



Topic Exploration Report

Topic explorations are designed to provide a high-level briefing on new topics submitted for consideration by Health Technology Wales. The main objectives of this report are to:

1. Determine the quantity and quality of evidence available for a technology of interest.
2. Identify any gaps in the evidence/ongoing evidence collection.
3. Inform decisions on topics that warrant fuller assessment by Health Technology Wales.

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| Topic: | A Rapid Diagnostic Centre approach to support early diagnosis of cancer (for people presenting with vague non-specific symptoms) |
| Topic exploration report number: | TER116 |

Introduction and aims

Health Technology Wales researchers searched for evidence on an accelerated referral route (a 'Rapid Diagnostic Centre') to support early cancer diagnosis for people presenting with vague non-specific, but concerning, symptoms.

People with vague symptoms that could be cancer are more likely to be identified through an emergency route or incidental finding, be at a later stage of diagnosis, and have longer primary care and diagnostic intervals (National Cancer Diagnosis Audit, 2016). The Rapid Diagnostic Centre approach aims to provide rapid access to a range of diagnostic tests in a one-stop clinical setting. The approach is based on a Danish three-legged strategy that aims to support earlier diagnosis of cancer.

Summary of findings

We identified limited evidence on the application of a rapid diagnostic centre for people presenting with vague symptoms indicative of cancer.

The NICE guidelines for suspected cancer (NG12) recommend a suspected cancer pathways referral (within 2 weeks) or urgent tests (within 48 hours or 2 weeks) for some non-specific symptoms, including unexplained weight loss, unexplained appetite loss and fatigue.

Several other guidelines for cancer referral were identified, but most were type-specific and did not include guidance on non-specific symptoms. The Scottish referral guidelines for suspected cancer note that cancer often presents with vague symptoms that do not help identify an appropriate pathway for investigation, and that most NHS Boards primary care access to initial investigations (e.g. CT scans) for people with vague symptoms.

The topic submission included a report outlining a Danish three-legged strategy to support early cancer diagnosis. The strategy uses three pathways:

1. Urgent referral pathways for symptoms suspicious of a specific cancer

2. Urgent referral to diagnostic centres to non-specific, serious symptoms
3. 'No-Yes-Clinics' for quick assessments of common symptoms ('low-risk-but-not-no-risk').

The urgent referral for non-specific, serious symptoms is a two-step approach: a 'filter' step of diagnostic tests performed by the GP followed by referral to a diagnostic centre. The filter results would be received by the GP within 4 working days, and would decide on further diagnostic referral within 8 working days.

The report outlines the strategy and no subsequent evidence was reported on outcomes following implementation of the strategy.

We also identified an additional protocol describing a suspected cancer (SCAN) pathway in England, which applies multidisciplinary diagnostic centres for 'low-risk-but-not-no-risk' symptoms in people aged 40 years and over. If diagnosis remains unclear following investigation through other pathways, they would be referred to SCAN for CT scan, laboratory testing and clinic review within 2 weeks.

The Cancer Delivery Plan for Wales 2016-2020 issued key actions for the Wales Cancer Network, to support implementation of the NICE referral guidelines. It was also tasked to deliver improved diagnostic pathways; this included learning from the 'three-legged' Danish model, piloting multi-disciplinary diagnostic centres and scoping for future roll out. The topic proposer reports that pilots have been established in two health boards (Swansea Bay UHB and Cwm Taf Morgannwg UHB) and that initial results show an 11% cancer conversion rate.

Areas of uncertainty

NG12 includes recommendations for urgent (2-week) referral or tests for some non-specific symptoms, such as weight loss or appetite loss. The topic submission states that there are many concerning non-specific symptoms that are not referred through an accelerated route, but it is not clear which vague symptoms fall into this category. Therefore, clarification on which vague symptoms would benefit from a Rapid Diagnostic Centre approach is warranted.

The Danish approach reports a two-step process for non-specific urgent symptoms. The Rapid Diagnostic Centre is based on this but it is unclear to what extent it applies the Danish approach (e.g. GP 'filter' step and referral step). Further information on how this differs from current practice would be beneficial.

We identified literature on vague symptom pathways being developed in England. Without further information, it is uncertain how these examples differ from each other and the Rapid Diagnostic Clinic approach, or which approach may have the best outcomes for patient and service.

Conclusions

We identified literature outlining diagnostic pathways for vague cancer symptoms, but we did not identify any evidence on outcomes. There may be evidence available from pilot studies in Wales that can demonstrate the potential benefit of the Rapid Diagnostic Clinics; however, it is uncertain whether the evidence is sufficient or mature enough to warrant appraisal and inform HTW Guidance.

Brief literature search results

| Resource | Results |
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| HTA organisations | |
| Healthcare Improvement Scotland: | Scottish referral guidelines for suspected cancer http://www.cancerreferral.scot.nhs.uk/referral-process/ |
| Health Technology Assessment Group | GP referral guidelines and forms: https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/gp-guidelines-and-referral-forms.html |
| Health Information and Quality Authority | Cancer and palliative care guidelines: https://health.gov.ie/national-patient-safety-office/ncec/national-clinical-guidelines/cpc/ |
| UK guidelines and guidance | |
| SIGN | Several cancer guidelines were identified: SIGN 126 • Diagnosis and management of colorectal cancer SIGN 146 • Cutaneous melanoma SIGN 140 • Management of primary cutaneous squamous cell carcinoma SIGN 137 • Management of lung cancer SIGN 134 • Treatment of primary breast cancer SIGN 135 • Management of epithelial ovarian cancer |
| NICE | National Institute for Health and Care Clinical Excellence. Suspected cancer: recognition and referral (NG12) June 2015 and updated July 2017. NICE available at: https://www.nice.org.uk/guidance/ng12 |
| Secondary literature and economic evaluations | |
| ECRI | We did not identify any relevant evidence from this source. |
| Cochrane library | We did not identify any relevant secondary evidence from this source. |
| Medline | We did not identify any relevant secondary evidence from this source. |
| Primary evidence | |
| Medline | Nicholson BD, Oke J, Friedemann Smith C, et al. (2018). The Suspected CANcer (SCAN) pathway: protocol for evaluating a new standard of care for patients with non-specific symptoms of cancer. <i>BMJ Open</i> . 8(1): e018168. doi: https://dx.doi.org/10.1136/bmjopen-2017-018168 |
| Cochrane library | Impact on the care and time to tumor stage of a program of rapid diagnosis and treatment of colorectal cancer . Guzman Laura KP, Bolibar Ribas I, Alepuz MT, Gonzalez D, Martin M. <i>Revista espanola de enfermedades digestivas</i> , 2011, 103(1), 13-19 |
| Other | |
| Additional information from the Topic proposer | The topic proposer reported ongoing pilots in two Welsh health boards (Swansea Bay UHB and Cwm Taf Morgannwg UHB). |

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| | <p>Vested P, Olesen F (2015). A differentiated approach to referral from general practice to support early cancer diagnosis - the Danish three-legged strategy. British Journal of Cancer. 112:S65-S69.</p> <p>Wales Cancer Network. Cancer Delivery Plan for Wales 2016-20. Welsh Government (2016) available at http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/Cancer%20Delivery%20Plan%202016-2020.pdf</p> |
| Google | <p>Improving diagnostic pathways for patients with vague symptoms. ACE Vague Symptoms Cluster. April 2017 https://www.macmillan.org.uk/_images/ace-vague-symptoms-report-final_tcm9-311011.pdf</p> <p>Link to the Rapid Diagnostic Clinics page http://www.walescanet.wales.nhs.uk/rapid-diagnostic-clinics</p> <p>Rapid access diagnostic case study in England: https://www.england.nhs.uk/publication/rapid-access-diagnostic-clinic-for-vague-symptoms-at-guy-and-st-thomas/</p> |

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| Date of search: | 6 September 2019 |
| Concepts used: | Cancer diagnosis, cancer referral, vague or non-urgent cancer symptoms, rapid diagnostic centre/clinic |