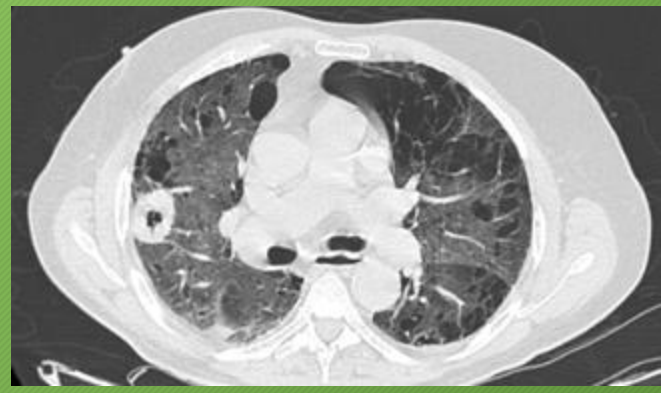


GP access to body CT for suspected malignancy

Pilot audit results

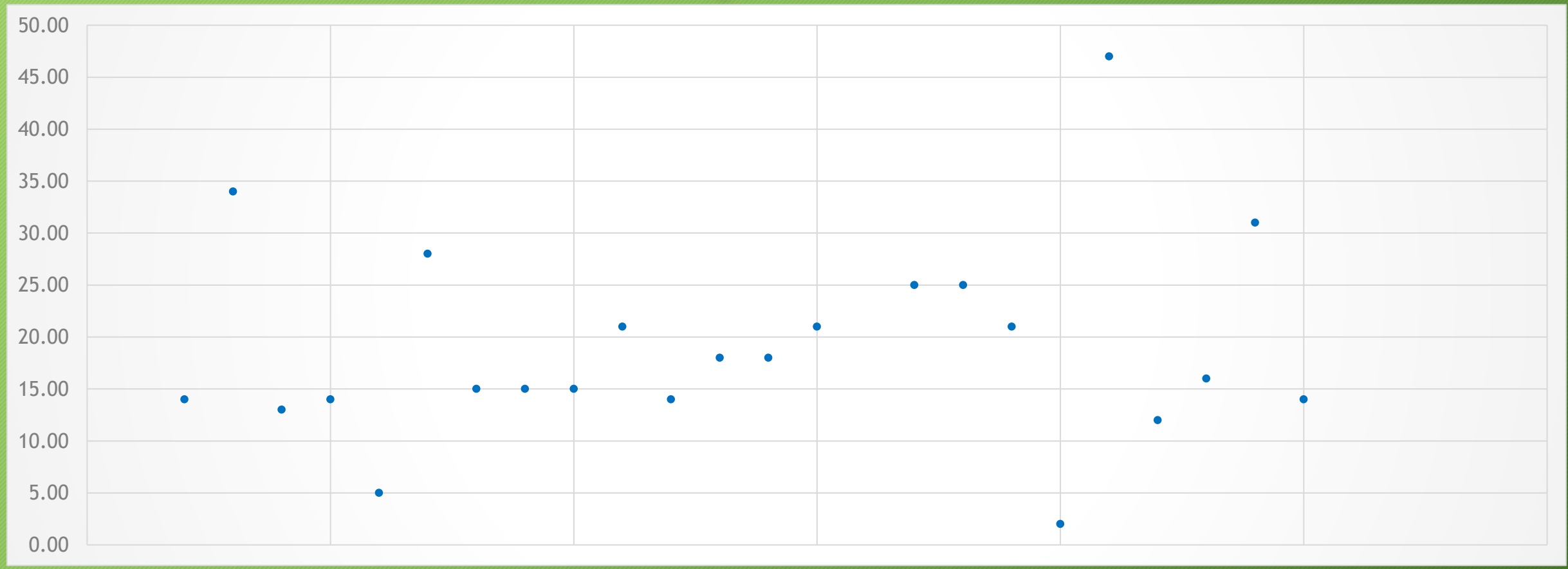
Dr Allan Green/Dr Stephen Glancy, Radiology, NHS Lothian

Referrals

- 28 referrals
- 1 patient refused scan; 1 request was actually for CT brain; 1 should have been an Ultrasound
- 25 CT Chest, Abdomen and Pelvis scans performed
- 88% (22/25) referrals appropriate for pathway, 12% (3/25) should have been arranged by secondary care.
- 100% (25/25) appropriate for CT scanning

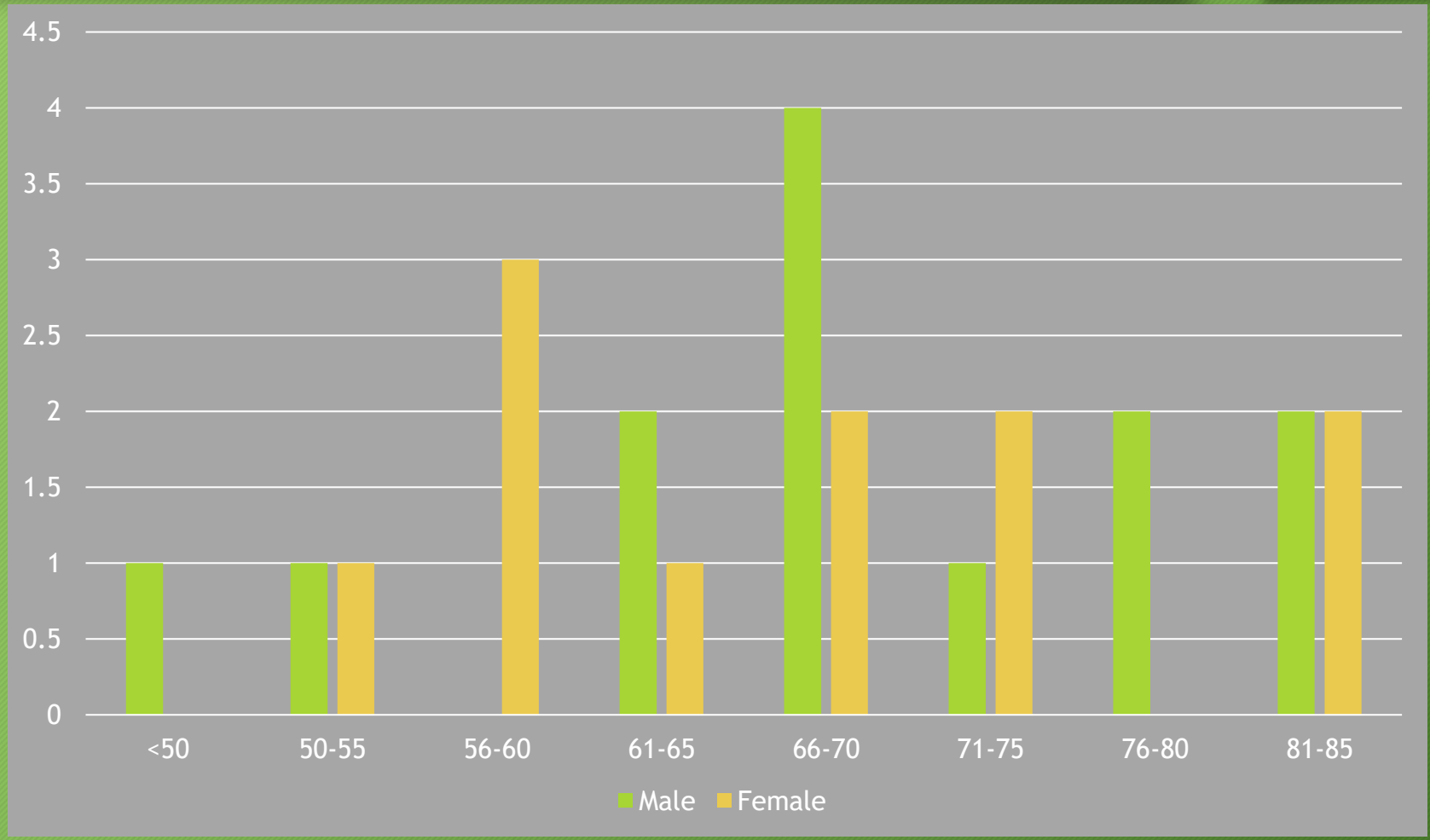
Referral to Scan

- Mean time from referral to scan 21 days



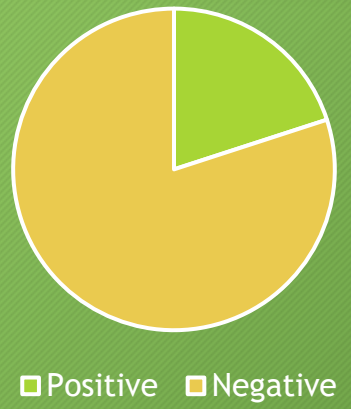
Patients

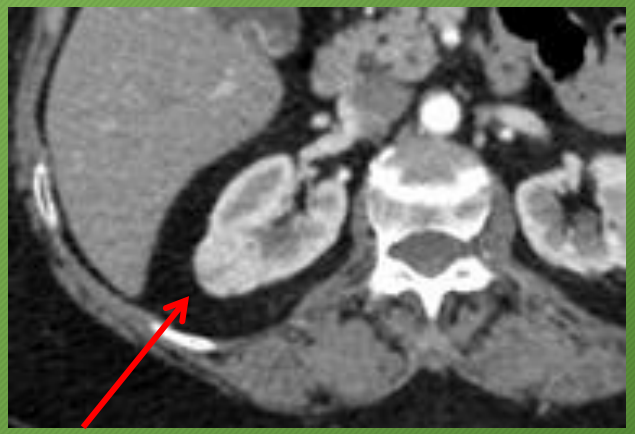
- Mean age 70.8
- 12 Male
- 13 Female



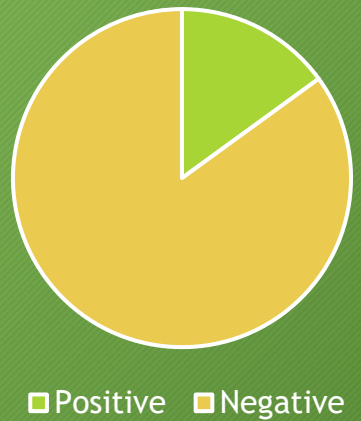
Cancer pickup

- 24% (6/25) definite cancers
  - 2 Lung
  - 2 Pancreas
  - 1 Renal
  - 1 Cervical



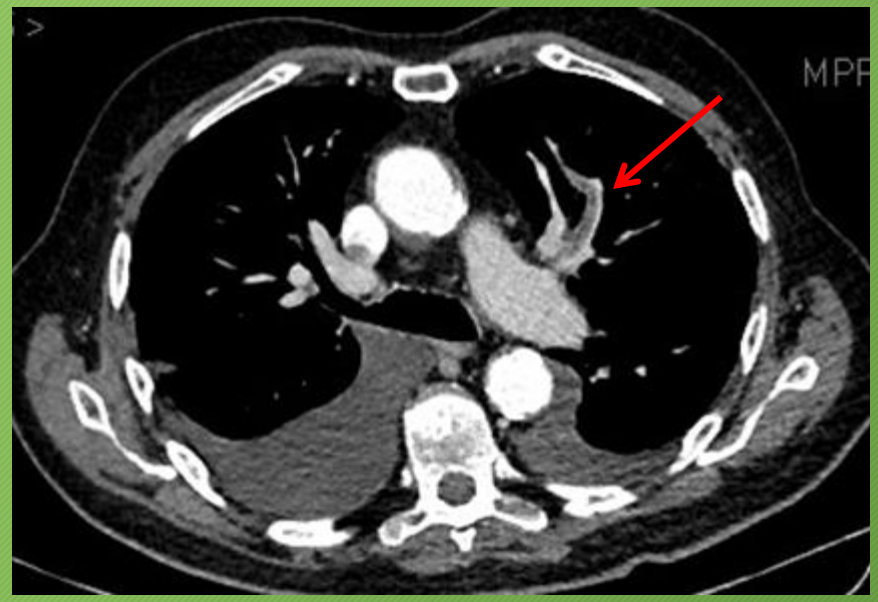


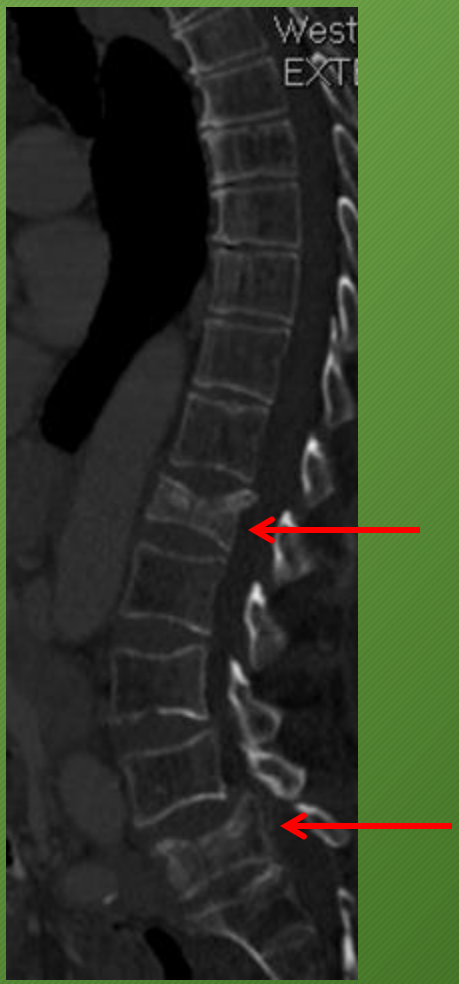
- 5% (1/25) possible cancer
  - 1 Lung



Other findings

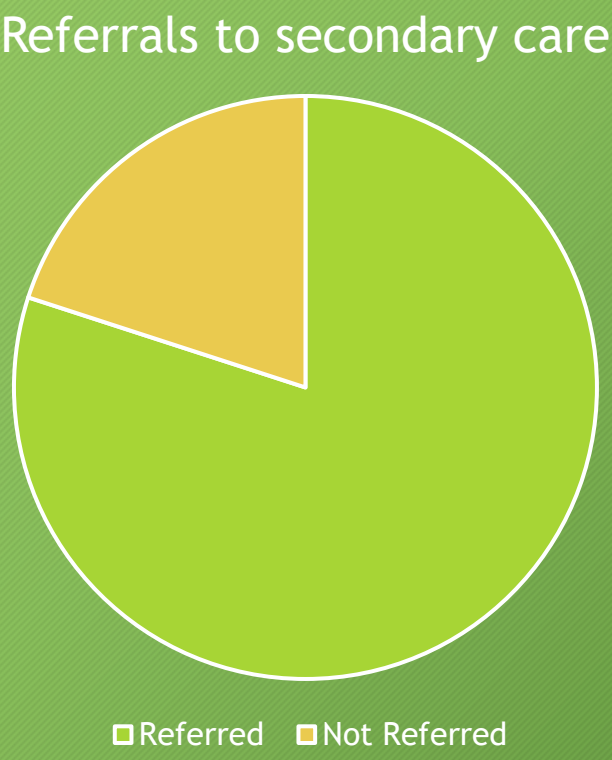
- **Overall (14/28) 50%**
- 1 Renal calculi
- 1 PE
- 2 Pneumonia
- 2 Hydronephrosis
- 1 Rib fractures
- 2 Vertebral fractures
- 1 Cirrhosis
- 1 Asbestos lung disease
- 1 Pancreatic cysts
- 1 Pulmonary nodule
- 1 Lung scarring



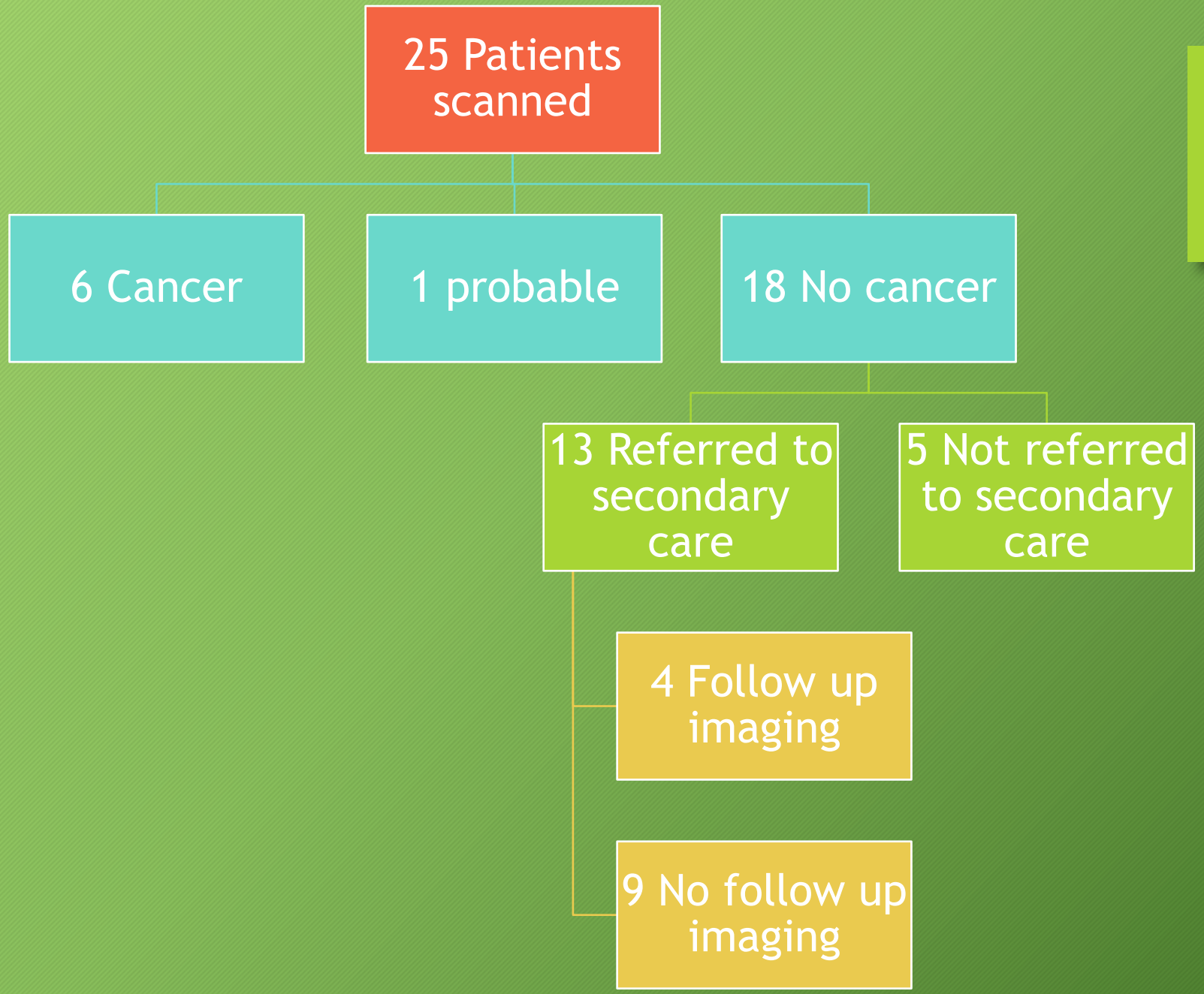


Referral to secondary care

- 20% (5/25) of patients scanned did not then require a secondary care referral



Further tests



Summary

- Appropriate referrals
- Significant detection rate of cancers
- Significant reduction in referral to secondary care
- Significant relevant non cancer findings
- Education on using appropriate pathways
- Potential to significantly streamline the cancer pathway

FAQs

- How do I refer a patient for CT with a suspected malignancy?
  - Refer to Guidance on RefHelp (URL...)
  - Via SCI Gateway (URL...)
- What do I do if the CT I request reveals a malignancy?
  - Refer as urgent to the appropriate specialty as normal. If the primary source is unclear, refer to the Cancer of Unknown Primary (CUP) Team or contact CUPTeam@nhslothian.scot.nhs.uk to discuss
- What do I do if there is an 'incidental' finding on the CT?
  - The report will often guide the referrer as to the most appropriate next step; often no action is required. Specific advice may be available on RefHelp. The reporting radiologist will also be able to advise on specific findings and is happy to be contacted.
  - Renal or hepatic cysts do not generally merit any follow-up unless advised
  - Atelectasis, tiny pulmonary nodules, sub-cm nodes, diverticular disease, bony haemangiomas and Tarlov's cysts are usually incidental findings
- How do I contact the reporting radiologist?
  - NHS email is usually the easiest way to communicate. The duty radiologist in each department will also be available for advice.
- What if the patient has a CXR suspicious of malignancy?
  - These patients should **NOT** be on the Vague Symptoms Pathway. There is an established Fast Track Suspected Lung Cancer Pathway at WGH (LCCWGH@nhslothian.scot.nhs.uk) , SJH (SJH.Respiratory@nhslothian.scot.nhs.uk) and RIE (0131 242 1867)
- What if I request an US which shows suspected liver metastases, but no obvious primary?
  - These patients should NOT be on the Vague Symptoms Pathway. Sometimes the Radiology department will arrange further imaging or suggest the appropriate next step. The CUP team are happy to be referred these patients (CUPTeam@nhslothian.scot.nhs.uk).