

Top Ten Cancer Tips



1. Covid and Cancer

How Many Covid Vaccines do People with Cancer Need?

People who have had a 3rd primary dose due to immunosuppression are now recommended to have a 4th dose (booster) after 3 months.

Learn more about how many COVID vaccines people with cancer need here.

Which cancer patients are eligible for Covid treatment?

All patients with active solid or blood cancer and positive covid test should be referred to the Covid Medicines Delivery Unit (CMDU) for consideration for treatment. Refer to your local CMDU on ERS.

Persistent cough...not just Covid

Offer an Urgent CXR within 2 weeks to those aged >40 with (1 symptom for smokers, 2 for non-smokers): unexplained cough, fatigue, dyspnoea, chest pain, weight or reduced appetite.

2. Prostate Cancer

PSA request from a patient – What should you consider?

The PSA test is not specific to prostate cancer and can be affected by many factors. Many patients request a test, but it is important that they are aware of the pros and cons of the test. Read what to consider when discussing a PSA test with a patient here.

3. TWW referral safety netting

Does your practice have a robust follow-up system for your TWW referrals? An electronic embedded system is safer than a manual spreadsheet-based format. It would be worth exploring which options are open to your practice.

Dr Bushra Khawaja & Dr Lucy Doherty NWL GP Cancer Leads – Hillingdon and Hounslow Version 1: 14.02.22

4. Recurrent urinary tract infections and bladder cancer

Is your patient a smoker? Over 60? Recurrent urinary tract infections or dysuria? These factors increase risk of bladder cancers. Aged 60 and over with unexplained non-visible haematuria and either dysuria or raised white cell count require a TWW referral BAUS Cancer Guidelines Summary.pdf

5. Lower GI Cancer

Referring lower GI TWW? Please do a FIT test

FIT test before TWW lower GI referral essential unless other criteria on the TWW form fulfilled such as anal mass. This speeds up the process for the patient and allows hospital teams to decide on the most appropriate first test i.e. endoscopy vs CT.

Could you spot bowel cancer in younger patients?

Younger patients often do not fit the criteria for a suspected cancer pathway referral. However, every year over 2,500 younger people are diagnosed with bowel cancer in the UK. Learn about the issues of identifying bowel cancer in younger patients here.

6. Ovarian cancer and persistent bloating

Persistent bloating is a common presenting symptom of ovarian cancer. Therefore, a potential missed diagnostic opportunity can occur if this is not investigated.

Gateway C has summarised the NICE NG12 guidance here. Remember red flags:

- Early Satiety/appetite loss
- Pelvic/abdominal pain
- Urinary frequency and urgency
- Change in bowel habit
- Fatigue

How reliable is the CA125?

While the CA125 blood test is useful for diagnosing and monitoring people with ovarian cancer, 25% of patients with ovarian cancers will have a normal CA125 level.

Explore key learnings here

7. Cervical Screening

Cervical Screening: Have your Reception Staff signed up for the Jo's Trust Training?

Delegates will learn about cervical cancer prevention, as well as how to speak with patients about screening, , HPV and the vaccine and improving their knowledge of the importance of cervical screening. It has the added **benefit of meeting the PCN DES requirements** to help you increase screening uptake.

Registration details are available here

8. Myeloma and C.R.A.B Calcium increase, Renal impairment, Anaemia, Bone - back pain

C.R.A.B is the acronym designed to simplify the most typical clinical manifestations of multiple myeloma.

Learn more about the C.R.A.B acronym and direct links to NICE NG12 guidance <u>here</u>.

Remember you can ask for urgent 48 hour Haematology advice & Guidance via the Pan London Suspected Haematology Cancer Referral Form.

Also see the: Haematology Referral Guidelines NWL

9. New-onset diabetes and pancreatic cancer

Diabetes, especially Type 2, is common among the general population. However, unexplained new-onset diabetes should be investigated as a possible indicator of pancreatic cancer especially in patients with weight loss, aged 60 and over.

Gateway C has summarised the NICE NG12 guidance here.

10. Completing two week wait referral: have you done all relevant tests?

Taking a minute to think through which tests may be needed before referral may save a delay for the patient's cancer referral.