

CHANGING LIVES

# Vague Symptoms Pathway

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# Pathway Purpose

- To serve those patients who are not currently provided access under the 2ww pathways
- To manage more efficiently the diagnostic pathway for cancer patients
- To reduce the number of unplanned emergency admissions with cancer

# Step 1 - Patient Selection

Patients >50yrs presenting with symptoms suggestive of cancer of 1 month or more and less than 6 months duration but of uncertain origin based on symptoms and clinical assessment AND has not previously been investigated for these symptoms

# Patient Eligibility

- Considered by GP to be highly likely to have malignancy as a primary diagnosis
- Over 50 years of age
- Symptoms for 1-6 months
  - Weight loss > 5%
  - Bloating
  - Abdo pain for 1 or more months
- Patient performance status 0-3

## Step 2 – Assessment performed by GP

Clinical examination: Skin, Oral Cavity, Lymph nodes, DRE, Breast, Gonadal

Required basic investigations: FBC, U&E, Ca, TFT, BJP & Iggs, Coeliac serology, Ferritin, HbA1C, Ca125, PSA (under 75), urinalysis

No haematuria

No PV or PR bleeding

## Step 3 – Pathway decision (1)

Clinical examination and basic investigations suggest site of disease (such as abnormal liver function or abnormal CXR)

- Refer onto appropriate 2ww pathway
- GP to refer to imaging for investigation as indicated

## Step 3 – Pathway decision (2)

Baseline tests are negative but GP has a high suspicion of malignancy as the primary diagnosis

- GP to refer into Medical Imaging under GPZVAGUE
- Radiologist to triage and select Best Imaging Test based on patient presentation

# Pathway Access

- Barnsley GP referrals
- ICE requests
- Vague Symptoms Panel
- Pre-imaging work up must be completed or requests will be returned



# End Points

- Radiological diagnosis of cancer
- Radiological diagnosis of other non-cancer disease
- Indeterminate findings: Consider clinical referral for assessment
- Normal radiological investigation: This does not fully exclude a diagnosis of cancer and further non-radiological investigation must always be considered by the referring GP if this is the case

# Outcomes

- Demonstrable shift of patients onto planned pathways and away from emergency admissions
- Diagnosis of cancer of no less than 10%
- Cost effectiveness
- Impact on Medical Imaging – waiting times, report turnaround times, outsourcing

Monitor at 6 months & 12 months within the pilot



# Any questions

