Guildford Primary Care Education
Lung Cancer Update
Thursday 3 May 2018

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CANCER RESEARCH UK FACILITATORS

WE ARE MACMILLAN. CANCER SUPPORT

What we will cover

- Smoking cessation - GP role
- E cigarettes
- Early diagnosis
- Local support from CRUK and Macmillan
- Case studies
- Top 10 tips
- Resources and CPD

4 IN 10 CANCER CASES IN ENGLAND CAN BE PREVENTED...

...MAKE A CHANGE TO REDUCE THE RISK OF CANCER

- Be smoke free
- Keep a healthy weight
- Be safe in the sun
- Avoid certain substances at work
  such as asbestos
- Protect against certain infections
  such as HPV and H.Pylori
- Drink less alcohol
- Eat a high fibre diet
- Avoid unnecessary radiation
  including radon gas and x-rays
- Cut down on processed meat
- Avoid air pollution
- Breastfeed if possible
- Be more active
- Minimise HRT use

Larger circles indicate more England cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018

Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER
cruk.org/prevention

Public Health England

CANCER RESEARCH UK

What can GPs do?

WHAT YOU CAN DO AS A HEALTHCARE PROFESSIONAL?

- ✓ Refer patients to Stop Smoking Services.

  Quit 51 in Surrey
- ✓ Send personalised letters.
- ✓ There is evidence that brief intervention (a tailored conversation around current behavior and opportunities to make changes) from GPs can encourage smoking cessation.

elearning.rcgp.org.uk/course **30 mins**

VBA e learning module

RCGPLearning
Essential CPD for primary care

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Home ▸ Courses ▸ Clinical Courses and Certifications ▸ Behaviour change and cancer prevention ▸ Summary

Behaviour change and cancer prevention

This module is aimed at healthcare professionals who would like to promote behaviour change in their patients to reduce their cancer risk. The module will highlight the links between cancer and smoking, obesity and alcohol and describe the evidence for Very Brief Advice (VBA) on behaviour changes to reduce cancer risk. Using case studies, it will give practical explanations on how to deliver effective VBAs for the different high risk behaviours in time pressured consultations in as little as 30 seconds.

This course was developed in partnership with Cancer Research UK

Start Behaviour Change and Cancer Prevention

Time to complete this course:
30 minutes

Date of publication:
April 2017

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http://elearning.rcgp.org.uk/course/info.php?id=211 (last accessed 7.4.18)

RCGP Royal College of General Practitioners

VALUE OF THE MODULE

Value of module 4.5 /5

- Provides motivation to give advice (esp. smoking).
  - evidenced based / numbers needed to treat (NNT).
- Quick to implement.
- Reinforcement & / or increased depth of knowledge about risk factors link to cancer.
- Practical support (language) in delivering VBA.

'The **value of it is its brevity** and the fact that it's **got some evidence behind it,** so you know **you're not wasting your time** by being so brief.' **GP**

'Smokers … before the training I felt very unconfident to challenge the subject, to talk about it as a lifelong non-smoker. I almost felt I didn't have the credentials to talk to people about it. After the training… I really felt I had the **confidence to talk to smokers** and link it to cancer and other health issues.' **Community Health Trainer**

'It's refreshing, it's memorable, it's immediately applicable. It's within everyone's ability to do it.' **Nurse Practitioner**

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1= not at all confident, 2 = not too confident, 3 = neither confident nor underconfident, 4 = somewhat confident, 5 very confident
Those in non-specialised roles–Value of module (4.2)

E-CIGARETTES

All evidence so far suggest they are safer than tobacco cigarettes, although long term effects are not known

RCGP recommends GPs:

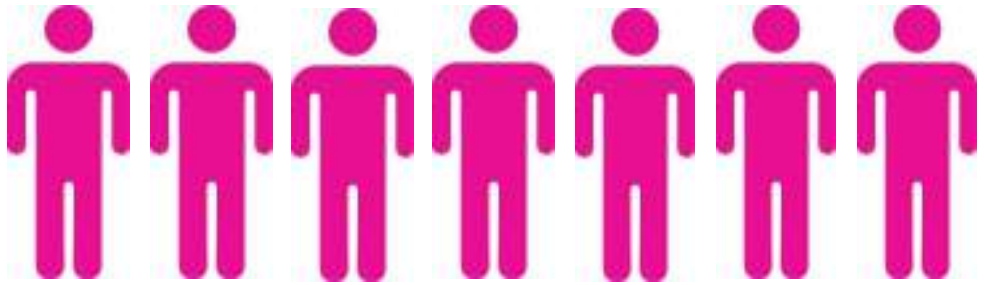
- Provide advice on relative risk of smoking and e-cigarette use
- Actively engage with smokers who want to quit with the help of e-cigarettes
- Encourage smokers who want to use e-cigarettes as an aid to quit smoking to seek the support of local stop smoking services

Taken from http://www.rcgp.org.uk/clinical-and-research/clinical-news/to-vape-or-not-to-vape-the-rcgp-position-on-ecigarettes.aspx

Value of early diagnosis

UK GPs are facing a 2.5% annual growth in their 400 million consultations

An average GP will see 8000 patients a year . . .

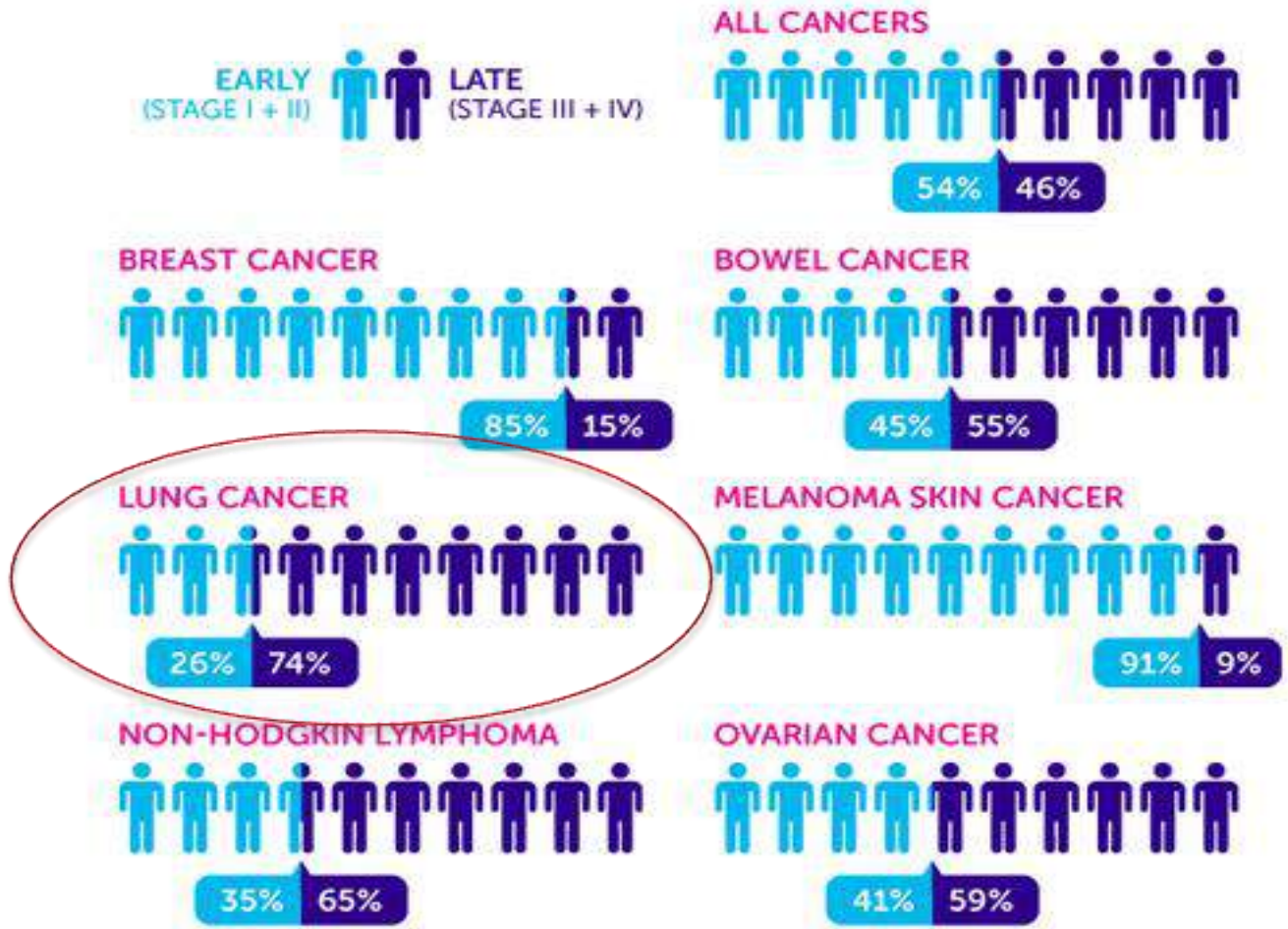


But will only have 7 cases of cancer

There are 50000 GPs in 9,000 independent practices in the UK

EARLY AND LATE CANCER DIAGNOSIS

STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2015



Source: Public Health England Stage breakdown by CCG 2015, NCRAS 2017

LET'S BEAT CANCER SOONER
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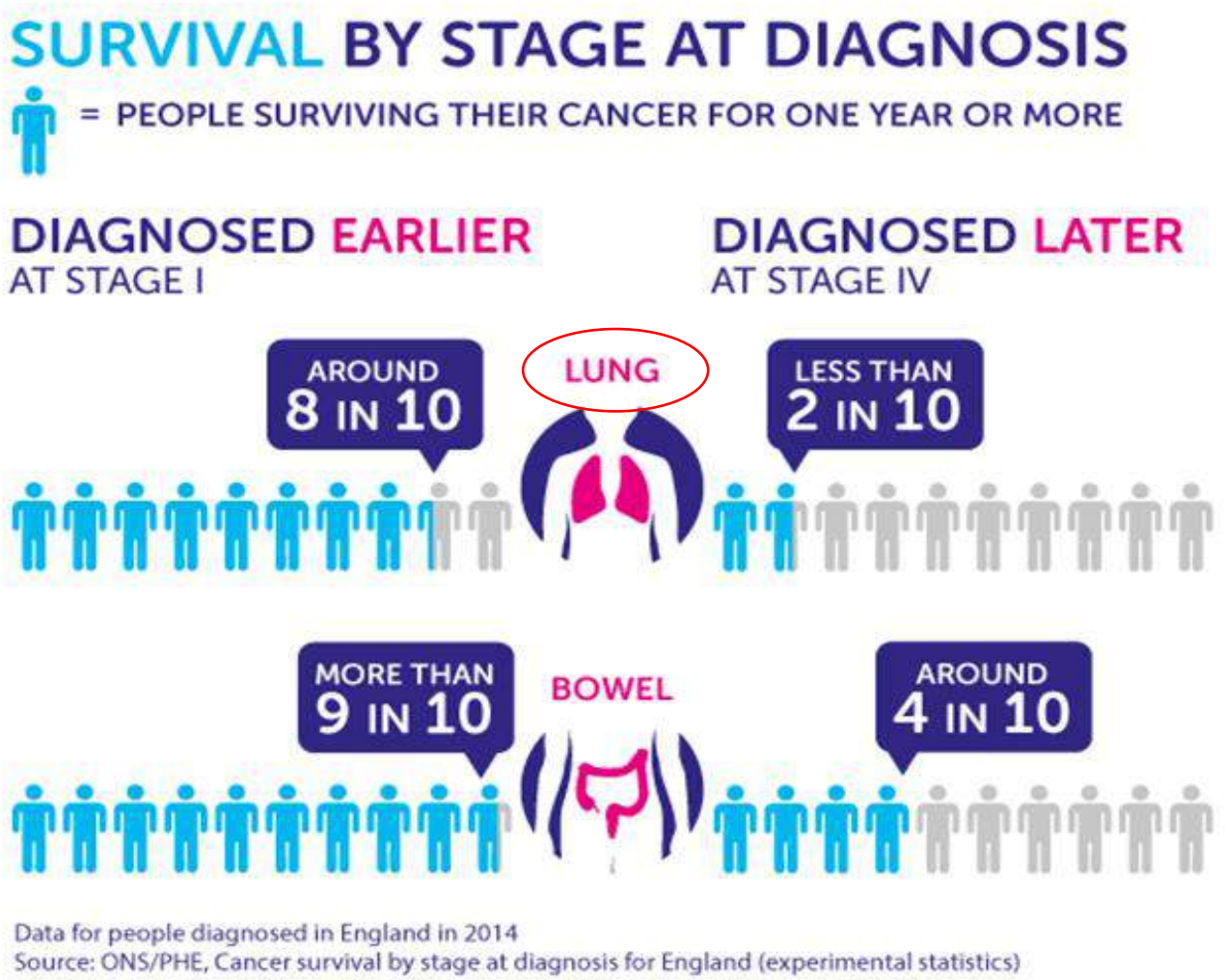
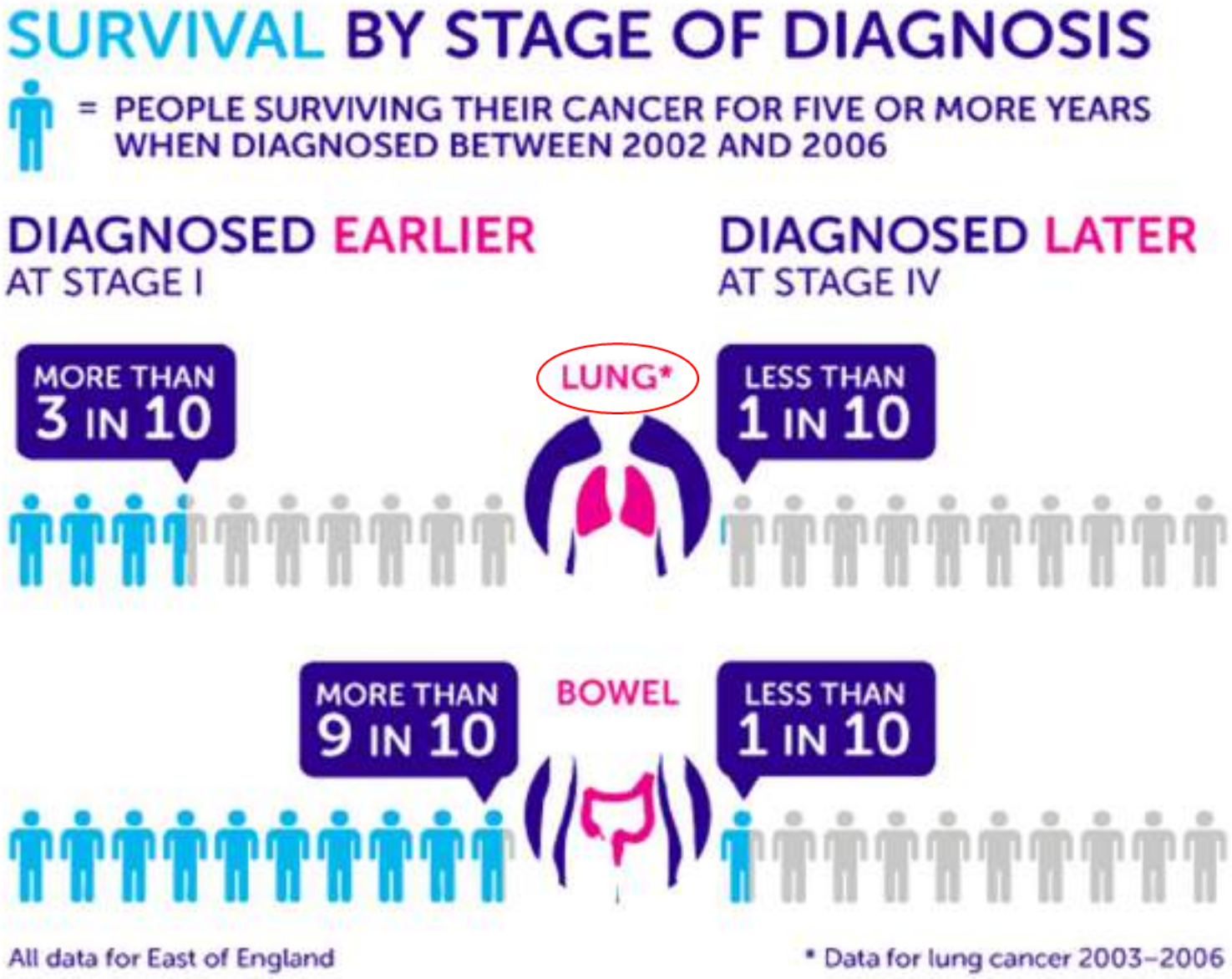
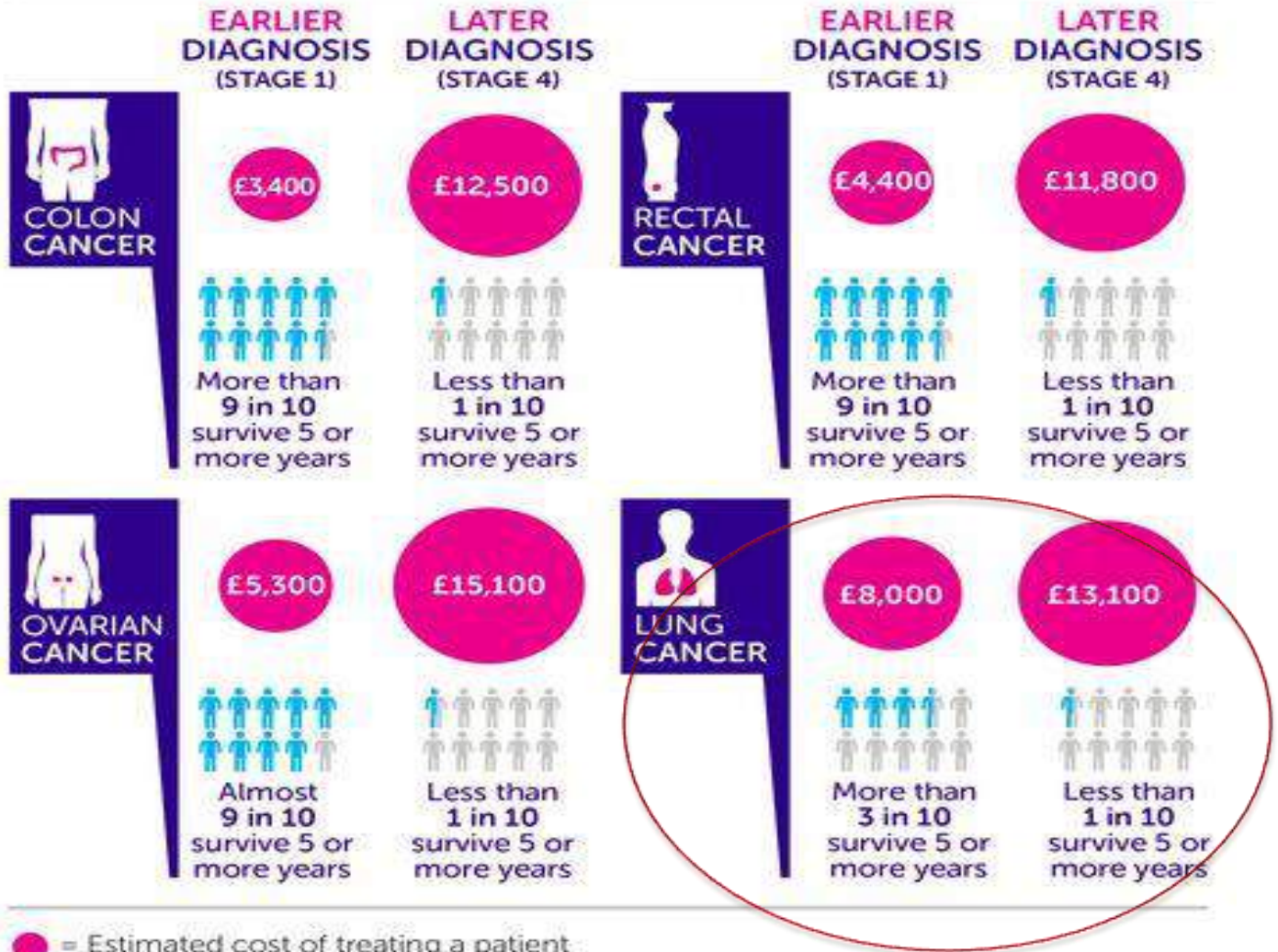
1 year+ survival



5 year survival



WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS



● = Estimated cost of treating a patient

*Rectal and Colon Cancer survival is based on bowel statistics

Source: Saving lives, averting costs. Report by Incisive Health for Cancer Research UK, September 2014.

LET'S BEAT CANCER SOONER
cruk.org

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Local data on lung cancerTwo Week Wait referrals for suspected lung cancer per 100,000

Area	Value	Lower CI	Upper CI
England	109	109	110
NHS Guildford and Waverley CCG	68	58	80
H81044 - Springfield Su...	176	70	362
H81022 - Chiddingfold S...	150	60	308
H81062 - Haslemere Heal...	144	95	210
H81029 - Dapdune House...	117	64	196
H81077 - Shere Surgery/...	100	43	197
H81031 - Witley Surgery	92	44	169
H81132 - Guildford Rive...	84	17	246
H81076 - Grayshott Surg...	82	39	152
H81647 - New Inn Surger...	80	10	287
H81090 - Woodbridge Hil...	77	35	146
H81053 - Villages Medic...	77	28	167
H81006 - Austen Road Su...	70	22	162
H81052 - Cranleigh Medi...	59	27	111
H81064 - Fairlands Medi...	57	23	117
H81026 - Binscombe Medi...	38	10	97
H81043 - Wonersh Surger...	38	10	96
H81010 - Guildowns Grou...	32	14	62
H81084 - The Horsley Me...	29	6	85
H81035 - Merrow Park Su...	28	6	81
H81085 - St.Luke's Surg...	28	6	81
H81021 - The Mill Medic...	26	7	66

Source: NHS England Cancer Waiting Times Database

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE

KEY

BLEEDING

LUMPS/ MASSES

PAIN

SKIN

SKELETAL

NEUROLOGICAL

ORAL LESIONS

RESPIRATORY

ABDOMINAL

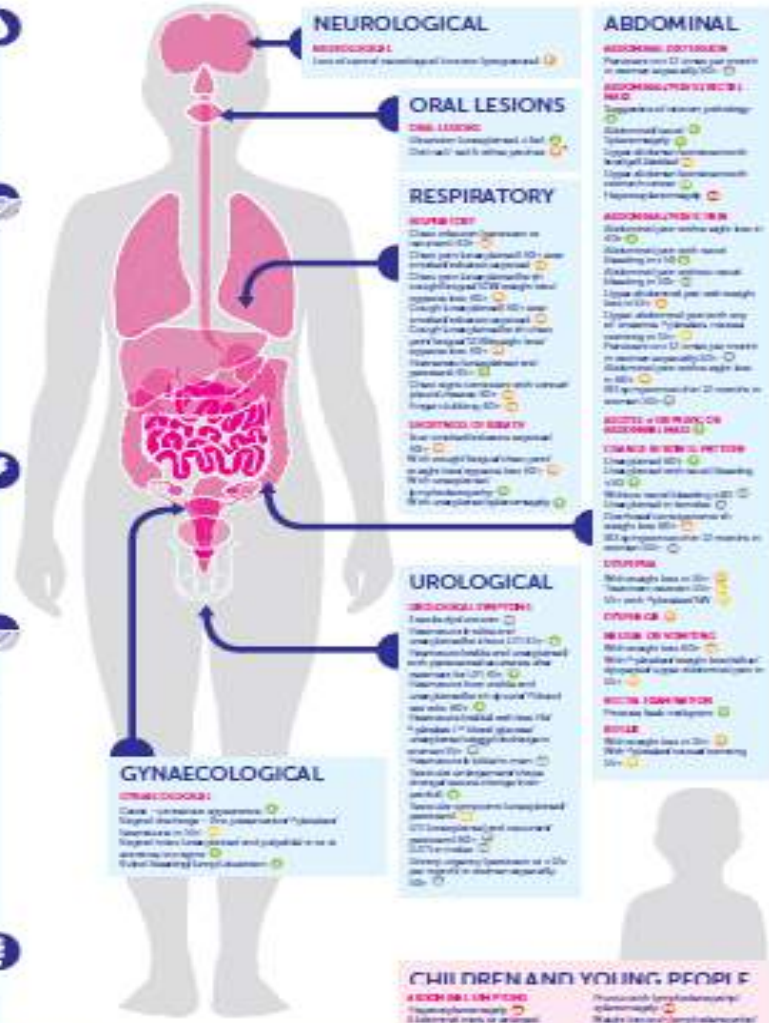
UROLOGICAL

GYNAECOLOGICAL

NON-SPECIFIC SYMPTOMS

INVESTIGATION FINDINGS

CHILDREN AND YOUNG PEOPLE



Local support

Our practice visits are at the core of what we do

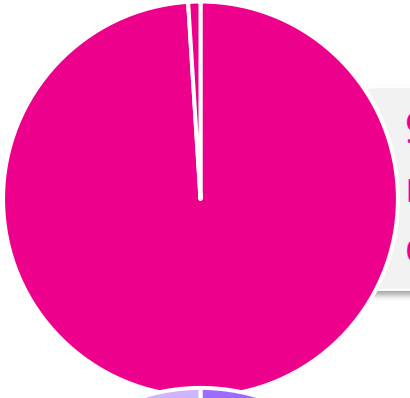
Meet the whole team

Interactive discussion about cancer, their data and ideas for improvement

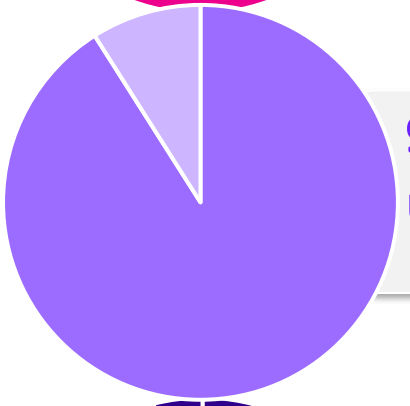
Follow up with training, advice, and resources

Care Quality Commission

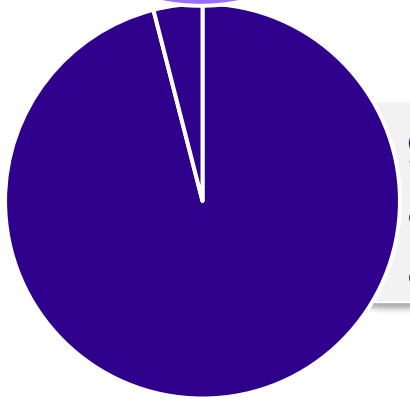
. . . and they are exceptionally effective



99% of attendees would recommend them to colleagues

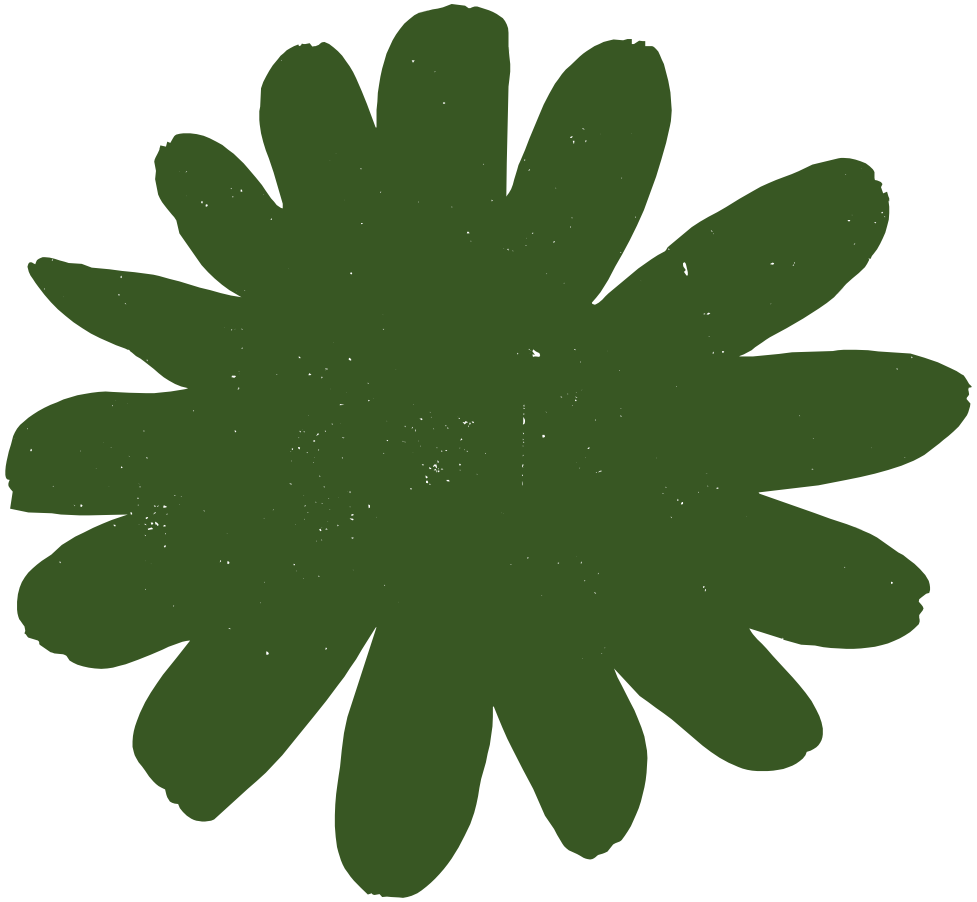


91% rated the visit as ‘Very useful’



96% of attendees plan to take action to improve their practice as a result

Case histories



Case 1

- 56 year old woman
- 6 months of unintended weight loss - 5kg. Appetite unchanged
- Fatigue - attributes this to stress at work
- No cough/dyspnoea
- Ex-smoker - stopped 10 years ago
- Normal chest/abdo exam
- Weight 74kg, BMI 28.5. No other recent record of weight

What would you do?

Case 1

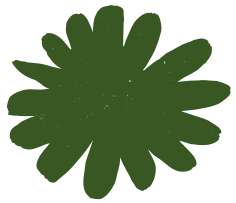
- FBC shows mild leucocytosis = 12
- All other blood tests normal

What now?

Case 1

- She returns 3 weeks later
- She has lost more weight (now 72kg) and has lost her appetite. No other new symptoms
- Examination reveals a mass ?lymphadenopathy in the left supraclavicular fossa and some obvious enlarged nodes in left side of the neck

What next?

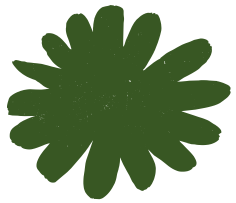


Nice Urgent Suspected Lung Cancer Guidance

- Urgent suspected cancer referral if
  - 40+ with unexplained haemoptysis
  - CXR suggestive of lung cancer

- Urgent x-ray in people 40+ if 2 unexplained symptoms (never smokers) or 1 unexplained symptom (current/ex smokers)
  - cough
  - sob
  - fatigue
  - chest pains
  - weight loss
  - appetite loss

- Consider urgent x-ray in people 40+ if
  - Persistent/recurrent chest infection
  - finger clubbing
  - supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
  - thrombocytosis

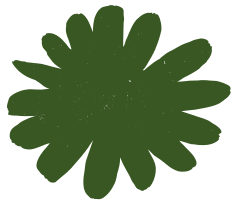


Case 2

- 71 year old man
- 8 weeks constant, severe pain in the right shoulder radiating beneath scapula and into axilla
- Exacerbated by walking, sitting, turning in bed.
- Grip weakness and loss of dexterity but no arm pain/ paraesthesia.
- Chest tightness
- Reduced appetite and sleep disturbance
- Heavy smoker. Aortic valve replacement. Asthma

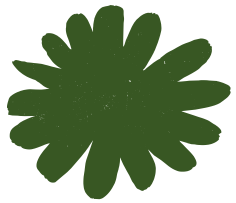
Case 2

- Normal shoulder exam
- No neurological deficit in the upper limbs
- Cervical/thoracic spine movements restricted and painful
- Pain when palpating upper thoracic spinous processes and the facet/rib joints
- Chest auscultation normal. RR30. Sats 95%

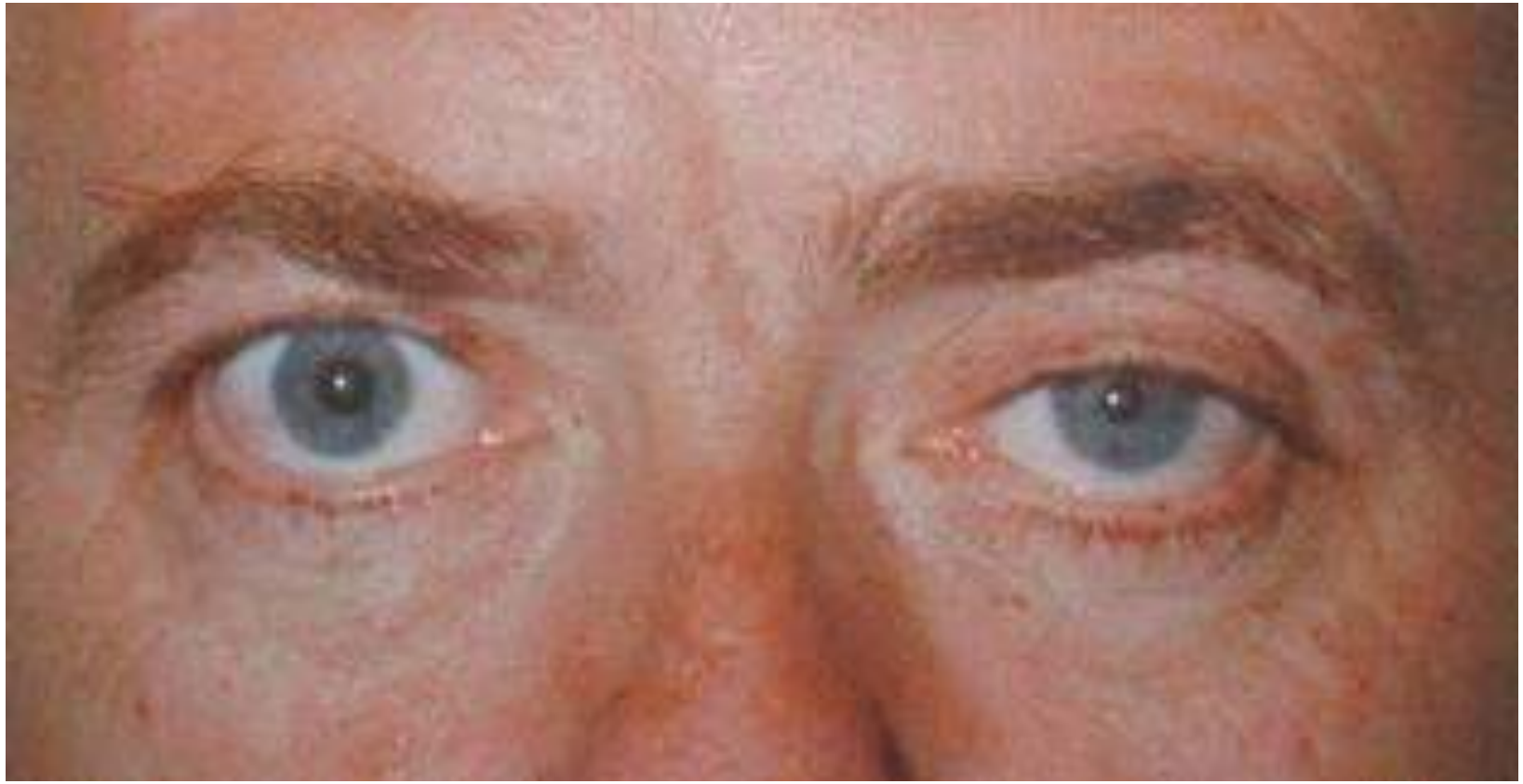


Case 2

- Booked in for asthma review
- Referred to community MSK clinic
  - Isotope bone scan
    - Large soft tissue mass posteriorly in the apex of the right lung with chest wall extension and destruction of adjacent ribs
    - No increased uptake anywhere else to suggest metastases
- Pancoast tumour



Horner’s syndrome



Why was this unusual?

- No mechanical pain pattern. Pain reported on resting and walking
- Normal shoulder examination
- Severe/prolonged pain
- Constitutional/non MSK symptoms

PRIMARY CARE 10 TOP TIPS

Authors:
Dr Charles Campion-Smith, Macmillan GP Adviser
Dr Kavi Sharma, Macmillan GP Adviser
Dr Charles Daniels, Macmillan Consultant in Palliative Medicine

Managing fatigue

1 Take a proper history of tiredness/fatigue (as you would for pain). Consider personality, how they'd usually react to illness, their disease and treatment history. Take their symptoms seriously and use them as a cue – patients may wish to discuss disease progression and prognosis etc.

2 Try to quantify the problem. How does fatigue affect the patient and their life? What is it they can and can't do because of the fatigue? Do they have unrealistic expectations about the speed of recovery or are they denying the seriousness of their illness?

3 Try to understand the meaning of the fatigue for the patient. Is it more of a problem for relatives?

4 Is the concern about the physical limitations or the worry that the fatigue may indicate disease progression and death?

5 Possible causes of fatigue are:
– treatment
(eg chemotherapy, radiotherapy or steroid associated)
– disease progression (lung and pancreatic cancer might cause fatigue even if not spread – prostate usually needs to have metastasized before causing it)
– sadness, depression or anxiety
– an unrelated problem
(eg thyroid, diabetes)

6 Investigate where appropriate (FBC, albumin, U&Es, LFTs, calcium, glucose, weight, tumour markers, X-ray or scan)

7 Appropriate graded exercise (even bed and chair based) can be very helpful while rest usually makes fatigue worse. FAB (Fatigue Anxiety Breathlessness) clinics may be available in your area.

8 Consider use of oral steroids and Megestrol but you may want specialist advice first.

9 Try to maintain contact during treatment – patients appreciate this hugely and then feel more ready to discuss issues. It also helps to create trust.

10 Referrals may be useful or appropriate. Your interest, support and willingness to discuss concerns and have those difficult but important conversations is an equally significant part of patient care.

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PRIMARY CARE 10 TOP TIPS

Author:
Dr Bridget Gwynne, Macmillan GP Adviser
Dr David Plume, Macmillan GP Adviser
Dr Averil Fountain, Consultant in palliative medicine
Dr Paula Powell, Consultant in palliative medicine

Managing complex symptoms: breathlessness

1 Any new or worsening breathlessness should be fully assessed, taking into account the impact on the patient, relatives and carers, and any potential reversibility.

2 Remember, anxiety leads to breathlessness and breathlessness leads to anxiety.

3 Treat reversible causes if appropriate. If the patient is in the last few hours of life then treating the symptoms and not the cause may be appropriate.

4 Devise a management plan with the patient and carer, ensuring that it is reviewed regularly.

5 Share the management plan with colleagues including the Out-of-hours team.

6 Oxygen only helps hypoxic patients. Therefore check saturations (with finger tip monitor) at rest and on exertion. Patients with oxygen sats>94% do not need oxygen no matter how breathless they feel.

7 For non-hypoxic patients provide some reassurance and an appropriately positioned fan (straight onto the face so as to provide airflow) is as effective or more effective than oxygen.

8 Short acting and low dose opiates are often effective (2.5–5 mg morphine).

9 Breakthrough pain opiate doses should be calculated and taken separately from breathlessness opiate doses. You may need to provide written instructions to patients and carers to aid understanding.

10 If in doubt, talk to the specialist palliative care team and/or local breathlessness resources/teams.

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CPD & resources

National General Practice Profiles

https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/1938133086/pat/152/par/E38000214/ati/7/are/H81006/iid/91350/age/1/sex/4

NICE suspected cancer referral guidance 2015 – lung

https://www.nice.org.uk/guidance/ng12/chapter/1-recommendations-organised-by-site-of-cancer#lung-and-pleural-cancers

Cancer Research UK – Health Professionals

http://www.cancerresearchuk.org/health-professional

CPD and courses

http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you

CPD & resources cntd

Behaviour change and cancer prevention RCGP/CRUK

http://elearning.rcgp.org.uk/course/search.php?search=behaviour+change

Lung cancer and immunotherapy

http://scienceblog.cancerresearchuk.org/2017/06/27/lung-cancer-discovery-points-to-a-better-way-to-personalise-immunotherapy/

Lung cancer information for patients

http://about-cancer.cancerresearchuk.org/about-cancer/lung-cancer

CPD & resources

RCGP/Macmillan consequences of cancer toolkit (helping you to help your patients living with and beyond cancer)

http://www.rcgp.org.uk/clinical-and-research/toolkits/consequences-of-cancer-toolkit.aspx

Macmillan revalidation toolkit (learning modules to improve quality of cancer care in primary care)

https://www.macmillan.org.uk/_images/revalidation-toolkit_tcm9-291970.pdf

Macmillan Learn Zone (e-learning and some free to attend courses relevant to cancer and end of life care)

http://learnzone.org.uk/professionals/

Thank you for listening

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