referral; 2)Consider an alternative 2WW pathway that may be more appropriate for the patients symptoms e.g. upper GI, urological, gynaecological or to Rapid Diagnostic Centre (RDC); 3) Seeking advice from a specialist via Advice & Guidance or a similar service; 4) Refer on LGI 2WW pathway but with FULL clinical information included. ***FIT test <10 µg/g indicates that there is 99.6% chance that the patient does not have colorectal cancer***

Bowel Cancer in younger people

Consider FIT in younger patients also (20-39 years) to assess risk of Early Age Onset Colorectal Cancer(EAOCR)

The symptoms may sound like irritable bowel and bowel cancer in young people is easy to miss. The FIT test is a very useful test and easy to do in primary care.

CRUK symptom guide

https://www.cancerresearchuk.org/sites/default/files/cancer-stats/nice_body_infographic_feb_2020/nice_body_infographic_feb_2020.pdf

Primary Prevention of Breast Cancer

A significant area for development

Headlines

- In NICE guidelines since 2014 but little known or acted upon
- Lifestyle measures- always important.
- Medication – Studies show that 5 years treatment with (tamoxifen and anastrazole) reduces incidence of cancer in women who areat increased risk by up to 50 %, with long lasting effect of risk reduction after the treatment is finished , and for many with minimal or no side effects

Explained in resources below

Resources for management of women with increased risk of breast cancer

Three learning resources have been produced on this nationally:

1. RCGP podcast (free access not just members)
2. eLearning for Health "Breast Cancer Primary Prevention
3. Red Whale: Pearl summary of breast cancer prevention measures and video link.

Can be found currently on https://www.gp-update.co.uk/updates

Pearls page as this will be top of the list as released today!

Programme information

Title:

Breast cancer primary prevention education

Description:

This session outlines the lifestyle and pharmacological interventions that can be used in the primary prevention of breast cancer for pre- and postmenopausal women. It also covers the side-effects of each drug and the guidelines to receive treatment.

Created:

20 Dec 2021

Last Major Update:

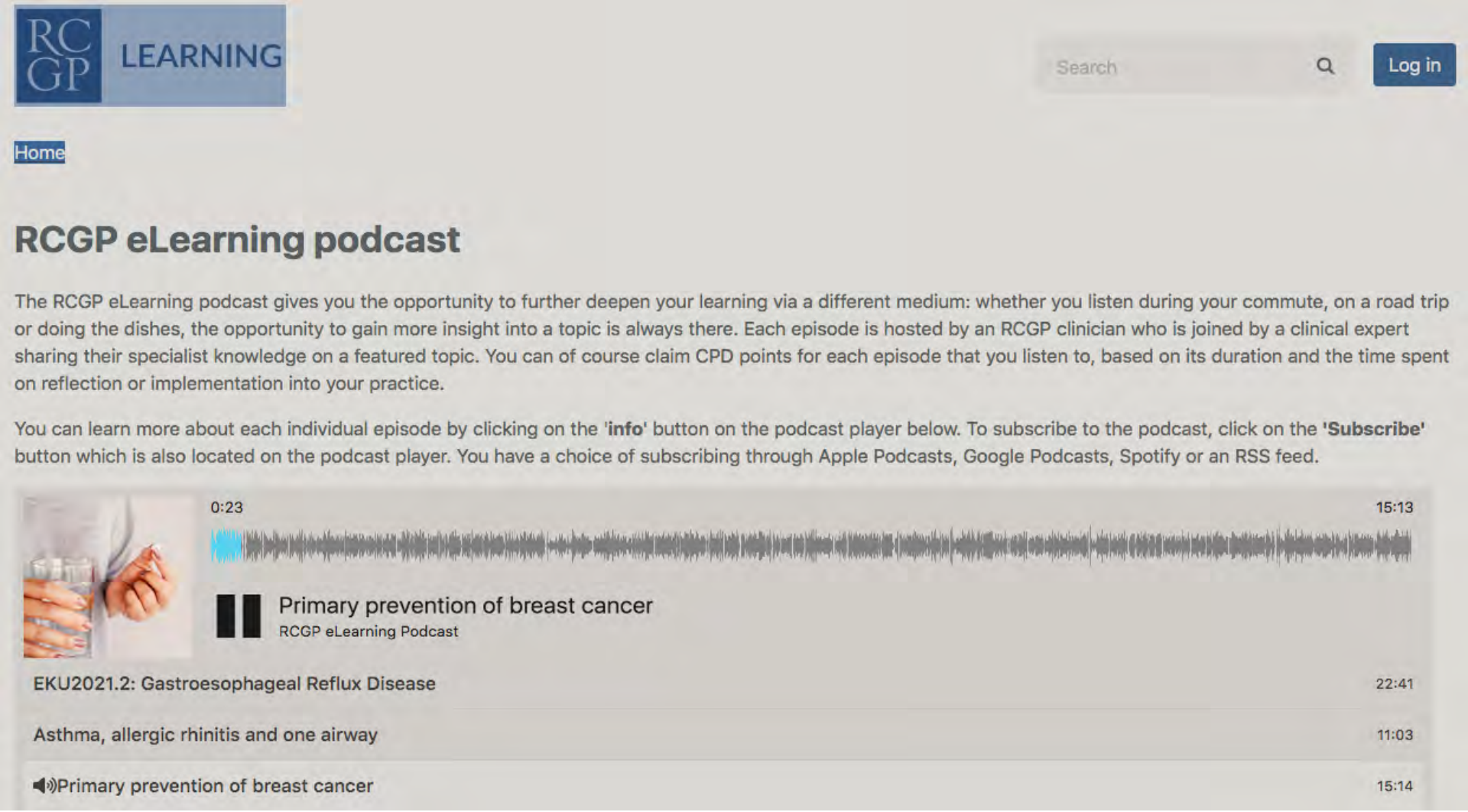
20 Dec 2021

Keywords:

855-0001, prevent, therapy, preventative, selective estrogen receptor modulator, SERM, tamoxifen, raloxifene, anastrozole, aromatase inhibitor, menopausal, lifestyle, prevention, weight, alcohol, BRCA, diet, breast, cancer, premenopausal, postmenopausal, physical, activity, family, history

RCGP: Open access resource- you don't need to be a member

https://elearning.rcgp.org.uk/mod/page/view.php?id=9591



Prostate cancer- the missed cases

- “PCNs should review the data provided by their local Cancer Alliance on cumulative shortfalls in urological cancer referrals and treatments over the course of the pandemic and develop an action plan.”

- It is recommended that PCNs focus on

  -those aged 50 or older;

  -those with a family history of prostate cancer aged over 45

  -black men aged over 45

Prostate cancer and Ardens

- Ardens are developing EMIS searches for us (SEL) to potentially identify men at risk of prostate cancer.
- Potential for AccuRx communication?

-Prostate cancer UK have a self assessment questionnaire that could then be shared by text

https://prostatecanceruk.org/risk-checker

- Steve McQueen ‘Embarrassed’
- https://www.embarrassedfilm.org/

https://prostatecanceruk.org/risk-checker

PROSTATE CANCER UK

Check your risk in 30 seconds

It's the most common cancer in men, but most men with early prostate cancer don't have symptoms.

Prostate cancer is not always life-threatening. But when it is, the earlier you catch it the more likely it is to be cured.

Answer three quick questions to check your risk.

https://www.embarrassedfilm.org

Home About Support Us Prostate Cancer Thank You Contact