

Evaluating a new Rapid Diagnostic Centre Non-Specific Symptom Cancer Pathway at Stockport NHS Foundation Trust

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Introduction



Stockport NHS Foundation Trust (SNHSFT) is an acute Trust within the Stockport locality, one of 11 within the Greater Manchester Health and Care system and serves a population of approx. 313,610. Stockport has one of the five most polarised populations in England in terms of health and wealth, with marked variation in deprivation. In addition, Stockport has the oldest age profile in GM with approx. 20% of people aged 65 and over. Cancer contributes significantly to deaths in Stockport with approx. 1,840 people diagnosed with cancer each year and at least 12,900 people diagnosed in the previous 25 years, are living with cancer. This number is predicted to increase to 18,400 by 2030.

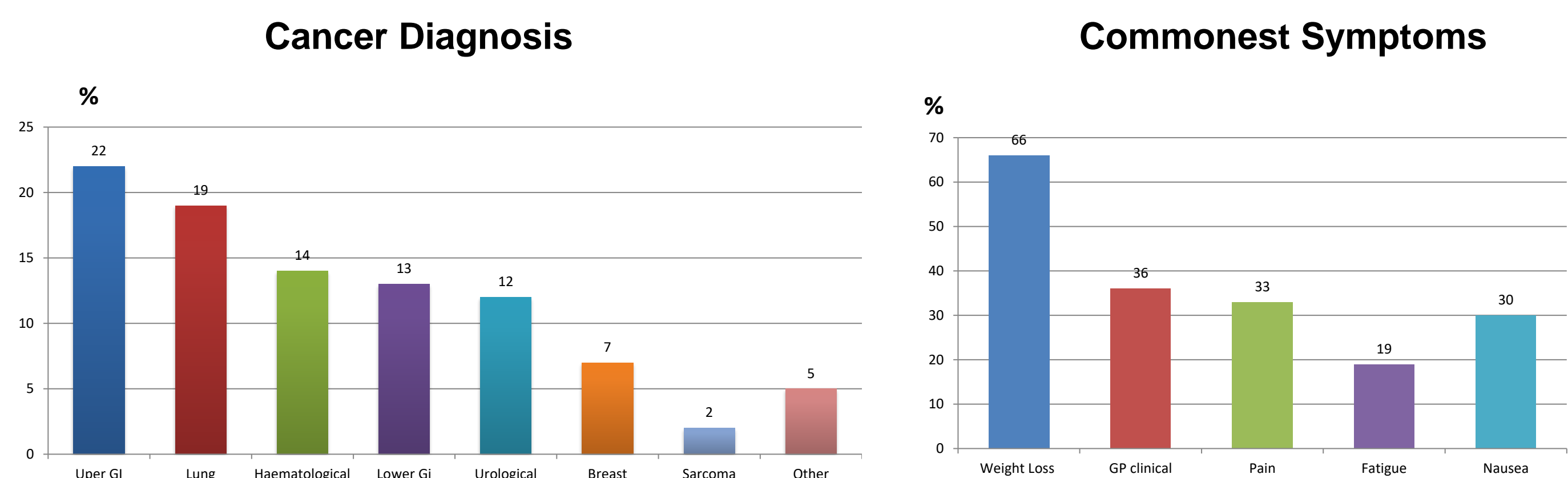


The Rapid Diagnostic Centre (RDC) service became operational on April 1st 2022 at Stepping Hill Hospital. The service has been funded by the Greater Manchester Cancer Alliance from April 22 until the end of March 2024. It is a nurse led service by one CNS with support from a dedicated patient Navigator and initially by one Consultant; although this role is now shared between two Consultants.

Consultant: Dr Masoud Shebani, Patient Navigator: Caroline Newsam, Clinical Nurse Specialist: Charlotte Tippetts

Background – The ACE Pilot Study

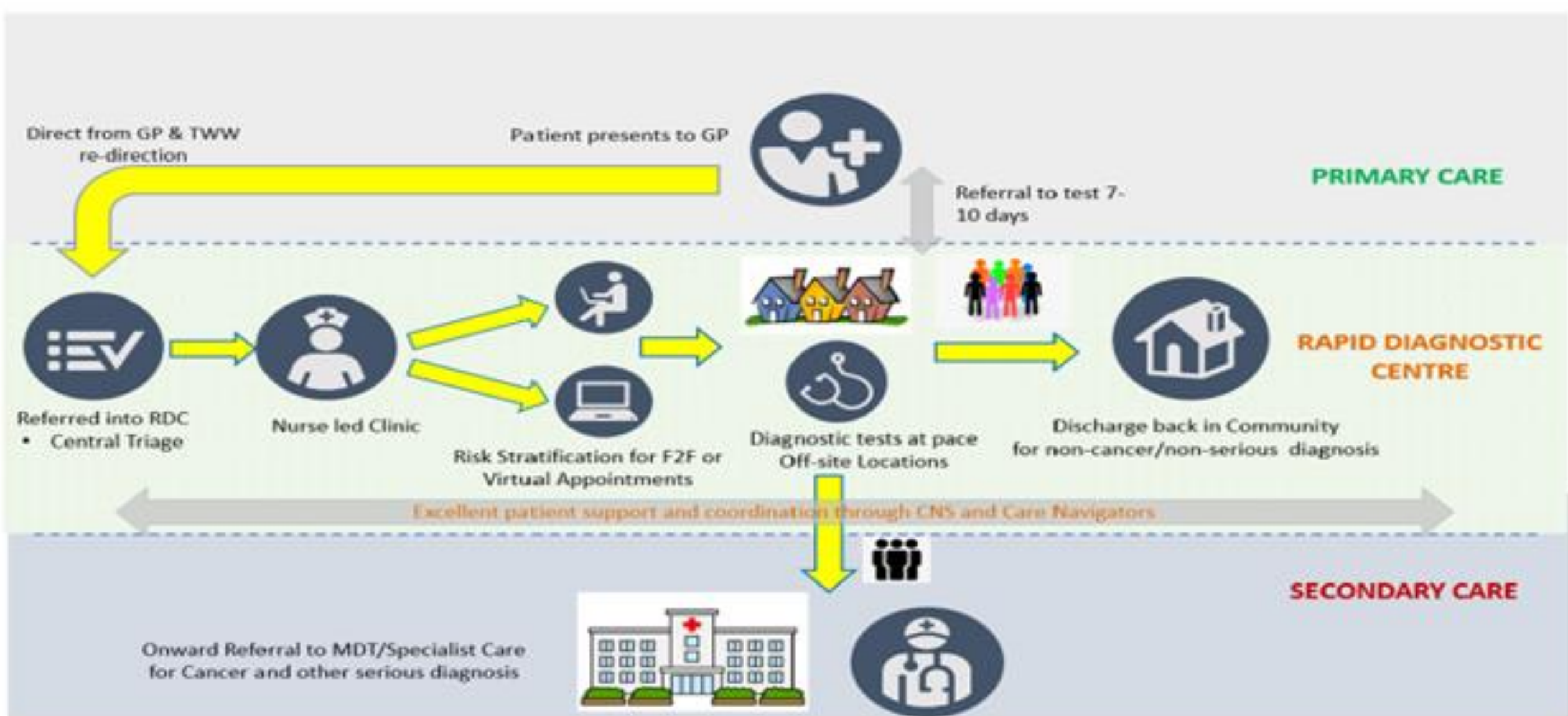
The ACE Programme pilot study between 2016-2019 demonstrated the need for a Non-Specific Symptom (NSS) pathway for patients with vague symptoms of cancer who would otherwise not meet the criteria for urgent referrals. 378/5134 (7%) patients were diagnosed with cancer¹. This led to a National Rapid Diagnostic Centre (RDC) Programme being rolled out across the UK. The RDC at Stockport became operational on 1st April 2022 and is being funded for 2 years by the Greater Manchester Cancer Alliance.



RDC Model of Care

The RDC is a nurse led service with access to 5 days of clinic slots each per week with an additional 1 clinic slot for consultant medical review. Prior to starting the service, focused education was provided to GP's across the locality to promote the service and provide standardised referral criteria, established through GM Cancer Alliance Programme Boards. The referral criteria are:

- Pathological weight loss >5% in 2-3 months
- Unexplained Night sweats
- New onset Iron Deficiency Anaemia
- Loss of appetite
- Symptoms of Spinal Cord Compression (eg: Persistent back pain)
- Unexpected increase in fatigue/weakness
- Bloating / Persistent vague abdominal pains
- Inguinal Lymphadenopathy
- Hepatomegaly/Splenomegaly



The CNS undertakes initial triage of GP referrals taken directly through the e-Referral service and slots for initial CNS telephone assessment clinics are chosen by CNS after prioritising by triage. A one hour telephone assessment is then carried out between the CNS and each patient. For complex patients, a face to face appointment will then be booked. Following initial assessments the CNS books appropriate investigations including, CT scan, Endoscopy, Ultrasound scans and any additional bloods/tests. The CNS co-ordinates investigations with the help of a dedicated Patient Navigator, who also liaises closely with cancer pathway coordinators. Investigation results are initially reviewed by the CNS with close supervision and input from the consultant as needed and informs the patient and referring GP. Patients who have had a cancer ruled out are informed via a telephone consultation with the CNS and patients who need to be informed of a malignancy are seen face to face in the dedicated RDC clinic and 'bad news' is given by the consultant with the support of the CNS. For patients with a cancer diagnosis, the CNS will ensure onward referral to a disease specific Multi-disciplinary Team (MDT) meeting. If a non-cancer diagnosis is made the CNS will refer to other services locally as clinically indicated; or patients will be discharged back to the referring GP's care as appropriate with advice if indicated.

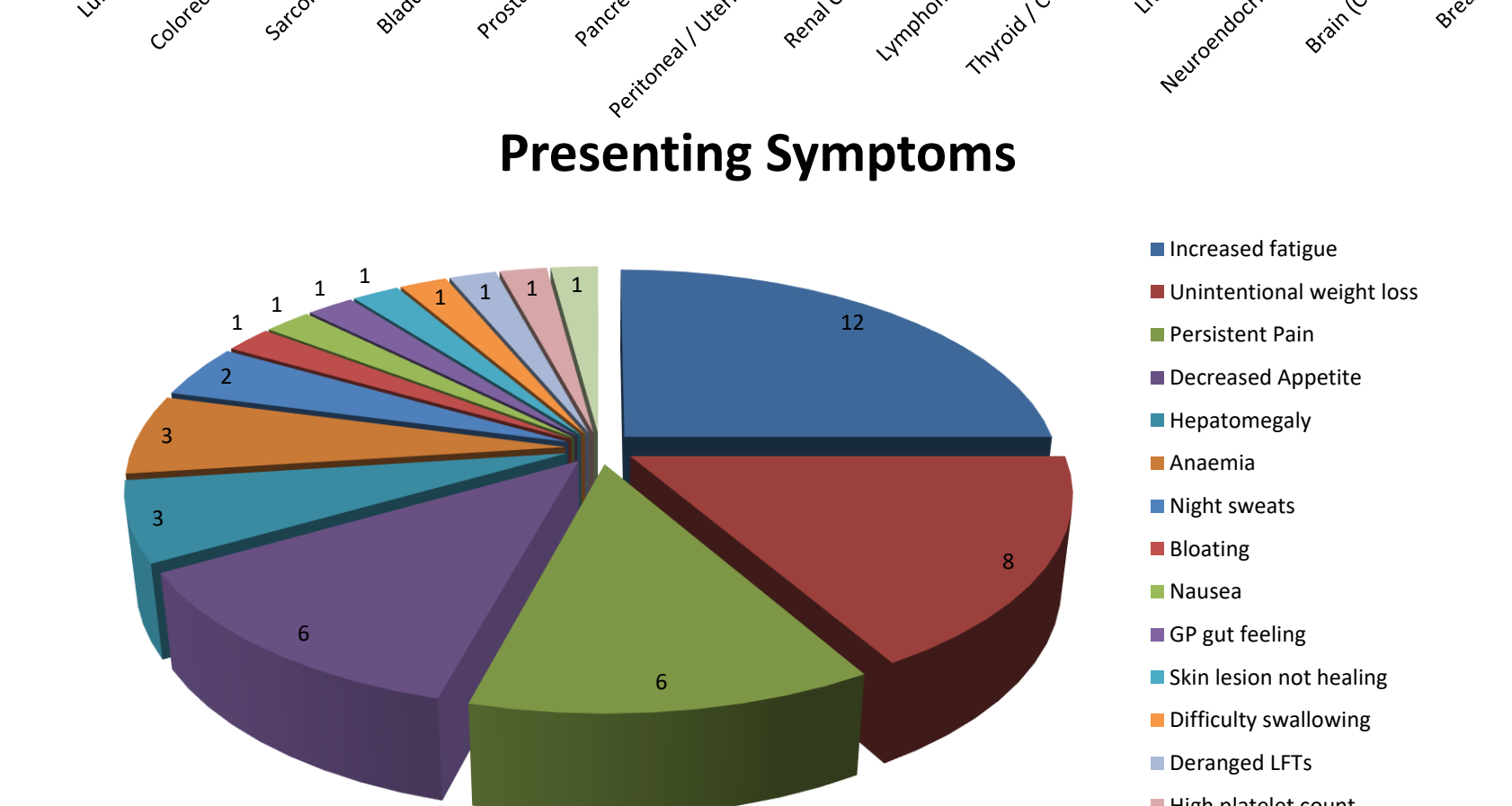
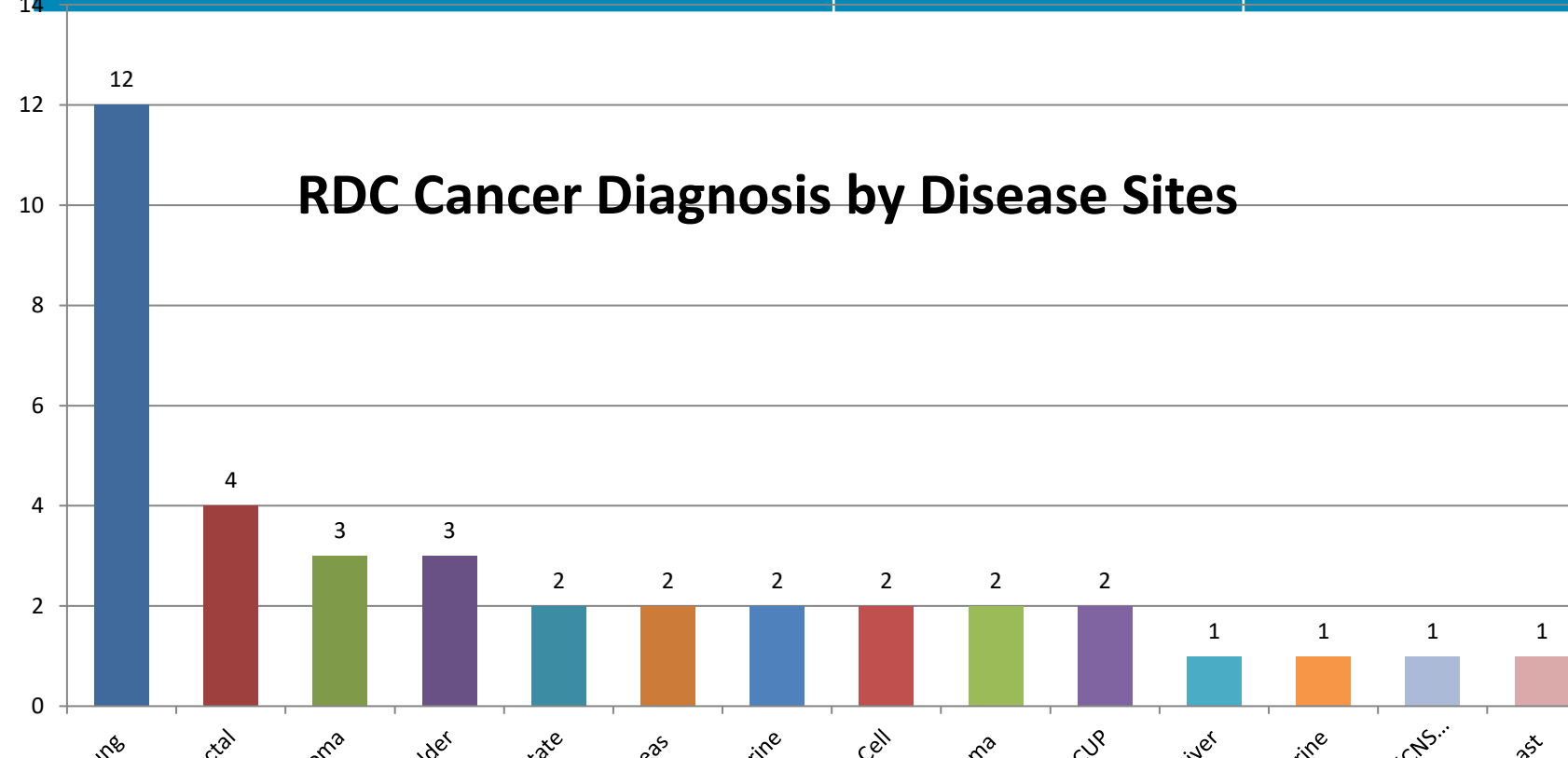
Methods

Data collection has been ongoing since the service opened in April 2022 and includes numbers of patients referred, the number of patients accepted, if a malignancy was confirmed or not, referral to non cancer services and patients where no diagnosis could be made who were discharged back to their GP. Data presented in this poster includes data up to and including the end of February 2024 which represents 22 months of data in total.

Results

- A total of **859** referrals have been received, **818** referrals have been accepted, therefore 95% of referrals made where appropriate according to the RDC referral criteria.
- **37/818 (4.5%)** patients referred have had a cancer diagnosis confirmed.
- **13/818 (1.6%)** patients have had cancer diagnosed confirmed but were not included in RDC data submitted as they don't meet NHS England Criteria (unfit for further investigation/biopsy, classified as recurrence rather than primary diagnosis, died prior to completing pathway).
- **5/818 (0.6%)** patients currently under investigation are highly suspicious for malignancy but are awaiting histological confirmation.
- Total conversion rate including all of above is **55/818 (6.7%)**

Cancers Diagnosed	Patients n=37	Presenting Symptoms
Lung	12	Unintentional weight loss, Difficulty swallowing, Increased Fatigue
Colorectal	4	Increased Fatigue, Decreased appetite, Unintentional weight loss, Increased Fatigue, Abdominal pains
Sarcoma	3	Persistent Bone Pains, Persistent abdominal pains, Increased Fatigue
Bladder	3	Abdominal pains, Unintentional weight loss
Prostate	2	Increased Fatigue, Decreased appetite, Persistent pain in back
Pancreas	2	Fatigue, Nausea, Bloating, Abdominal pains, Hepatomegaly
Peritoneal/ Uterine	2	Night sweats, Loss of appetite, pain.
Lymphoma	2	Drenching night sweats, Fatigue, Lymphadenopathy
Breast	1	Anaemia, GP 'gut feeling' Unintentional weight loss,
Liver	1	Unintentional weight loss 10kg and loss of appetite.
Renal Cell	1	Unintentional weight loss, increased fatigue.
Cancer of Unknown Primary	1	Inguinal Lymphadenopathy, Increased Fatigue
Neuroendocrine	1	Unintentional weight loss, Increased Fatigue
Brain (CNS involvement)	1	Unintentional weight loss, Increased Fatigue
Thyroid	1	Hepatomegaly and increased fatigue



Non Cancer Diagnosis

Although the main aim of the RDC is to exclude a cancer diagnosis from anywhere within the body; other non-cancer but serious medical conditions have been diagnosed to explain patients' non-specific symptoms. These include Paget's Disease; HIV; Polycystic Ovarian Syndrome; Kidney Agenesis; Abdominal Aortic Aneurysms; Pulmonary Embolisms amongst others. Patients have been rapidly referred onto an appropriate service where they have been able access appropriate treatment and follow up.

RDC as the facilitator for The Galleri Trial

The Galleri test can detect a cancer signal shared by over 50 types of cancer with 99.5% specificity. This means that in approximately 200 people tested, only 1 person would be expected to receive a false positive result. In study participants, when the Galleri test detected cancer the first or second Cancer Signal Origin prediction was correct 88% of the time when cancer was found after diagnostic evaluation. The Galleri test is intended to complement routine single cancer screenings for more comprehensive early cancer detection.

Galleri Trial
 Galleri is a new blood test that can detect signs of many different types of cancer in a sample of a person's blood. The NHS Galleri trial aims to see if using the Galleri test alongside existing cancer screening can help find cancer early when it is usually easier to treat. Around 400,000 volunteers aged 50 to 75 registered to take part in the trial in 2022.

The RDC received 8 referrals from the Stockport patients - a 11% CONVERSION RATE TO CANCER. (Excluding those with early cancer detection already)

- CSO for Lymphoid Lineage - referred to Haematology. Discharged with no further action
- CSO for prostate - referred to Urology. *Confirmed prostate cancer*
- CSO for liver/biliary cancer - Lung cancer - referred to HRB. Discharged with no further action.
- CSO for lung cancer - referred to Lung
- CSO for ovarian cancer - referred to Gynaecology. *Confirmed Peritoneal cancer*
- CSO for liver/biliary cancer - referred to Haematology. Discharged with no further action

Conclusion

Residents of Stockport with vague symptoms of cancer have the opportunity to have their symptoms investigated on an urgent two week wait cancer pathway. So far the service has received 100% positive patient feedback. Some examples of the patient feedback received are below:

Thanking you all for your support and care at a worrying time. Definitely top ratings all round, it was a wonderful service. 10/10!

The speed of everything really surprised me. Brilliant from start to finish

Thank you at least I feel that I'm not going out of my mind there is nothing generally wrong and I can get help to reduce the pain. Words can't thank you enough you have been a star

I found the whole procedure (RDC) extremely efficient and remarkably speedy, from initial referral by my GP to going through the procedures (CT scans) and report on results to myself and my GP. I also appreciated the ease by which I could contact you or Charlotte by telephone to answer any queries.

Everything was first class, prompt, staff very very considerate of my "agoraphobia"

Work is ongoing to identify opportunities to improving and expanding the service. This includes accepting referrals internally from the Radiology Department for Metastases of Unknown origin identified on CT scans; Patients attending Accident and Emergency who fit the RDC referral criteria and patients identified as 'medically fit for discharge' as inpatients back to the community from the Acute Oncology Service. Currently there is only one CNS and one patient Navigator running the service with the RDC consultant having capacity to see 3 complex cases a week in a face to face clinic. A full service/business review is planned to evaluate the service and any additional workforce requirements to ensure the growing service is robust and fit for purpose.

References

1. British Journal of General Practice; 2021 November, 71 (712) :- e846 – e853
2. Schrag D, McDonnell CH, Nadul L, et al. PATHFINDER: A Prospective Study of a Multi- Cancer Early Detection Blood Test. Presentation at European Society of Medical Oncology (ESMO) Congress September 9-13, 2022; Paris, France
3. United States Preventive Services Task Force (USPSTF)

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