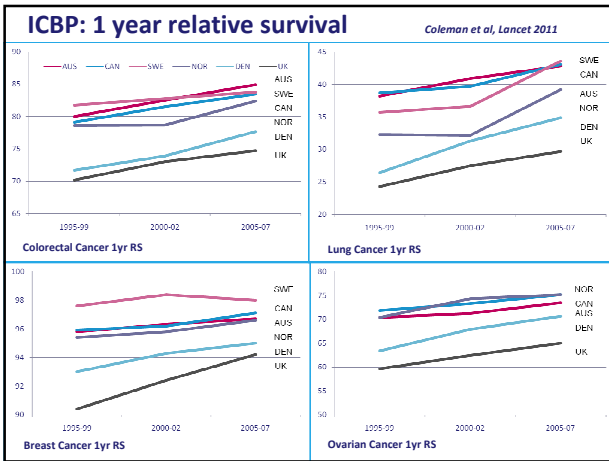


HOW CAN GPs CONTRIBUTE TO EARLY DIAGNOSIS OF COLORECTAL CANCER?

GREG RUBIN
PROFESSOR GENERAL PRACTICE AND PRIMARY CARE
RCGP / CANCER RESEARCH UK CLINICAL LEAD FOR CANCER




Awareness of CRC warning signs and symptoms (unprompted and prompted)

Sign/symptom	Unprompted % (n)	Prompted % (n)
Change in bowel habit	23.1 (331)	78.1 (1104)
Blood in stools	15.4 (221)	88.6 (1253)
Bleeding back passage	8.7 (124)	86.4 (1220)
Unexplained weight loss	4.1 (58)	74.9 (1058)
Pain in back passage	3.3 (47)	76.4 (1080)
Tiredness	2.0 (28)	50.1 (707)
Pain in abdomen	0.3 (4)	76.7 (1084)
Bowel does not empty	0.1 (1)	47.3 (668)
Lump in abdomen	0 (0)	64.4 (909)

Power et al. BMC Cancer 2011 11:366

3



National Cancer Patient Experience Survey 2010

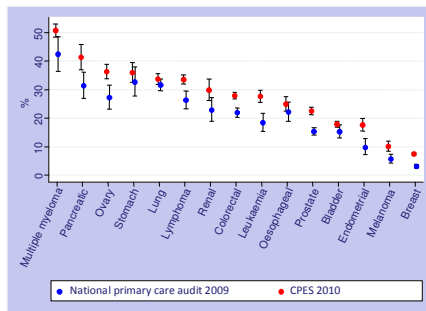
	Mean for all cancers	Upper GI	Lower GI
Saw a GP no more than twice before referral	75%	67%	70%
Waited 4 weeks or less to see a specialist	90%	91%	88%
Seen within 3 months of thinking something was wrong	78%	77%	70%
Health worsened while waiting to see a specialist	78%	62%	74%

4



GP consultations prior to referral

Comparison of crude (unadjusted) proportion of patients with three or more general practitioner consultations before hospital referral between the NHS Cancer Patient Survey 2010 and the National Audit of Cancer Diagnosis in Primary Care



Lyratzopoulos et al, Lancet Oncology 2012

5



Investigations ordered

FRACTION OF PATIENTS DIAGNOSED WITH EACH TUMOUR TYPE THAT HAVE SPECIFIED INVESTIGATION (I.E. 74.1% OF PROSTATE CANCER PATIENTS HAVE A BLOOD TEST).

	All	Breast	Colorectal	Lung	Prostate	Haematology	Other
Blood Test	33.1%	2.0%	41.5%	24.6%	74.0%	52.3%	24.4%
CT	1.1%	0.2%	0.8%	4.0%	0.2%	0.7%	1.2%
CXR	10.3%	1.7%	2.5%	61.0%	3.0%	14.8%	4.1%
Endoscopy	1.1%	0.0%	3.5%	0.4%	0.1%	0.5%	1.4%
MRI	0.2%	0.1%	0.0%	0.3%	0.2%	0.6%	0.3%
USS	6.7%	0.5%	5.4%	2.2%	3.2%	6.1%	12.9%

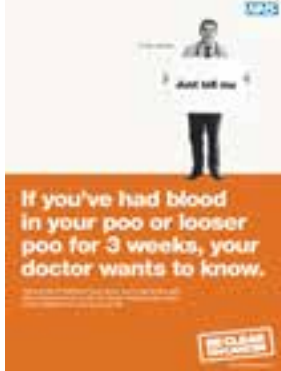
(Multiple investigations in a single patient may be counted more than once.)

National audit of cancer diagnosis in primary care. RCGP 2011

6



NAEDI Regional Bowel Cancer Pilot 2010/11



- Campaign ran in East of England and South West England for 7 weeks from end of Jan 2011.
- Social marketing campaign using regional TV, radio and print media, face-to-face events and partnership activity.

Change in GP consultations during bowel awareness campaign, compared to 12 months earlier



11

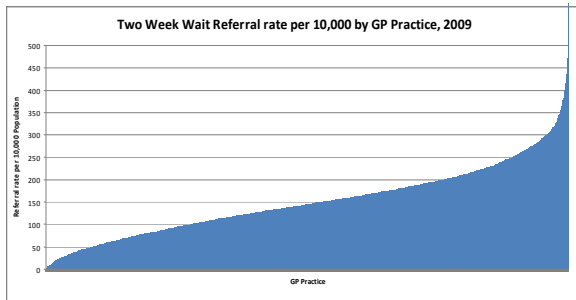
Bowel Cancer: Pilot results

- Very high levels of support for the campaign from the public (96%) and GPs (89%).
- Positive changes in public and GP awareness of the campaign and key symptom messages
- 48% increase in attendances in primary care of people over 50 with relevant symptoms – equates to 1 extra patient per week per practice.
- 32% increase over a 6 month period in 2ww colorectal referrals during the campaign (up to 100% in some areas).
- 28.5% increase in number of people waiting for a colonoscopy in East of England and 16.4% increase in South West England (some Trusts in core TV coverage in South West saw up to a doubling in colonoscopy waits).
- 5% increase in uptake for bowel cancer screening
- No increase in cancers diagnosed or change in stage at diagnosis however more people were diagnosed via the urgent GP referral pathway
- Estimate that between 22 and 44 polyps were removed as a result of the increase in colonoscopies

12

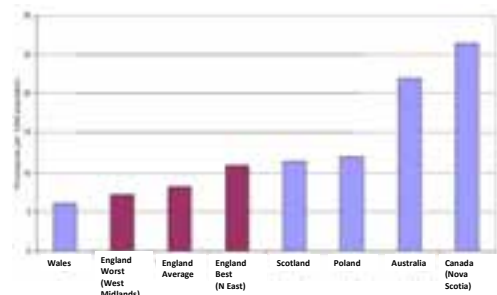


2ww referrals: variations by GP practice



13

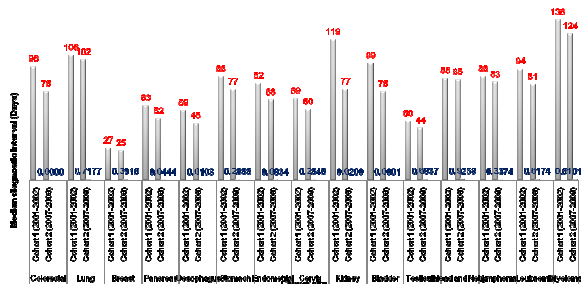
International comparisons - crude colonoscopy rates per 1,000 in 2010/11



14

Change in diagnostic intervals, 2001/2 to 2007/8

(Neal et al 2013, in submission)



15

Risk Assessment Tool for Colorectal Cancer



16

Outcomes of RAT pilot evaluation

(Hamilton et al, BJGP 2013)

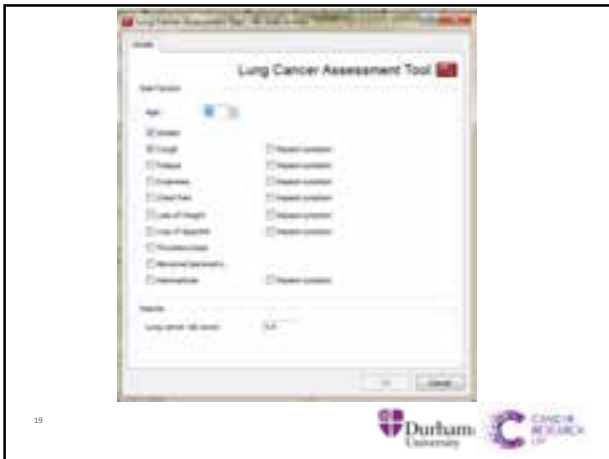
- During the period of the pilot, in round figures, 1200 lung RATs and 1500 colorectal RATs were completed.
- Comparing the six month period of the pilot with the preceding six months, there was an increase in diagnostic activity.
- There were 300 more chest X-Rays, 100 extra 2-week chest clinic appointments, and 50 extra new diagnoses of lung cancer.
- For suspected colorectal cancer, there were 300 extra 2-week referrals, 270 extra colonoscopies, and 10 more cancers identified.
- BUT this is an observational study, so we cannot assume cause and effect. Nonetheless, the figures are in the right direction, and plausible.

17

Use of Risk Assessment Tool for colorectal cancer: England 2011/12

	Year to March 2010 (CI) (Pre)	Year to July 2012 (CI) (Post)	Change (CI)
2WW Referral rate (per 100,000) (England)	206.9 (205.8,208.0)	280.3 (279.1,281.6)	73.4 (35.5%)
RAT	190.5 (187.6,193.4)	283.9 (280.4,287.5)	93.4 (49.1% (46.1, 52.0))
No RAT	203.0 (21.7,204.2)	285.3 (283.8,286.8)	82.3 (40.5% (39.4, 41.7))
Conversion rate (%) (England)	8.6 (8.5,8.7)	6.0 (5.9,6.1)	-2.6
RAT	8.9 (8.5,9.4)	6.1 (5.9,6.4)	-2.8 (-3.3, -2.3)
No RAT	8.7 (8.5,8.9)	6.0 (5.9,6.1)	-2.7 (-2.9, -2.5)
Detection rate (%) (England)	37.2 (36.7,37.7)	40.1 (39.5,40.6)	2.8
RAT	38.0 (36.6,39.5)	41.9 (40.4,43.5)	3.9 (1.7, 6.0)
No RAT	37.7 (37.1,38.3)	40.1 (39.5,40.7)	2.4 (1.5, 3.2)

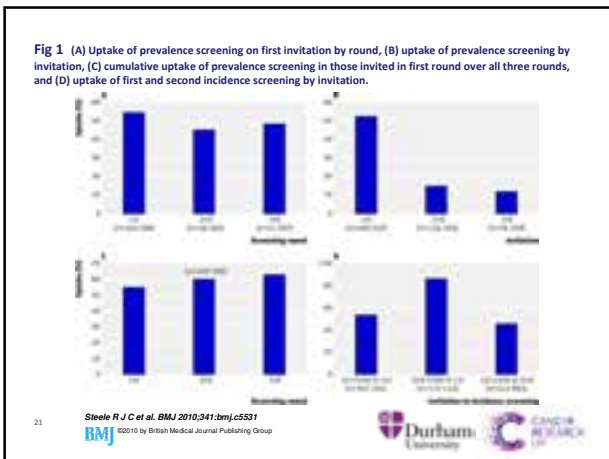
18



19



20



21

Screening for CRC: what can GPs add?

- The attitudes of people who decline FOBT screening are amenable to change (Hall et al, Health expectations, in submission 21013)
- Contact non-responders directly: 10-15% of those contacted go on to do the test
- Personal invitation from the GP would increase participation rates by around 8% (Hewitson et al, BJGP 2011)

22





23



In summary.....

GPS HAVE A KEY ROLE IN EARLY DIAGNOSIS OF COLORECTAL CANCER:

- Supporting public awareness campaigns
- Recognising early those patients who need further assessment
- 2WW referral for those with NICE symptoms, investigation and / or safety netting of those patients with low (but not no) risk symptoms
- Using Risk Assessment Tools to aid decision making
- Playing an active role in supporting CRC screening uptake

24





THANK YOU

cruk.org

Greg Rubin
Professor General Practice
and Primary Care
RCGP / Cancer Research UK
Clinical Lead for Cancer