

Scanning for Cancer

Latest insights and results

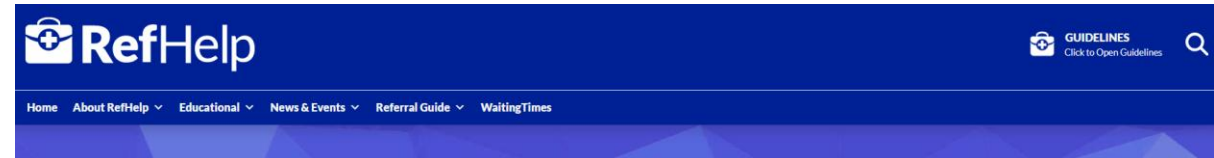
Dr Tom Tie-Gill ST2 Clinical Radiology

Dr Matthew Gallacher ST1 Clinical Radiology

Dr Andra Stefan FY1 (SFP)

Introduction

- GP direct referrals for CT whole body introduced in 2019 after pilot
- Pilot pickup rate of 24%
- Annually increasing demands on radiology services
- Incidental findings requiring follow up
- Realistic medicine



You are in: [Home](#) > [Oncology](#) > [GP Access to CT for Suspected Cancer \(No Clinically Obvious Primary\)](#)

GP Access to CT for Suspected Cancer (No Clinically Obvious Primary)

Background

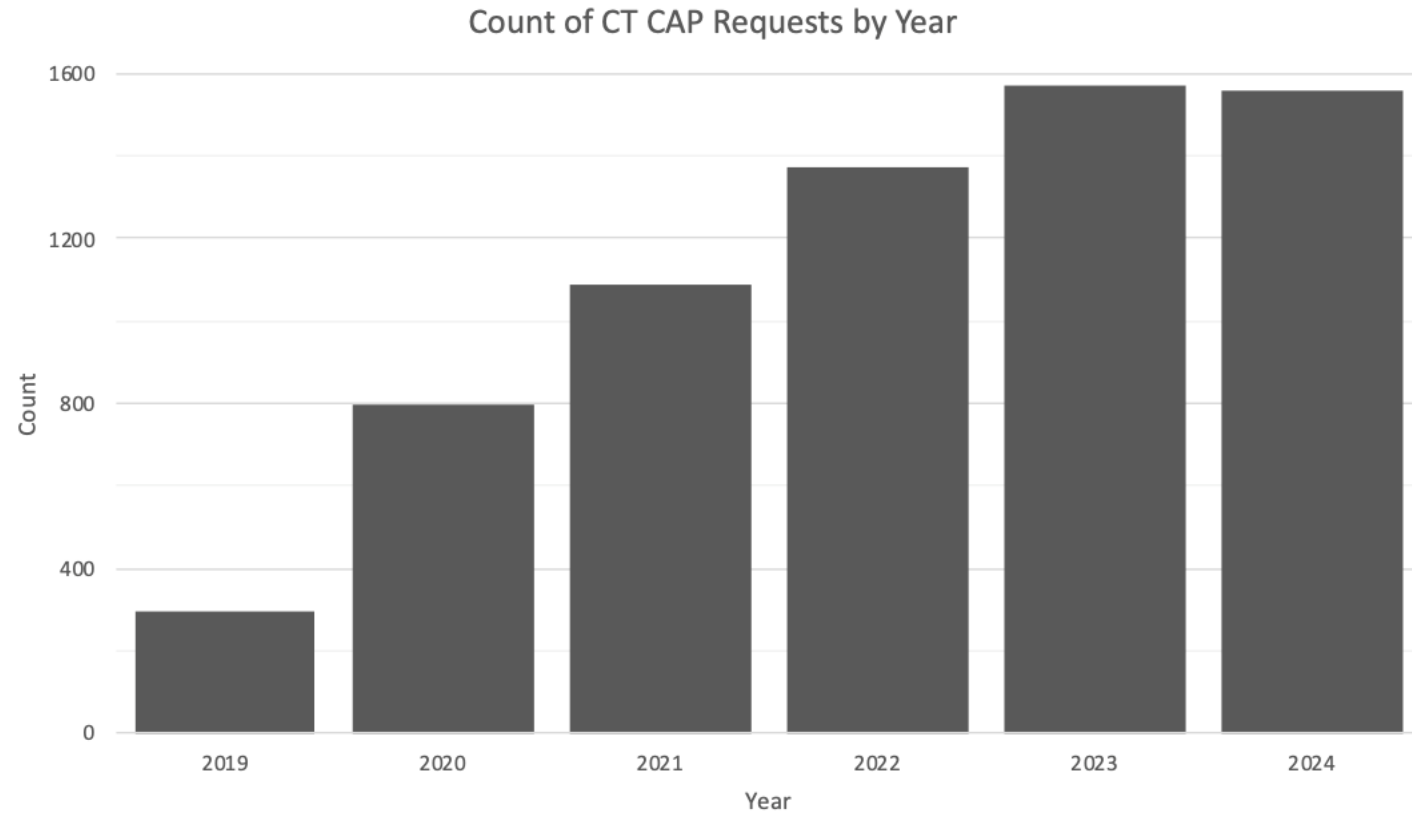
This pathway has been based on the principles outlined in the document [Quality Imaging Services for Primary Care: A Good Practice Guide \(2012\)](#).

This service is for patients with symptoms suggestive of cancer, and no specific localising signs or symptoms to suggest a specific underlying primary.

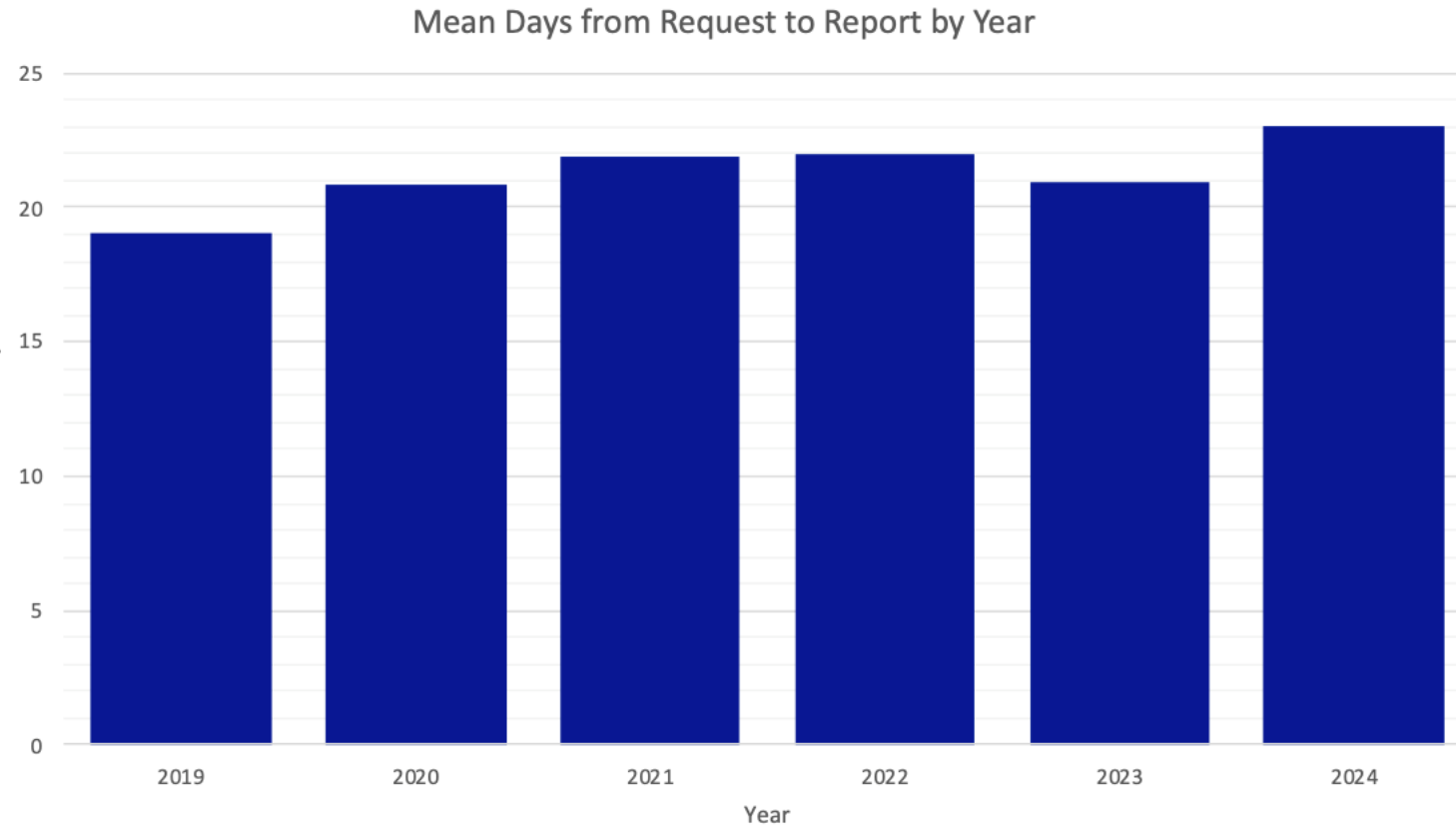
The pathway allows GPs to refer directly for CT scan of the chest / abdomen / pelvis for those with non-specific features suggestive for malignancy. Previously, this group of patients would usually have been referred to a secondary care specialty, and only then subsequently have had cross-sectional imaging arranged. This fast-track service can enable more rapid and appropriate specialist referral, or other management where indicated.

This service was set up after an NHS Lothian pilot demonstrated a very appropriate use of the service. A power point with details of this pilot can be accessed [here](#).

Some numbers...



Some numbers...



Our Audit

Three main questions

1. Was a malignancy identified?
2. Was there incidental finding which required further work-up?
3. Were the criteria satisfied for an USOC CT CAP referral in each case?

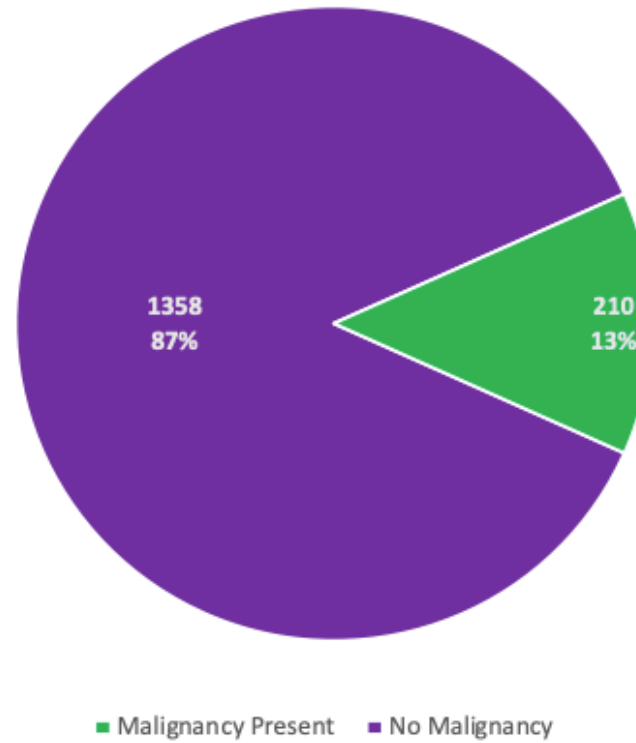
Further questions

1. What were the organ(s) of primary malignancy
2. Where did the burden of follow-up for incidental findings fall?

... is the pathway fit for purpose?

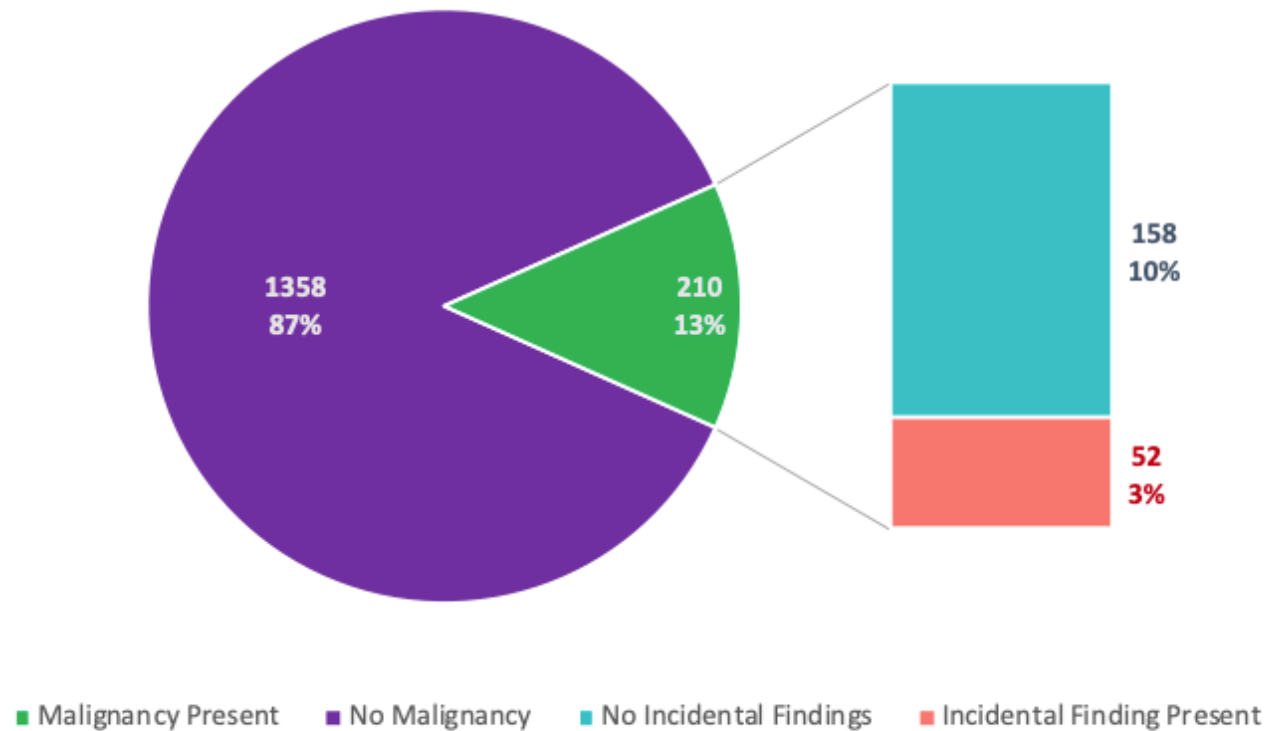
Malignancy – Detection Rate

Malignancy present vs. absent 2023 n=1568



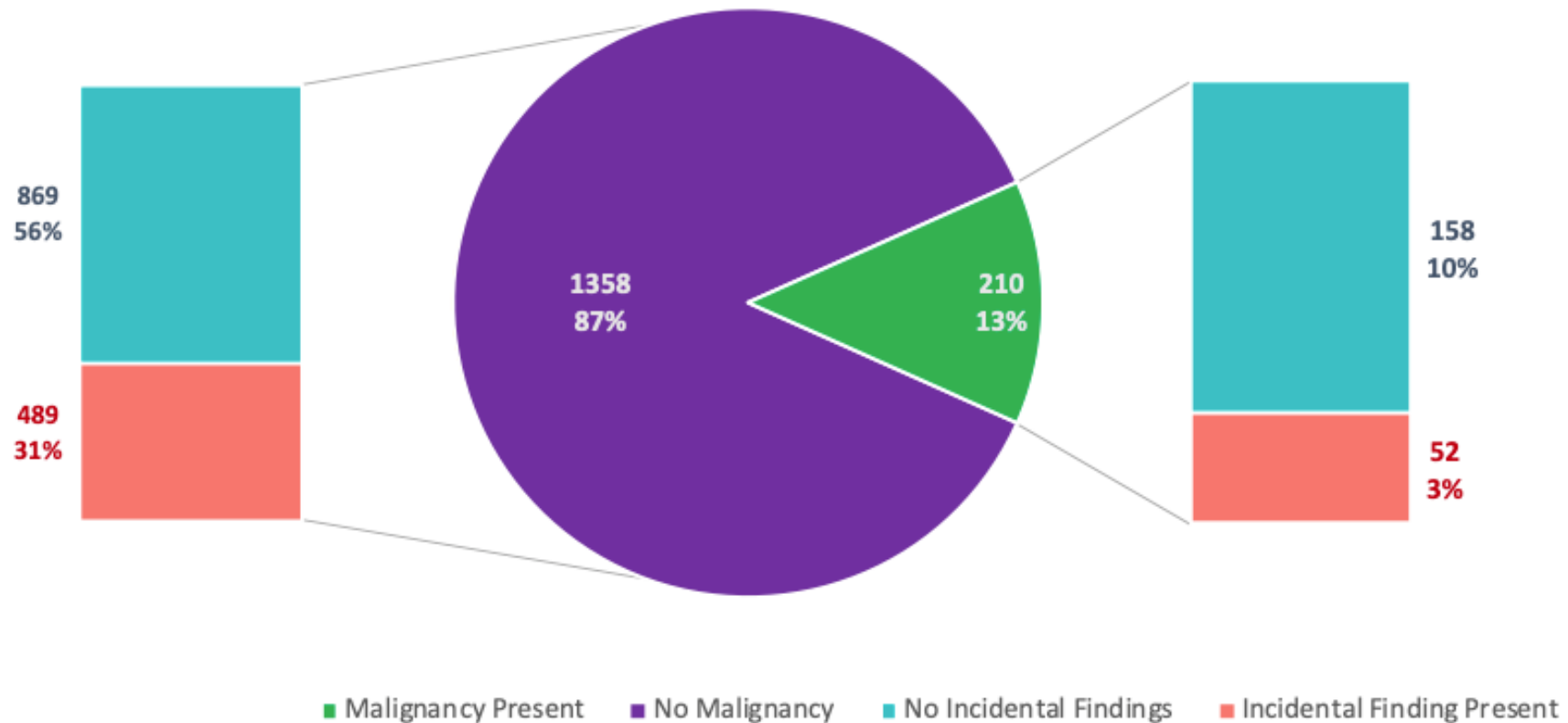
Malignancy – Incidental findings

Breakdown of Malignancy ± Incidental Findings 2023 n=1568

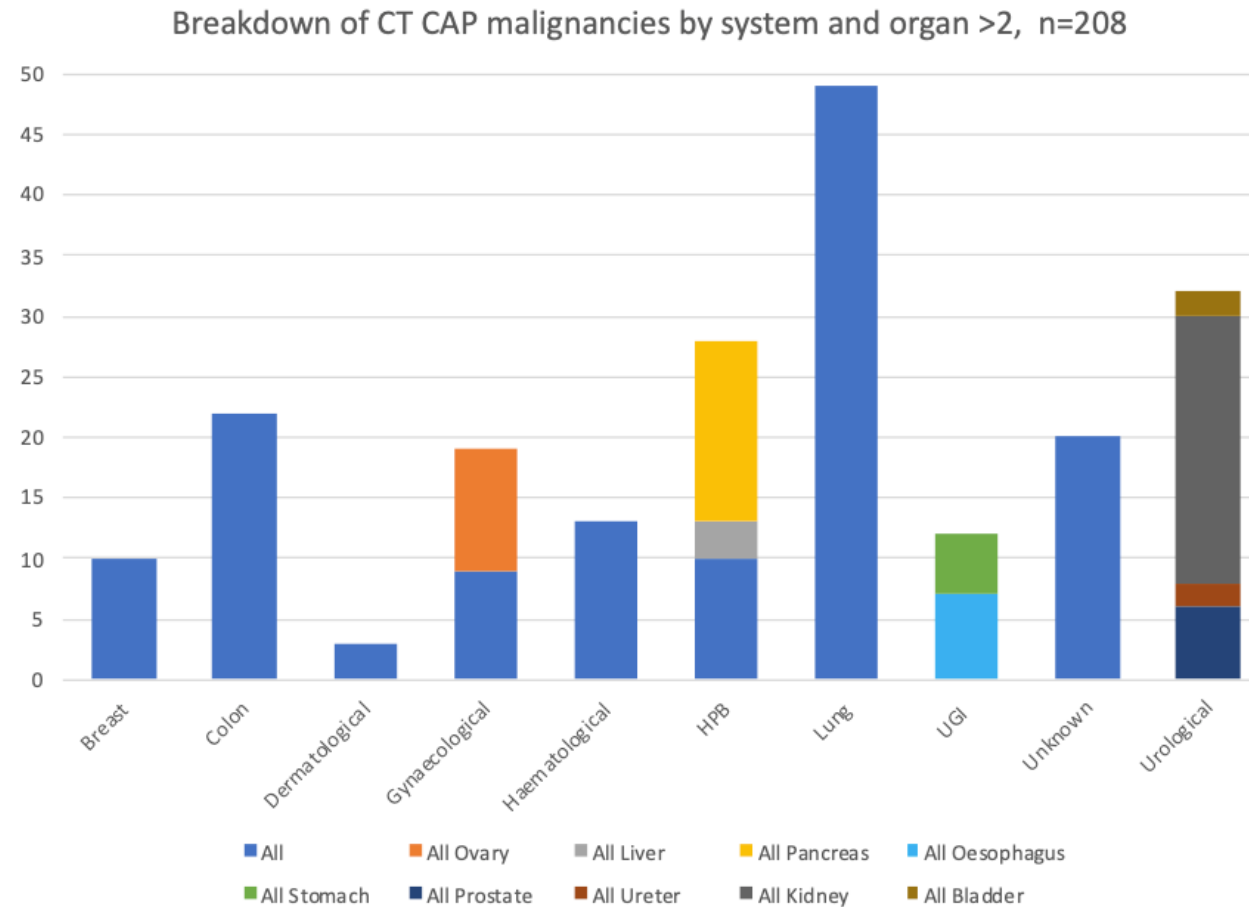


Malignancy – Incidental findings

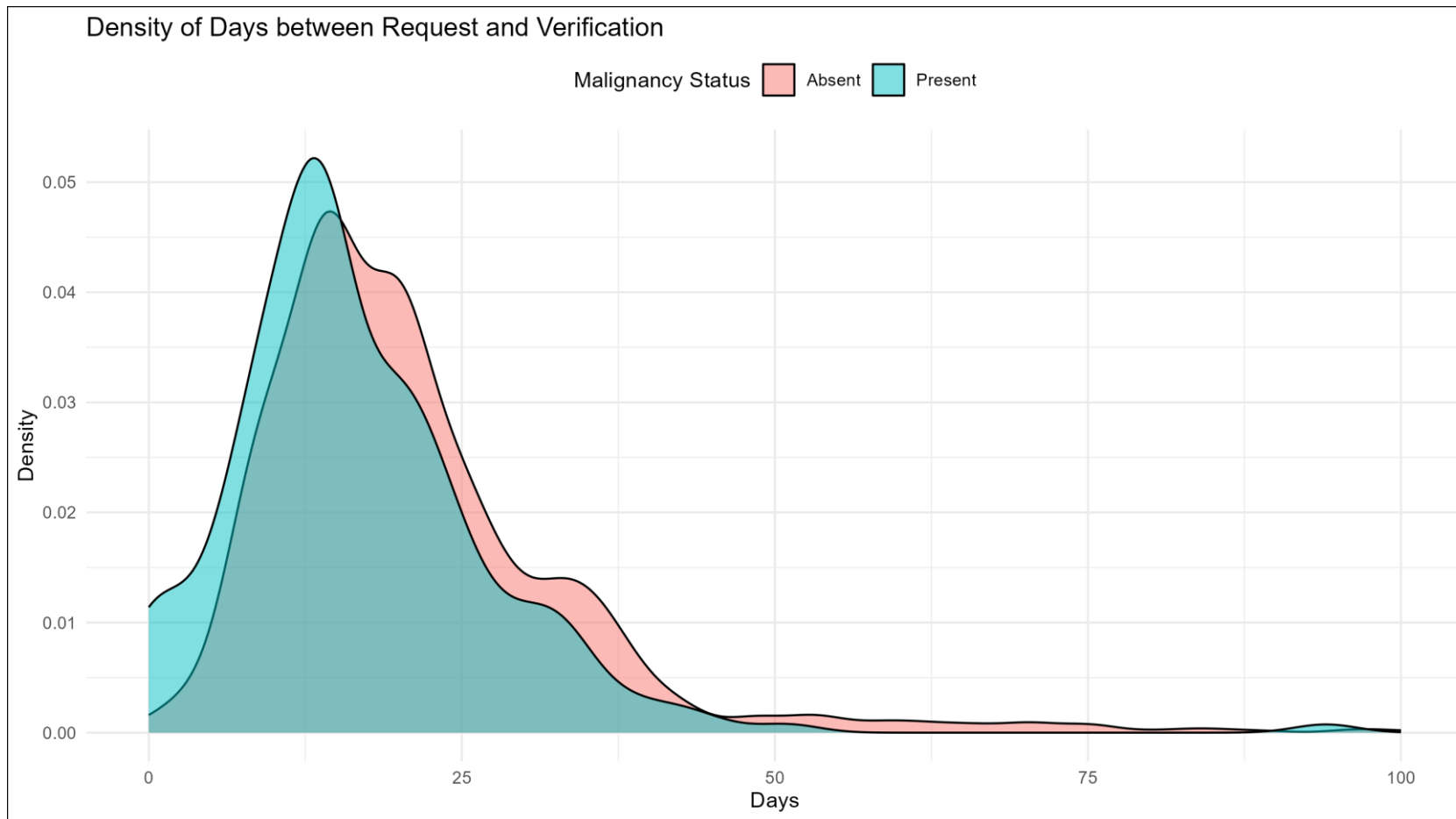
Breakdown of Malignancy ± Incidental Findings 2023 n=1568



Malignancy – breakdown by system/organ

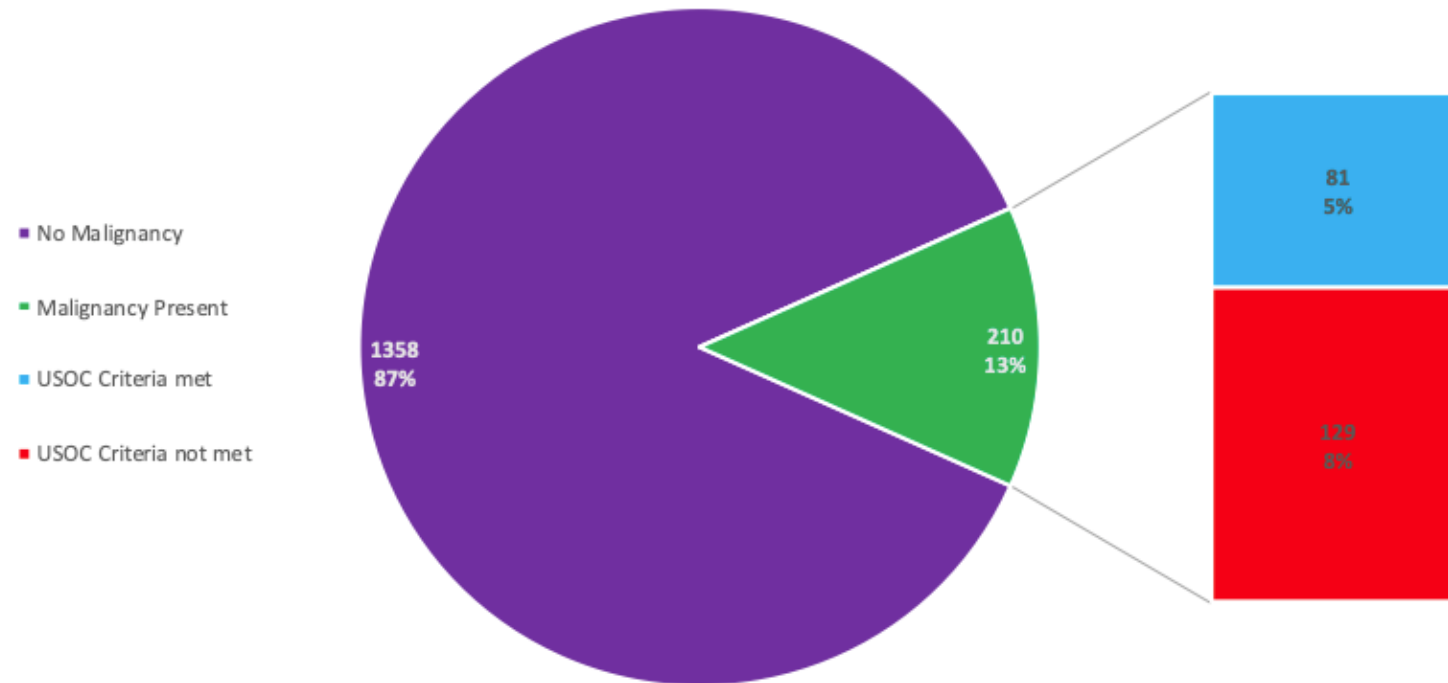


Malignancy – request-to-report days



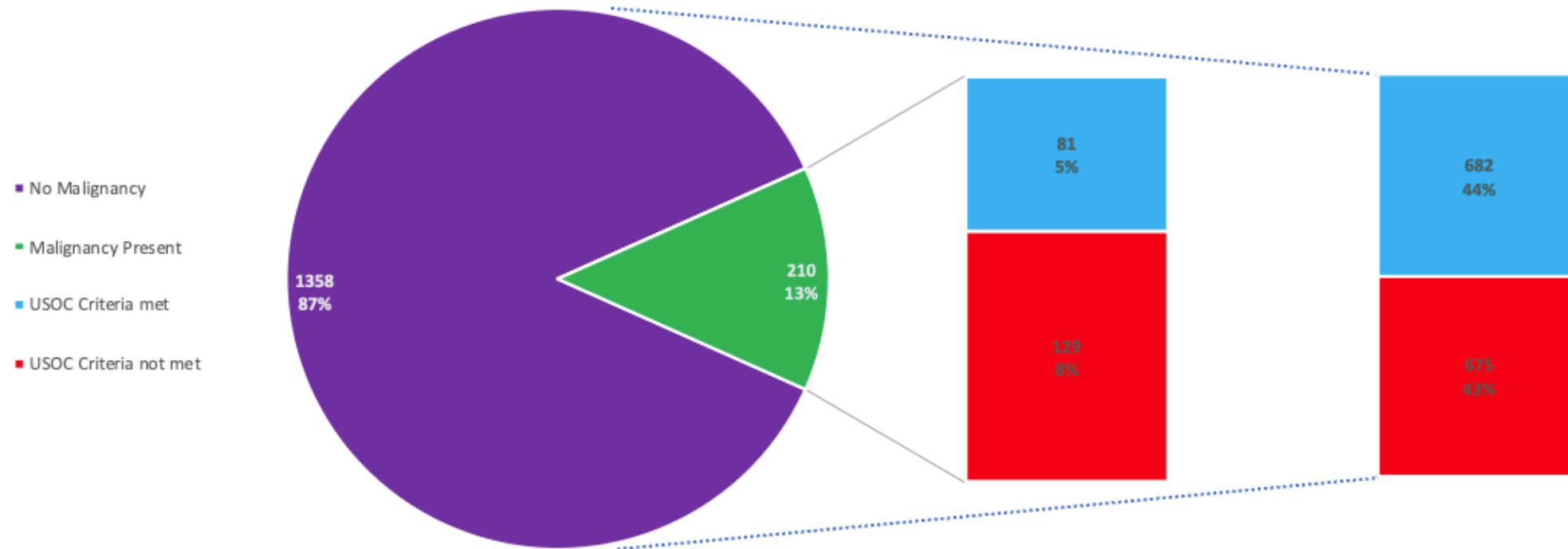
Malignancy – USOC criteria predictive?

Breakdown of Malignancy by USOC Criteria 2023 n=1568

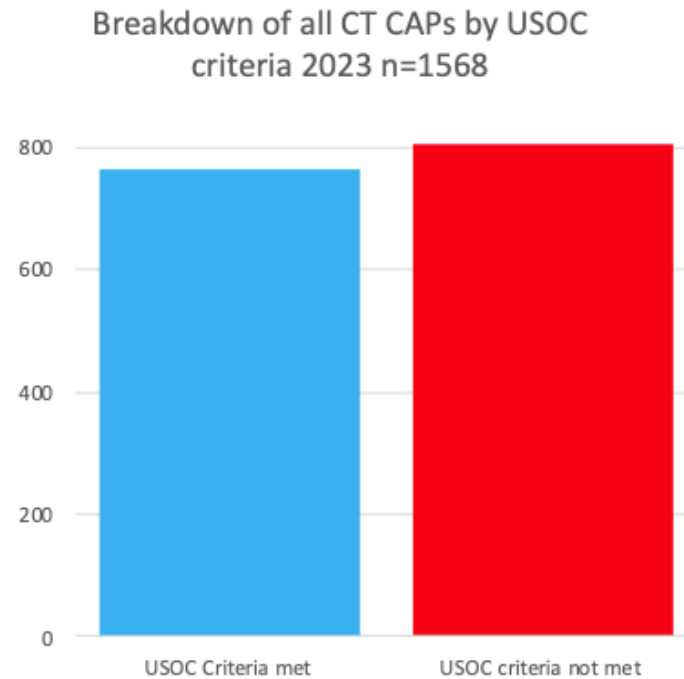


Malignancy – USOC criteria predictive?

Breakdown of Malignancy by USOC Criteria 2023 n=1568

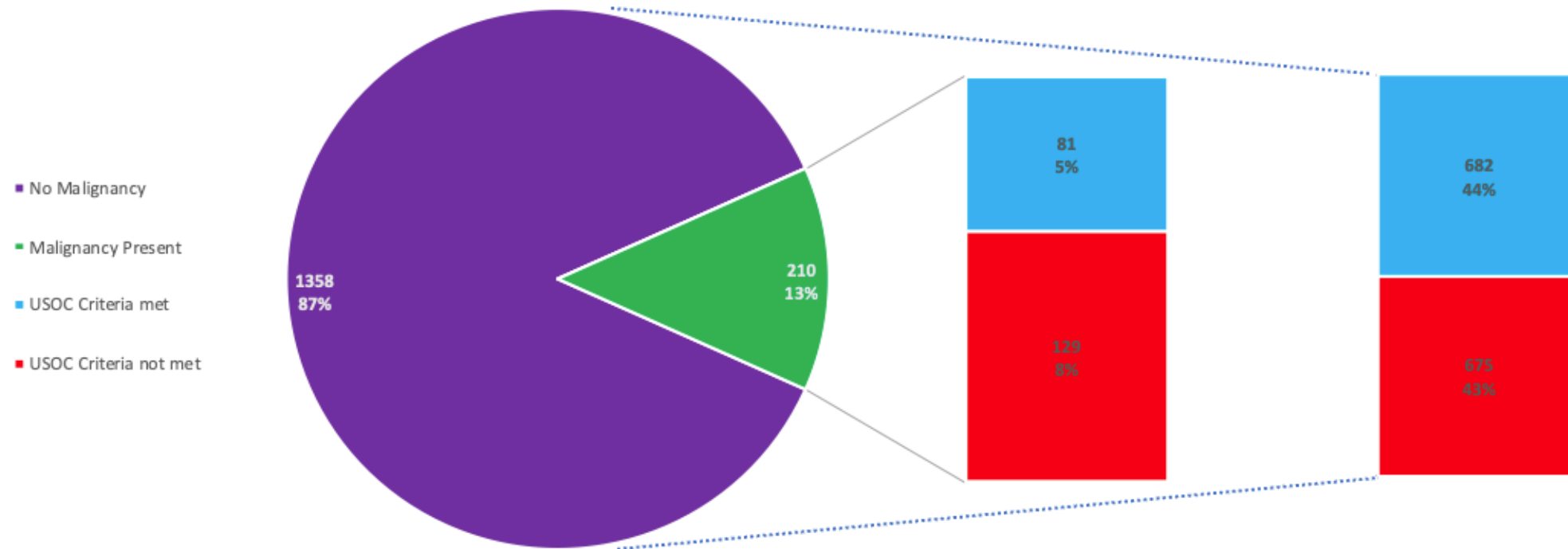


Malignancy – USOC criteria predictive?



Malignancy – USOC criteria predictive?

Breakdown of Malignancy by USOC Criteria 2023 n=1568

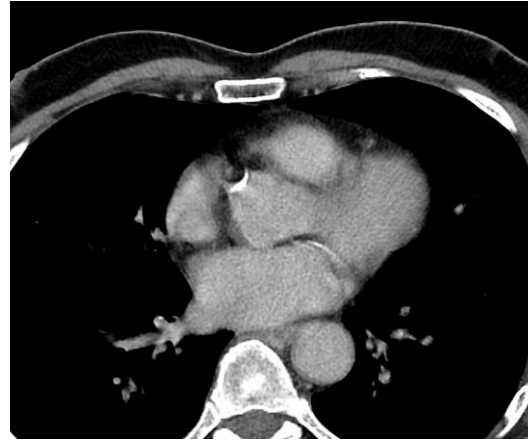


Incidental Findings

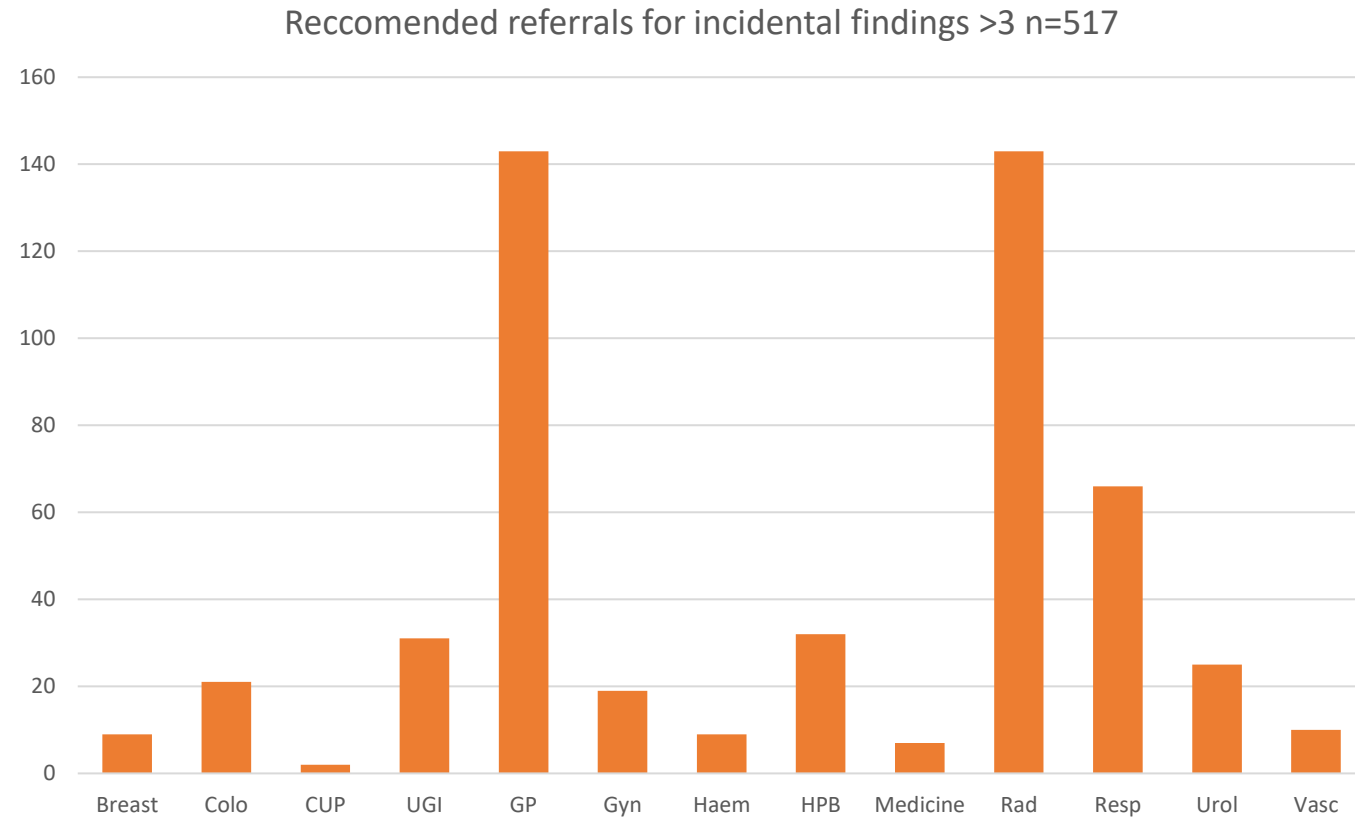
Incidental CTCAP findings 2023 n=1568



■ Incidental finding present ■ No incidental finding



Incidental findings – who follows up?



What can we conclude?

The pickup rate for a new likely malignancy was **13.4%**

The proportion of scans with incidental findings, requiring further follow-up, was **34.5%**

- Largest burden of these follow-ups fell to General Practice (28%) and Radiology (28%)

The proportion of scans which met the USOC criteria was only **48.6%**

- However, USOC criteria (10% weight loss) are not particularly predictive of malignancy