Guildford Primary Care Education Lung Cancer Update Thursday 3 May 2018

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# 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...



Keep a healthy weight

### Be safe in the sun

Avoid certain substances at work such as asbestos

such as a

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

> 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

Public Health England



LET'S BEAT CANCER SOONER cruk.org/prevention

### 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.





### VBA e learning module

RCGPLearning

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

#### Behaviour change and cancer prevention



Time to complete this course: 30 minutes Date of publication: April 2017 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





# VALUE OF THE MODULE



- 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



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)

www.narrative-health.com

### **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 ecigarettes as an aid to quit smoking to seek the support of local stop smoking services

### THE EVIDENCE SO FAR SHOWS THAT E-CIGARETTES ARE FAR SAFER THAN SMOKING



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

# 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





# 1 year+ survival

### **SURVIVAL BY STAGE AT DIAGNOSIS**

= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED EARLIER<br/>AT STAGE IDIAGNOSED LATER<br/>AT STAGE IV





Data for people diagnosed in England in 2014 Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)





# 5 year survival

### **SURVIVAL BY STAGE OF DIAGNOSIS**

= PEOPLE SURVIVING THEIR CANCER FOR FIVE OR MORE YEARS WHEN DIAGNOSED BETWEEN 2002 AND 2006

DIAGNOSED EARLIER DIAGNOSED LATER AT STAGE I AT STAGE IV MORE THAN LUNG\* LESS THAN 3 IN 10 **1** IN **10** MORE THAN BOWEL LESS THAN 9 IN 10 1 IN 10 All data for East of England Data for lung cancer 2003–2006

### WHEN THE NHS DIAGNOSES PATIENTS EARLIER, TREATMENT COSTS MUCH LESS



LET'S BEAT CANCER SOONER cruk.org



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

| Area                              | Value            | Lower | Upper<br>Cl |
|-----------------------------------|------------------|-------|-------------|
| England                           | 109              | 109   | 9 110       |
| NHS Guildford and Waverley<br>CCG | 68 <mark></mark> | 58    | 8 80        |
| H81044 - Springfield Su           | 176              |       | 362         |
| H81022 - Chiddingfold S           | 150              |       | 308         |
| H81062 - Haslemere Heal           | 144              | - 95  | 5 210       |
| H81029 - Dapdune House            | 117              | 4 64  | 1 196       |
| H81077 - Shere Surgery/           | 100              | - 4:  | 3 197       |
| H81031 - Witley Surgery           | 92               | 44    | 1 169       |
| H81132 - Guildford Rive           | 84               |       | 246         |
| H81076 - Grayshott Surg           | 82               | 39    | 9 152       |
| H81647 - New Inn Surger           | 80 1             |       | 287         |
| H81090 - Woodbridge Hil           | 77               | 35    | 5 146       |
| H81053 - Villages Medic           | 77               | 28    | 3 167       |
| H81006 - Austen Road Su           | 70               | 22    | 2 162       |
| H81052 - Cranleigh Medi           | 59 🛏 🚽           | 27    | 7 111       |
| H81064 - Fairlands Medi           | 57               | 23    | 3 117       |
| H81026 - Binscombe Medi           | 38               | 10    | 97          |
| H81043 - Wonersh Surger           | 38               | 10    | 96 0        |
| H81010 - Guildowns Grou           | 32 -             | 14    | 4 62        |
| H81084 - The Horsley Me           | 29               | 6     | 5 85        |
| H81035 - Merrow Park Su           | 28               | 6     | 5 81        |
| H81085 - St.Luke's Surg           | 28               | 6     | 5 81        |
| H81021 - The Mill Medic           | 26               |       | 7 66        |

Source: NHS England Cancer Waiting Times Database

#### NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE

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# Local support

### Our practice visits are at the core of what we do









Follow up with training, advice, and resources

Meet the whole team



### . . . 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





- 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?



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

### What now?



- 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





- 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





- 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%



- 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

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?

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

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)

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.



# 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

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

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

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.

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

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

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.

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.

| 0    | Short acting and low dose   |
|------|-----------------------------|
| O    | opiates are often effective |
| (2.5 | -5 mg morphine).            |

Breakthrough pain opiate G 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.

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





**National General Practice Profiles** 

https://fingertips.phe.org.uk/profile/generalpractice/data#page/3/gid/1938133086/pat/152/par/E38000214/ati/7/are/H81006/iid/9135 0/age/1/sex/4

NICE suspected cancer referral guidance 2015 – lung

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

<u>Cancer Research UK – Health Professionals</u> <u>http://www.cancerresearchuk.org/health-professional</u>

CPD and courses

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

# CPD & resources cntd

<u>Behaviour change and cancer prevention RCGP/CRUK</u> <u>http://elearning.rcgp.org.uk/course/search.php?search=behaviour+change</u>

Lung cancer and immunotherapy

http://scienceblog.cancerresearchuk.org/2017/06/27/lung-cancerdiscovery-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-cancertoolkit.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

# **Debbie and Alex**

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