Direct access CT pilot for GPs

Background

Pancreatic cancer is the 10th commonest cancer in the UK responsible for around 10,500 new cases a year. Rates are increasing but most patients are diagnosed at stage 4 commonly following an emergency presentation. Survival has not changed much in recent years with only a 5% 10 year survival.

Whilst 37% of pancreatic cancers are potentially preventable with obesity, smoking and alcohol consumption important risk factors, diagnosing patients at an earlier stage is an important goal. NICE NG12 guidance attempts to do this advising consideration of urgent CT scanning in patients aged 60 or older with weight loss and any of diarrhoea, backpain, abdominal pain, nausea, vomiting, constipation or new onset Diabetes. As the risk of these symptoms being due to pancreatic cancer is less than 3%, 2 week wait referral is not specifically indicated by NICE. As most GPs do not have direct access to CT scans, this causes confusion and potential delay for these patients

Pilot

As a result of this difficulty, a pilot has been agreed to enable Southampton GPs to directly request CT scans in patients aged 60 or older with weight loss and new onset Diabetes. This specific group has been selected as it is well defined enabling both GPs and the radiology department to clearly know which patients are appropriate. Patients aged 60 or over with weight loss and any of the other symptoms previously mentioned may have other cancers eg bowel cancer making it important that this pilot does not jeopardise timely diagnosis of these cancers

It is important that all practices participating in the pilot have robust systems in place to ensure that CT scan results are communicated rapidly to patients. It would particularly be expected that significant findings are communicated to patients within 24 hours of the practice receiving the result. In addition to receiving the scan report, if the scan reporter flags the scan report as containing urgent clinical information, the practice will be alerted by phone and email. Practices need to be mindful that many patients have access to their GP records and there is therefore a potential risk that patients might view CT scan reports prior to GP contact depending on how practice systems have been set up.

It is also important to remember that if the CT scan is unremarkable, NICE suggests that these patients should be offered a FIT test. As with any other investigation, patients do need to be safely netted to seek help if symptoms are worsening or changing as a small number of early cancers can be missed on CT scan.

Inclusion criteria for the pilot - all of the criteria must be fulfilled

- 1. Aged 60 years or older
- 2. Unintentional, unexplained weight loss
- 3. New onset of Diabetes Mellitus within the past 6 months
- 4. The patient doesn't meet the referral criteria for any other site specific pathway
- 5. The referrer must have a robust system in place to ensure results of the CT scan are acted on in a timely manner

Dr Jane McLeod 5/12/21