Pathways to cancer diagnosis: current state and recommendations

Background
Diagnosing cancer early is crucial in improving patient outcomes. Primary care networks are encouraged to audit routes to cancer diagnosis, as suggested by the Network Contract Directed Enhanced Service Early Cancer Diagnosis Guidance.

Aim
We aim to measure how many patients were diagnosed with cancer in the period of April 2021 to March 2022 at an Essex GP practice, and for each of those patients, to ascertain the route of their diagnosis. We also conducted learning event analyses for patients whose diagnoses were not detected through 2-week wait (2WW) or screening.

Method
SystmOne Read codes were utilised to identify all patients coded with 'cancer', and 'fast-track cancer referral'. We measured the conversion rate of 2WW referrals to cancer diagnoses. For diagnoses not detected via 2WW or screening, we analysed patient notes for previous consultations and eventual route to diagnosis.

Results
In total, 160 2WW referrals were made with a 6.25% conversion rate to cancer diagnoses. In total, 26 patients were diagnosed with cancer. Seventeen patients were diagnosed through 2WW, three through national screening programmes, three through accident and emergency, two through routine referral, and one through incidental finding. For the six patients not diagnosed through 2WW or screening, reasons why included poor patient engagement with healthcare services, referrals requiring chasing, patients passed between specialties, and failure to detect pertinent clinical signs.

Conclusion
It is promising that the majority of cancers are diagnosed through 2WW and screening; however, improving patient engagement, streamlining referrals, and thorough clinical examination and documentation will reduce delayed or missed diagnoses.

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