The Primary Care Cancer Risk Assessment Tool: background information for cancer networks

A desktop risk assessment tool (RAT) for colorectal and lung cancer is due to be distributed by cancer networks to general practices in England in January 2012, following a successful pilot. This is part of NCAT’s Supporting Primary Care project.

What is the RAT

Patients with possible cancer are generally referred for urgent investigation through the two-week wait system. However many patients with cancer do not have a symptom pattern that meets the TWW referral guidelines.

Recent research in primary care has produced several risk assessment tools that show the underlying risk of cancer for specific symptom patterns, some of which are do not meet the urgent referral criteria.

The National Cancer Action Team supported the piloting of a RAT for lung and colorectal cancer based on Professor Willie Hamilton’s CAPER studies (Cancer Prediction in Exeter) as part of its work to reduce delays in diagnosis of cancer and save an estimated 5,000 lives each year.

The RAT acts as a reminder to GPs to consider the likelihood of an individual patient aged 40 or over having lung or bowel cancer, given the symptom or combination of symptoms they present. The RAT consists of three tables (colorectal cancer, lung cancer for non smokers and lung cancer for smokers) containing the risk values for each symptom in isolation, for repeat attendances at the GP with the same symptom and in combination with one other symptom. The tables are printed on a mouse mat or a desk easel.

The tool was piloted in seven cancer networks by 614 GPs over six months in 2011 and was used in 2,600 consultations.
Interim results of the evaluation

Interim results from the qualitative evaluation of the pilot suggest that the RAT caused GPs to change their practice. Overall, it is likely the GPs’ threshold for investigating for cancer was lowered.

The tool helped GPs in their selection of patients for investigation in a number of ways:

- patients with higher risk scores were more likely to be investigated
- the RAT helped to confirm a need for investigation and provided reassurance when investigation was not needed
- the RAT was helpful in assisting with the complex decisions around early cancer diagnosis, especially in cases of unusual presentations
- different referral decisions were made as a result of using the RAT than might otherwise have been made.

GPs interviewed for the evaluation said that the RAT was also valuable as an educational tool, prompting reflection on diagnosis, while others found it was useful as a prompt to use during the consultation.

Recommendations about distributing the tool to practices

The evaluation found that it was very important to train GPs in the use of the tool, either face to face or electronically, while those trained tended to pass on their knowledge to practice colleagues. GPs valued having a point of contact in the network, if they had questions. Follow up support was deemed important, to remind GPs about the tool and how to use it, as they may not use the tool very often.

Cancer networks are advised to inform secondary care about the distribution of the RAT, and the possibility that it may be used to refer patients outside the existing urgent referral guidelines.

Those interviewed also thought it would be helpful if the RAT was presented to GPs with local data about cancer to provide a context.
The research

* The piloting of the RAT was carried out for the National Cancer Action Team by cancer networks and their local GP cancer leads. The quantitative evaluation was hosted by Peninsula Medical School, and the qualitative evaluation by the Hull and York Medical School.


Quantitative data from the pilot showing changes in the number of cancer referrals and cancer staging will be published in a subsidiary report.