

SCOTTISH CANCER REFERRAL GUIDELINES REVIEW: SUMMARY OF SIGNIFICANT PEER REVIEW OUTCOMES

BACKGROUND

The Scottish Referral Guidelines for Suspected Cancer support GPs in identifying patients who are most likely to have cancer and therefore require urgent assessment by a specialist. Equally, the Guidelines help in identifying patients who are unlikely to have cancer, embedding safety netting as a diagnostic support tool.

The Guidelines, initially published in 2007, have undergone several refreshes, the most recent throughout 2018, as a result of new and emerging evidence initially identified by the Scottish Cancer Primary Care Group.

Funded by the Scottish Government's Detect Cancer Early (DCE) Programme, and lead by Dr Peter Hutchison, former Chair of the Scottish Primary Care Cancer Group, supported by Macmillan Cancer Support and Healthcare Improvement Scotland, the latest Clinical Review has focused on eight pathways:

- Lung
- Upper GI
- Lower GI
- Children, Teenagers and Young Adults
- Breast
- Head & Neck
- Brain
- Urology

An independent review of new and emerging evidence was undertaken by Healthcare Improvement Scotland followed by nine multi-disciplinary workshops across Scotland. Hundreds of individuals were then invited to take part in the peer review process including those from primary care, secondary care, third sector, patient groups and many more.

PEER REVIEW RESPONSES

Over 100 responses were received to the request for comments in relation to the revised draft Guidelines, ranging from GPs and Consultant Surgeons to Medical Directors, Community Link Workers and Consultant Radiologists. The majority were positive and supportive and many contained extremely useful suggestions for change which will be reflected in the final Guidelines. Some suggestions were not relevant for the ‘refresh’ nature that this process was intended to be and will therefore be considered at the next comprehensive review of the Guidelines, of which there is no confirmed timescale for.

There were three groups of peer review responders that warrant specific mention and thanks for the considerable time and effort they spent on reviewing available evidence and considering the Guidelines. Over 60 suggestions were shared with the Guidelines’ Steering Group from these responders alone:

1. Royal College of GPs Scotland;
2. Cancer Research UK;
3. Gastroenterologists, particularly in NHS Greater Glasgow & Clyde.

REVISED GUIDELINES

This document is a high level summary of the major, clinically significant changes made as a consequence of the feedback received through the peer review process. It does not include minor formatting and wording changes adopted for clarification in various sections, sometimes in order to align more closely with NICE Guideline NG12 Suspected cancer: recognition and referral.

Section 1 Dissemination of the Guidelines

- A suggestion about providing a visual aid which is symptom based rather than tumour based is being carefully considered.

Section 2.1.1 Patients’ and carers’ needs

- Comment added about offering a named key contact for support.

Section 2.1.5 Follow up

- Reference is made to Cancer Research UK’s leaflet “Your Urgent Referral Explained”.

Section 2.2.7 General points about suspected cancer

- A bullet point about metastatic disease was added.
- The comment about thrombocytosis was expanded to include reference to the acronym LEGO-C (the most commonly associated cancers: lung, endometrium, gastric, oesophageal and colorectal).

Section 3.1 Lung

- Loss of appetite was added as a reason for chest X-ray (CXR).

Section 3.3 Lower GI

- qFIT in symptomatic patients was expanded to make it clear to refer to local guidelines where available. Various pilots going on across Scotland each with its own referral guidance.
- Comment about change in bowel habit as a reason to refer was amended to include “...not simple constipation”.
- Abdominal pain with weight loss was added as a reason for urgent referral.
- Guidance about Primary Care management of low risk features was added.

Section 3.4 Oesophago-gastric, Hepatobiliary and Pancreatic

- Instead of abdominal pain being the required symptom, we now state that a combination of unexplained weight loss, particularly >55 years plus other alarm features (one of which is abdominal pain) is required for urgent referral.
- The reasons for referral for suspected HPB cancer were tightened up to require weight loss, particularly >55 years in association with other alarm features.
- Comment was added to seek advice in the presence of new onset GI symptoms in known chronic liver disease.
- The table of symptoms and signs of Upper GI cancers was expanded to include haematemesis and reflux symptoms. It was also moved to the end of the Upper GI section with further emphasis that these are NOT by themselves necessarily reasons to refer.

Section 3.5 Urology

- The guide to normal PSA levels was expanded to include men aged >80 years. There was no robust evidence base to draw on so these figures are a pragmatic aid based on clinical consensus.
- Comment was added to PSA testing advice about the possibility of levels being reduced by 5 alpha reductase inhibitors such as finasteride.

Section 3.6 Head & Neck

- Unexplained unilateral ear pain was removed as a reason for urgent referral.

Section 3.7 Brain and CNS

- Headache with definite papilloedema was changed from urgent referral to emergency referral.

Sections 3.8 Children, Teenagers and Young Adults

- The guidance about children with repeat presentations (three or more times) of any symptoms which do not appear to be resolving or following an expected pattern was changed from “always refer” to “consider referring”.
- Reference is made to the awareness card identifying warning symptoms and signs of childhood cancers produced by the Grace Kelly Ladybird Trust which is a useful resource for parents.

MORE INFORMATION

If you took part in the peer review process and would like to receive more detail in regards to your specific comments and suggestions, please don't hesitate to get in touch with the Guidelines Steering Group via **Scottishcancerguidelines2018@gov.scot**

The revised Guidelines were refreshed in 2018 and published January 2019.