

## Recognition and referral of suspected lung cancer in the UK during the COVID-19 pandemic



The lung cancer pathway continues to be particularly affected by the COVID-19 pandemic and has been slow to recover. In England and Wales, urgent referrals for suspected lung cancer were **35% lower** between March–October 2020 compared with the same time period in 2019, which equates to around **16,100 fewer people**.<sup>1,2</sup> While the equivalent data isn't available in Scotland, the picture is similar and **19% fewer patients** started treatment for lung cancer following an urgent referral for suspected cancer between April–September 2020 compared with the same time period in 2019.<sup>3</sup>

There are likely to be many reasons for this reduction including; **changes in patient behaviour** in response to symptoms as a result of COVID-19, **symptom overlap between COVID-19 and lung cancer**, and **shifting consultation formats** that can make patient examination and GP assessment more challenging. These factors might also be contributing to the reduction seen in routine referrals<sup>4</sup>, which is also of concern given the sizeable proportion of lung cancer patients diagnosed via this route<sup>4</sup>.

 **Lung cancer can be challenging to diagnose even under normal circumstances, therefore it is more important than ever to be alert to the risk of suspected lung cancer in your patients, with the added possibility of symptoms now being disguised by potential COVID-19 symptoms.**

### Key actions for GPs

- As a guide, respiratory-related symptoms which have persisted beyond three weeks should be investigated as a possible serious disease, including lung cancer, rather than an acute infection.
- Safety-netting is vital for all patients, whether they're being referred for tests or specialist advice, or not.
- The threshold for referring patients for a chest X-ray is low, so take advantage of direct access to chest X-ray if this service is available. Many hospitals have moved to appointments rather than walk-in services to help with COVID-19 protection practices.
- Don't be reassured by a negative chest X-ray if you still have concerns. Evidence suggests that a chest X-ray does not detect lung cancer in about 20% of cases<sup>5</sup>. Prompt ordering of a chest X-ray should be accompanied by safety netting for potentially false negative results.
- Take steps to reassure patients that seeing their GP is a valid and permitted reason for leaving the home during the pandemic, and that safety precautions are in place in secondary care when sending patients for follow up investigations or referrals. Also, let patients know they will likely need to have a COVID-19 test and to isolate in advance.

**"Many of those who have the highest risk of lung cancer are also vulnerable to becoming seriously unwell if they contract COVID-19. GPs have had to carefully weigh the risks and benefits of requesting investigations like chest X-rays. But, hospitals have worked hard to make services safe so if you suspect serious illness do not hold back from investigation or referral."**

Dr Stephen Bradley, Academic GP, Leeds

### National guidance

Be aware of national and local changes to guidance and pathways.



#### England and Wales

**NICE NG12** should be used to establish which patients might benefit from an urgent chest X-ray or suspected lung cancer referral.

In June 2020, **clinical guidance** was published by the Lung Cancer Clinical Expert Group (CEG) (England) to help GPs navigate symptoms which should be promptly investigated as suspected lung cancer while COVID-19 is circulating in the population. This guidance was updated in December 2020.



#### Scotland

##### Scottish Referral Guidelines for Suspected Cancer

(SRG) should be used to establish which patients might benefit from an urgent chest X-ray or suspected lung cancer referral.

In July 2020, the Scottish Government published **clinical guidance** on the management of urgent suspicion of lung cancer referrals during COVID-19.



#### Northern Ireland

**Northern Ireland Cancer Network (NICaN)** referral guidance should be used to determine which patients should be referred for an urgent chest X-ray or red flag referral.

In August 2020, NICaN published a new **lung pathway** for use during the COVID-19 pandemic.

View our **practical guide** on safety netting patients during the COVID-19 pandemic at [cruk.org/safetynettingcovid](https://cruk.org/safetynettingcovid)

Download or order our **'Your urgent referral explained'** leaflet for patients who are referred for suspected cancer [cruk.org/urgentreferral](https://cruk.org/urgentreferral)



### References:

- 1 Monthly Provider Cancer Waiting Times, NHS England
- 2 Monthly Cancer Waiting Times via the Urgent Suspected Cancer route, Welsh Government
- 3 Cancer Waiting Times, Public Health Scotland

4 Routes to Diagnosis: Tumours Diagnosed 2006–2016 [https://data.healthdatainsight.org.uk/apps/routes\\_to\\_diagnosis/routes\\_subbreakdowns/](https://data.healthdatainsight.org.uk/apps/routes_to_diagnosis/routes_subbreakdowns/)

5 Bradley et al. Sensitivity of chest X-ray for detecting lung cancer in people presenting with symptoms: a systematic review. *BJGP* 2019

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