

Primary Care Education for Early Diagnosis

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Aim: To provide primary care professionals with access to useful tools and information to enable earlier and faster cancer diagnoses.

Primary care education is essential to support the NHS Long Term Plan achievement of **75% stage 1 or 2 cancer diagnosis by 2028**

Following a request from GM Primary Care Cell and GP Board for **'bite sized' education for primary care**, the GM Cancer Alliance commissioned a programme of bespoke GatewayC education to meet this request. This encompassed a rolling programme of pathway specific webinars (16 to date), bitesize 'Fast Facts' videos and 'Think: A-G' infographics pictured below. These resources are part of an educational package that includes the Clinical Decision Support Tool, available on all GM GP systems.

RENAL, BLADDER & TESTICULAR CANCERS
THINK A-G
Supporting earlier & faster cancer diagnosis

ASYPMTOMATIC
Most urological cancers are asymptomatic in early stages & over 90% of patients presenting with renal cancer have no symptoms. This also includes all patients presenting with non-visible haematuria of whom 5-10% may have a urological cancer.

CONCERNING UTI'S
Consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent unexplained urinary tract infection. Recurrent UTIs are defined as more than 2 infections in 6 months or 3 in a year. It may be useful to investigate with a kidney ultrasound and post-void bladder scan first.

EXAMINATIONS IN PRIMARY CARE
Prior to a secondary care referral, all patients should have a urinalysis, MSU (not necessary to wait for results), full routine bloods and an assessment for any other signs of infection.

FOLLOW NICE GUIDELINES
Haematuria:
>45 with visible and no UTI evidence or >50 non-visible & dysuria OR raised white blood cell count refer on suspected cancer pathway.
Hard lump in testicles:
If aged 20 - 40, refer immediately on suspected cancer pathway if older complete ultrasound before referral.

BLOOD IN URINE
Visible haematuria should be investigated, 20-25% of patients with visible haematuria and no evidence of UTI will have a malignancy somewhere in the urinary tract. If the patient has had a recent UTI, repeat the urinalysis and MSU.

DETERMINE RISK
Consider the following risk factors for cancer: family history, smoking, occupational risks, age and weight.

GREATER MANCHESTER REFERRAL PROFORMA
Please refer all patients using the Greater Manchester form
Ensure the patient understands the reason for referral
Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR
GM referral form
Physical examination

UPPER GI CANCERS SYMPTOMS
THINK A-G

GatewayC Bitesize: Greater Manchester - Upper GI

Renal, Bladder and Testicular Cancers infographic (left) and Fast Facts video for Upper GI Cancers (above)



View all infographics and more primary care resources on the GM Cancer Website



Access the GatewayC Greater Manchester web page for all webinars, fast facts and infographics.