CANCER AND PRIMARY CARE; SHIFTING THE NARRATIVE

In this issue we lead with a cancer theme. For over 10 years some of the BJGP’s most impactful papers have focused on this area, including developing the evidence base for symptom-based approaches to cancer diagnosis. Many studies have used large primary care electronic record databases to develop positive predictive values (PPV) for cancer from different symptoms and clinical features, such as unexplained anaemia and thrombocytosis. This work of national and international importance has shaped cancer referral guidelines and the future direction of cancer detection via primary care.

While the lifetime risk of cancer for adults is 1 in 2, at a primary care level diagnoses are a relatively uncommon event. We might call this ‘finding the needle in haystack’. A full time GP might expect to see 8–9 new cancer cases a year, but potentially hundreds of patients to the most appropriate investigation. Rapid diagnostic centres (RDCs) are being rolled out across the country. The initial data is very promising, with around 7–12% of those referred diagnosed with cancer, and importantly many others are also diagnosed with serious health conditions.

The early RDC data begs the question: should we move away from urgent suspected referral pathways for a single cancer and more towards urgent disease pathways? Rather than gate keepers, could we be scene as gate openers to help facilitate rapid diagnostic testing in an evidence-based way, and continue to shift the narrative around cancer and primary care?

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See online Supplementary Data for references.

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