

2024 RBWH CANCER CARE SERVICES PRECEPTORSHIP FOR GENERAL PRACTITIONERS



- Help! The scan shows cancer
- Anna Kuchel



Help! The scan shows cancer

Next steps

RBWH GP Preceptorship July 2024

Anna Kuchel



What I will quickly cover



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- Vague symptoms that could mean cancer – how to exclude cancer as best you can (aka what your medical oncologist will ask)



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- Vague symptoms that could mean cancer – how to exclude cancer as best you can (aka what your medical oncologist will ask)
- Tumour markers – role in the community
- Malignancy on a scan but no clear primary – malignancy of unknown origin
- Biopsy proven carcinoma but no clear primary – carcinoma of unknown primary



Vague symptoms ? cancer

- Fatigue
- Unintentional weight loss – how much is too much?
- Night sweats
- Somewhat perhaps more specific (!):
 - Abdominal bloating/distension
 - Abdominal pain
 - Bony pain



Vague symptoms

BJC
British Journal of Cancer








www.nature.com/bjc



ARTICLE

Clinical Study

First results from five multidisciplinary diagnostic centre (MDC) projects for non-specific but concerning symptoms, possibly indicative of cancer

D. Chapman ¹, V. Poirier ¹, D. Vulkan ², K. Fitzgerald ¹, G. Rubin ³, W. Hamilton ⁴ and S. W. Duffy ² on behalf of the ACE MDC projects

BACKGROUND: Patients with non-specific symptoms often experience longer times to diagnosis and poorer clinical outcomes than those with site-specific symptoms. This paper reports initial results from five multidisciplinary diagnostic centre (MDC) projects in England, piloting rapid referral for patients with non-specific symptoms.



Table 1. Initial MDC arrangements by individual project.

Airedale

Launch date 17th January 17

Referral criteria Persistent unexplained abdominal pain, persistent unexplained weight loss, non-specific but concerning symptoms with a high risk of cancer, GP clinical suspicion and too unwell for 2-Week Wait referral

Referral route GP, A&E and Secondary Care Clinic

Greater Manchester

Launch date 3rd Mar 17 (Royal Oldham Hospital), 13th December 16 (Wythenshawe Hospital)

Referral criteria Non-specific abdominal pain, unexplained weight loss, severe unexplained fatigue, nausea/appetite loss, lymphadenopathy, hepatomegaly, splenomegaly, bloating, GP clinical suspicion and non-iron- deficiency anaemia

Referral route GP

Leeds

Launch date 31st January 17

Referral criteria Appetite loss + nausea (unexplained, 40 and over), weight loss (unexplained, 40 and over), abdominal pain without rectal bleeding or weight loss (<3-month duration or recent change in character/severity, 50 and over), anaemia (non-iron deficiency, without evidence of bleeding, 50 years and over), hypercalcaemia (unexplained and persisting <12 months), thrombocythemia (unexplained and persisting <12 months and GP clinical suspicion and general condition ("poor" general condition)

Referral route GP, Acute Medicine



Vague symptoms - results

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Vague symptoms - results

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- 28% had ≥ 3 GP consultations before referral
- 240 (8%) had cancer (in 16 patients this was recurrence) **Upper GI, Lung, Haem**
- 50% diagnosed with non cancer
- Some with no clear diagnosis



Vague symptoms = cancer

- “GP clinical suspicion...a powerful predictor of cancer”
- Age



Case study

- 66 year old man with fatigue, unintentional weight loss of 10% bodyweight, nausea and anorexia



What would you do if a patient presented with these symptoms?

① Start presenting to display the poll results on this slide.



How best to exclude cancer?

- History
- Examination
- Path
 - Basic bloods
 - FOB
- Scans
- Symptom directed endoscopy



Tumour markers



Tumour markers

- Not helpful in isolation
- Non-specific
- Not expected as part of referral process
 - Exceptions (usually after a scan shows something):
 - PSA (especially bony disease/urinary symptoms)
 - AFP/HCG in young men (especially midline cancer)
 - Ca125 in presence of pelvic mass



Plain films and US

- Quick and easy; low cost
- Chest
 - Helpful if you see something, but mostly to triage as will mostly lead to CT
- Abdo
 - Limited as cannot see mass lesions
- US useful for soft tissue lumps



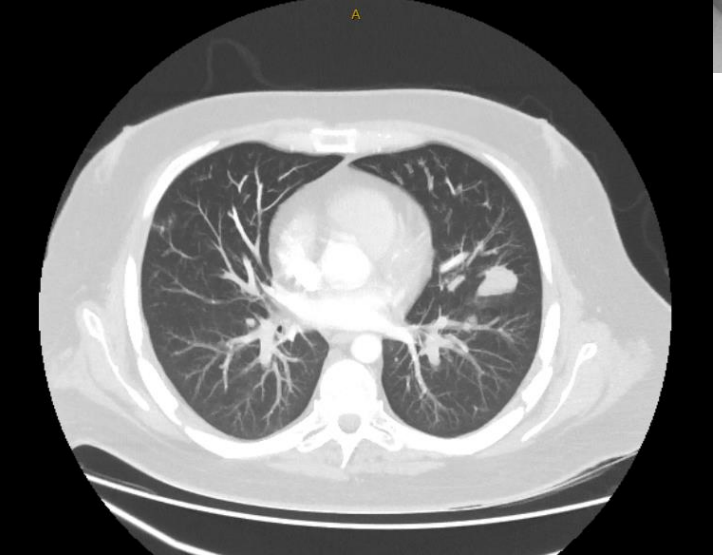
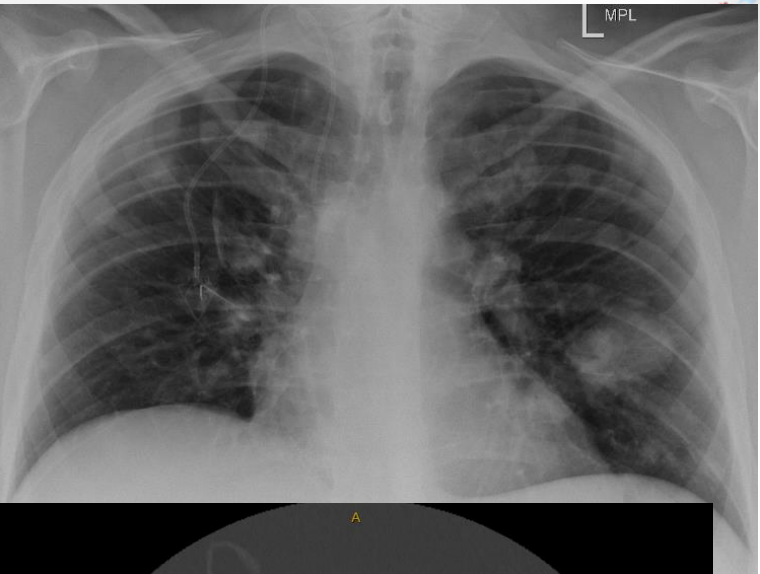
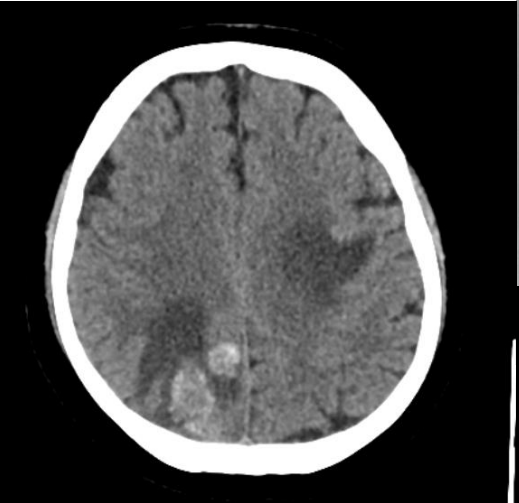
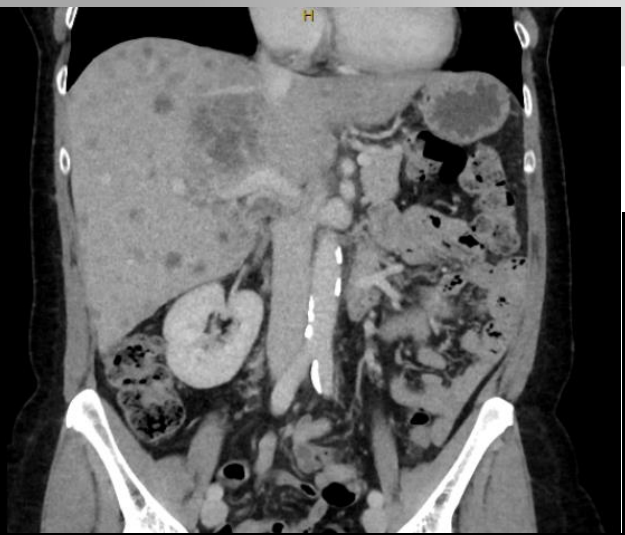
CT

- Contrast staging CT is oncology gold standard (chest/abdo/pelvis +/- neck). CT head/MRI in certain circumstances of course
- If no cancer seen on CT there is no role for PET (unless positive cytology/histology from a lesion not visible on CT)
 - Not MBS reimbursed and evidence is that it can lead to more harm than good



CT

- If it does not show cancer, consider if there are symptoms warranting endoscopy
- Medical oncology cannot manage a patient without cancer
- If symptoms ongoing, suggest re-image after an interval





Does anyone know the difference between

- Malignancy of unknown origin and
- Carcinoma of unknown primary?

(Don't be scared! I'm not going to make you explain if you do!)

slido

Please download and install the Slido app on all computers you use



Does anyone know the difference between MUO and CUP?

① Start presenting to display the poll results on this slide.



(Suspected) Malignancy of unknown origin

- When a cancer is suspected based on imaging or examination but it is not clear what the primary is e.g.
 - Liver lesions
 - Lymph nodes
- When investigated, not always found to be cancer
 - TB
 - Benign tumours
 - Infection



Carcinoma of unknown primary

- Following radiological and pathological investigations, a carcinoma is confirmed but no clear primary is found
 - By definition requires some pathology
 - Lymphoma/sarcoma/melanoma all follow specific treatment regimens no matter where they are found so are excluded
 - The treatment of carcinomas generally differs dependent on anatomical site
- Generally will come to hospital at the MUO stage
 - If well, straight to med onc as OP is fine – call switch and talk to me
 - If unwell, (vast majority), to DEM



So what to do?



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Cancer Care Services

Conditions

- [Colorectal Cancer](#)
- [Head and Neck Cancer](#)
- [Lung Cancer](#)
- [Testicular](#)

Paediatric services

Referrals for children and young people should follow the [referral process](#)

Emergency department referrals

Phone on call Oncology Registrar and send patient to the emergency department

Contact on call Oncology Registrar through:

- Royal Brisbane & Women's Hospital (07) 3646 8111
- The Prince Charles Hospital (07) 3139 4000
- Redcliffe Hospital (07) 3883 7777
- Caboolture Hospital (07) 5433 8888

View the [emergency contact details for referring General Practitioners \(PDF\)](#)

If any of the following are present or suspected, phone 000 to arrange immediate transfer to the emergency department or seek emergent medical advice if in a remote region.

- Symptoms of airway obstruction, SVC obstruction
- Severe gastrointestinal (GI) bleeding
- Bowel obstruction
- Febrile neutropenia
- Symptomatic hypercalcaemia
- Other organ failure/dysfunction
- Uncontrolled and disabling pain
- Massive haemoptysis or haematemesis
- Neurological signs suggesting metastatic disease
- Very high calcium (3.0mmol/L or higher)
- Severe dysphagia with weight loss
- Biopsy proven small cell lung cancer
 - Patients with symptomatic hypercalcaemia
- Metastatic germ cell tumours
- Patients with severe symptoms of hyponatraemia
- Highly aggressive lymphoma
 - Burkitt's lymphoma
 - Lymphoblastic lymphoma
- Acute leukaemia

GP Oncology referral advice line

If phone advice is required, please make available a phone number that our medical staff can contact you on directly. Extremely urgent is considered to be advice required within one hour, urgent requests will be answered within 24-48 hours.

Contact numbers:

Medical Oncology: 36467983

Haematology/BMT: 36461340

Radiation Oncology: 36464089

Please view the [emergency contact details for referring General Practitioners \(PDF\)](#) for further details regarding this service.



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- Massive haemoptysis
- Neurological signs suggestive of metastatic disease
- Very high calcium (3.0mmol/L or higher)
- Severe dysphagia with weight loss
- Biopsy proven small cell lung cancer
 - Patients with symptoms of airway obstruction
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- Bowel obstruction
- Febrile neutropenia
- Symptomatic hypercalcaemia
- Other organ failure/dysfunction
- Uncontrolled and disabling pain
- Massive haemoptysis and/or stridor
- Neurological signs suggestive of brain metastases or cord compression
- Very high calcium (3.0mmol/L)
- Severe dysphagia with dehydration
- Biopsy proven small cell lung cancer
 - Patients with symptoms of shortness of breath, deteriorating organ function
- Metastatic germ cell tumour (GCT) confirmed (biopsy) or suspect (tumour markers)
- Patients with severe symptoms, organ failure or life threatening complications
- Highly aggressive lymphoma
 - Burkitt's lymphoma
 - Lymphoblastic lymphoma
- Acute leukaemia

you on directly. Extremely 4-48 hours.

regarding this service.



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Cancer Care Services

Conditions

- [Colorectal Cancer](#)
- [Lung Cancer](#)
- [Head and Neck Cancer](#)
- [Testicular Cancer](#)

Paediatric services

Referrals for children and young people should follow the [Children's Health Queensland referral guidelines](#).

Emergency department referrals

Phone on call Oncology Registrar and send patient to the Department of Emergency Medicine at their nearest hospital.

Contact on call Oncology Registrar through:

- Royal Brisbane & Women's Hospital (07) 3646 8111
- The Prince Charles Hospital (07) 3139 4000
- Redcliffe Hospital (07) 3883 7777
- Caboolture Hospital (07) 5433 8888

View the [emergency contact details for referring General Practitioners \(PDF\)](#).

Send referral

Hotline: 1300 364 938

Electronic:

- [GP Smart Referrals \(preferred\)](#)
- [eReferral system templates](#)

Medical Objects ID: MQ40290004P

HealthLink EDI: qldmnhhs

Mail:

Metro North Central Patient Intake
Aspley Community Centre
776 Zillmere Road
ASPLEY QLD 4034

Health pathways

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email: healthpathways@brisbanenorthphn

- Severe dyspnoea with
- Biopsy proven small cell
- Metastatic germ cell tumour
- Patients with severe symptoms
- Highly aggressive lymphoma
- Burkitt's lymphoma
- Lymphoblastic lymphoma
- Acute leukaemia

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Arrange immediate transfer to the emergency department or

General advice line

Make available a phone number that our medical staff can contact you on directly. Extremely required within one hour, urgent requests will be answered within 24-48 hours.



Haem referral criteria

Haematology

Conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

- [Biopsy proven new diagnosis of lymphoma](#)
- [Bleeding disorders](#)
- [Chronic anaemia](#)
- [Haemoglobinopathies](#)
- [Lymphadenopathy for investigation](#)
- [Lymphocytosis](#)
- [Multiple myeloma](#)
- [Neutropenia \(isolated\)](#)
- [Neutrophilia](#)
- [Pancytopenia](#)
- [Paraproteinaemias \(monoclonal only\)](#)
- [Polycythaemia](#)
- [Raised ESR \(isolated\)](#)
- [Thrombocytopenia](#)
- [Thrombocytosis](#)
- [Thrombophilia](#)

Haematology services are provided at Royal Brisbane and Women's Hospital and The Prince Charles Hospital in Metro North Hospital and Health Service. Patients will be allocated to the various facilities based on their postcode, the availability of particular services at those facilities and equity of access across the district.



Take home messages

- Contact us early with concerns – you are the patient advocate
- Don't check tumour markers outside guidelines



Questions?