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**NHS**  
*England*

# *CRUK ACE Multidisciplinary Diagnostic Centre (MDC) Project*

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**LONDON  
CANCER**  
NORTH AND EAST



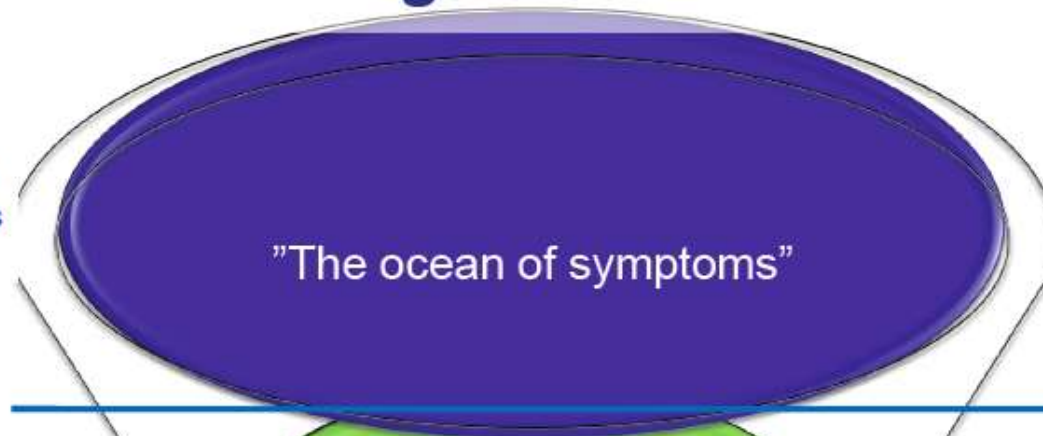
# The challenge facing primary care



## The diagnostic funnel



15% of +40-year olds  
have alarm symptoms  
every year



"The ocean of symptoms"

20% of patients have thought  
of cancer prior to the  
consultation



Attend the doctor

In 4-6% of consultations, the  
GP consider cancer

50% of these are further  
investigated – 50% to watchful  
waiting



Referred to  
secondary  
care

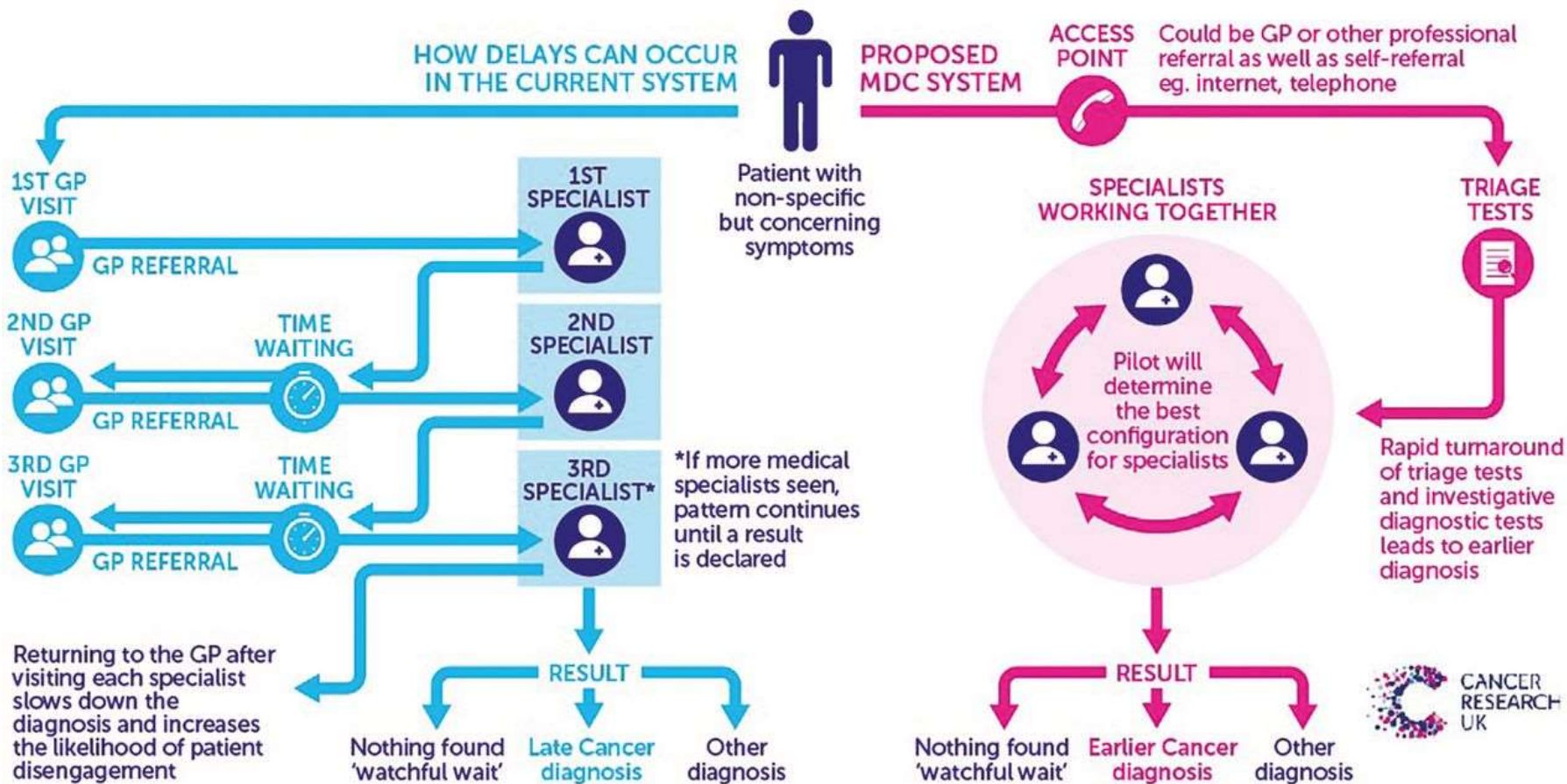
Less than 10% have cancer at  
this point



Cancer

Slide from Peter Vedsted 2015  
Vedsted & Olesen. BJC (2015)

# How Multidisciplinary Diagnostic Centres could improve early cancer diagnosis.



Edmund Fuller et al. Br J Gen Pract 2016;66:176-177

# MDC Pilot – Wave 1 Project Outline

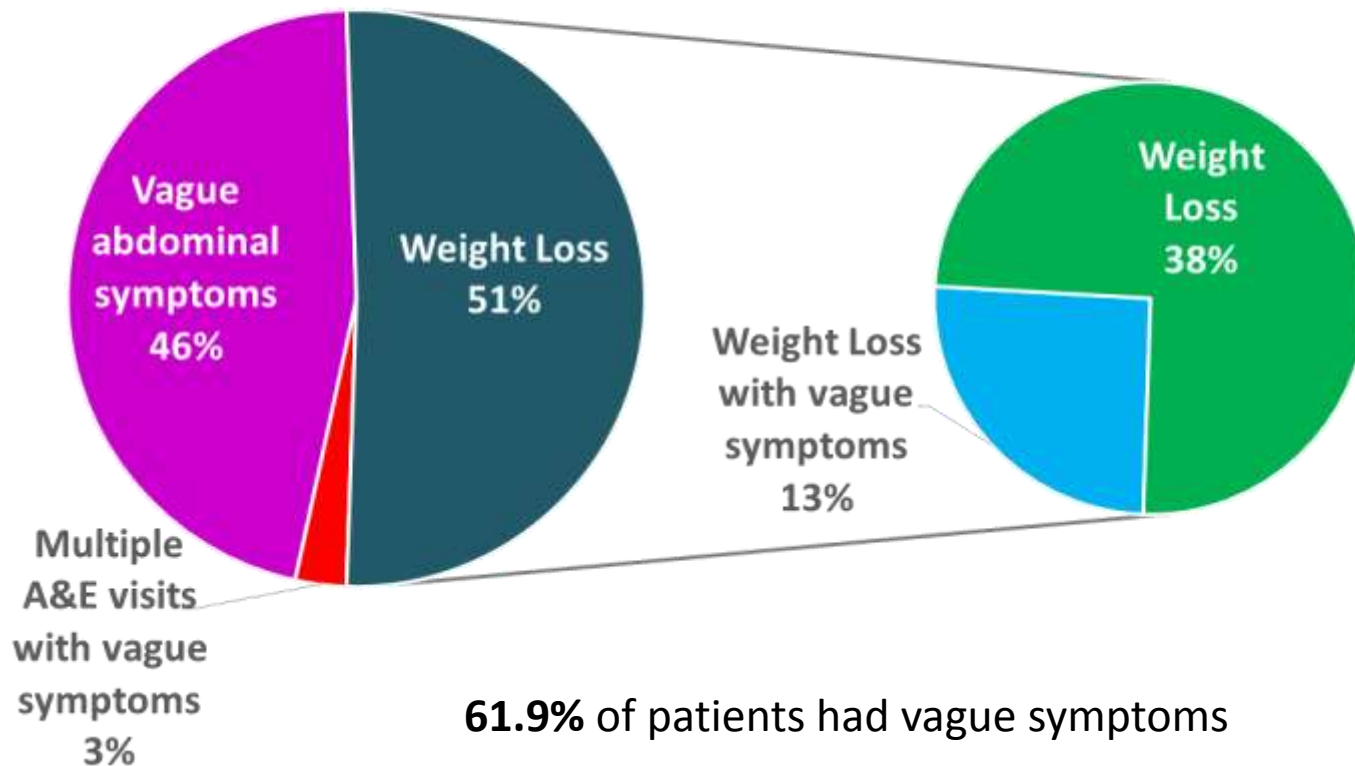
- ACE Program (CRUK) Accelerate, Coordinate, Evaluate
- To provide a more structured diagnostic pathway for defined groups of patient with abdominal symptoms
- To improve flow and avoid unnecessary admission
- Assessed by clinicians, supported by pathway coordinator +/- CNS
- 2 pilot sites at UCLH (from June 2015) and Queen's Hospital, Romford (from September 2015)

# Original Referral Criteria for Wave 1

- Painless jaundice with bilirubin
  - reduce inpatient days
- Unexplained weight loss
  - enhance a 2ww pathway
- Significant abdo pain resulting in 2 ED visits
  - Reduce ED attendance
- Non-specific abdominal symptoms
  - Enhance a non-2ww pathway

# Reasons for Referral – UCLH

(first 139 patients)



# Diagnosis

(First 100 patients)

| Cancer  | Significant Diagnosis  |
|---|--|
| 4   | 18   |
| <ul style="list-style-type: none"><li>• Metastatic</li><li>• Pancreatic cancer</li><li>• Lymphoma</li><li>• Ovarian</li></ul> | <ul style="list-style-type: none"><li>• Gallstones, requiring surgery (4)</li><li>• Pancreatitis (2)</li><li>• IPMN (1)</li><li>• TB (1)</li><li>• Colonic polyp (5)</li><li>• Oesophageal pouch (1)</li><li>• Renal lesions (3)</li><li>• Bulky ovaries (1)</li></ul> |

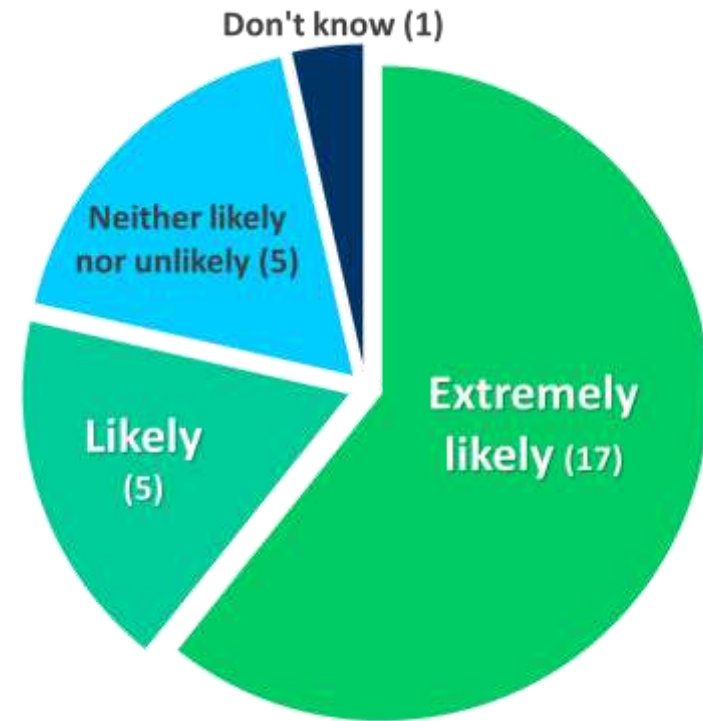
# Patient Experience

(First 50 patients)

**75.9% (22)**  
**Likely or**  
**Extremely likely**  
**to recommend**  
**our service**

- 82.8 % felt they received their first hospital appointment as soon as was necessary
- 89.3% felt their test results were explained in a way they could understand
- 78.6% felt they waited a reasonable amount of time while attending clinics and appointments

How likely are you to recommend our service to friends and family?





# Next Step – Wave 2

MDC based pathway will serve the following categories of patients all of whom **must have suspected cancer** and at least one of more of the following:

- Non-specific symptoms which do not suggest a likely primary tumour site
- Where a clear site specific 2 week referral pathway does not exist
- Where the patient's condition is too serious to wait for a 2WW referral (if relevant to locality)

Working towards common terminology, definition, metrics

# Non-Specific Symptoms

## Referral criteria using new 2ww form

| REASON FOR SUSPECTED CANCER REFERRAL   | REASON FOR SUSPECTED CANCER REFERRAL  | REASON FOR SUSPECTED CANCER REFERRAL  |
|--|---|---|
| <input type="checkbox"/> Abnormal chest x-ray suggestive of lung cancer<br><input type="checkbox"/> Abnormal CT scan suggestive of lung cancer or<br><input type="checkbox"/> Age $\geq$ 40 years with haemoptysis in a smoker or<br><input type="checkbox"/> Age $\geq$ 40 years with one or more of the following<br><input type="checkbox"/> Finger clubbing<br><input type="checkbox"/> Thrombocytosis<br><input type="checkbox"/> Lymphadenopathy cervical or supraclavicular<br><input type="checkbox"/> Chest signs consistent with lung cancer<br><input type="checkbox"/> persistent or recurrent chest infection<br><input type="checkbox"/> Age $\geq$ 40 years with the following UNEXPLAINED exposure ONE symptom is needed. If never smoked are needed.<br><input type="checkbox"/> Cough<br><input type="checkbox"/> Wheeze/dyspnoea<br><input type="checkbox"/> Chest/shoulder pain<br><input type="checkbox"/> Hoarseness<br><input type="checkbox"/> Normal chest X-ray but high suspicion of lung cancer<br><input type="checkbox"/> Features suggestive of lung cancer metastasis in history of cancer<br><input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral) | Press the <Ctrl> key while you click here to view Pan London<br>PLEASE NOTE: Pan-London guidelines do not recommend<br><input type="checkbox"/> Abnormal lower GI investigations (colonoscopy/ (please give full clinical details in the 'additional clinical information' box at time of referral)<br><input type="checkbox"/> Any age with suspicious abdominal or rectal mass<br><input type="checkbox"/> Any age with unexplained anal mass or ulceration<br><input type="checkbox"/> $\geq$ 40 years with unexplained abdominal pain and<br><input type="checkbox"/> $\geq$ 40 years with unexplained iron deficiency anaemia<br><input type="checkbox"/> $\leq$ 50 years with rectal bleeding with any of the following<br><input type="checkbox"/> Abdominal pain<br><input type="checkbox"/> Change in bowel habit<br><input type="checkbox"/> Weight loss<br><input type="checkbox"/> Iron deficiency anaemia (attach results)<br><input type="checkbox"/> $\geq$ 50 years with unexplained rectal bleeding<br><input type="checkbox"/> $\geq$ 50 years with unexplained abdominal pain or<br><input type="checkbox"/> $\geq$ 50 years with unexplained change in bowel habit<br><input type="checkbox"/> $\geq$ 60 years with unexplained anaemia even in the absence of iron deficiency<br><input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral).<br>Where clinical suspicion of cancer is low, please also consider alternative options for referral which have been agreed locally (e.g. urgent referral, direct access investigations, early diagnosis pathways) | OESOPHAGUS/STOMACH<br><input type="checkbox"/> Abnormal upper GI endoscopy suggestive of cancer<br><input type="checkbox"/> Upper abdominal mass consistent with stomach cancer<br>PANCREAS<br><input type="checkbox"/> Abnormal abdominal CT or ultrasound scan suggestive of pancreatic cancer<br><input type="checkbox"/> $\geq$ 40 years with jaundice<br>LIVER/GALLBLADDER<br><input type="checkbox"/> Abnormal abdominal ultrasound scan suggestive of liver/gallbladder cancer<br><input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)<br><input type="checkbox"/> Referral is due to GP not having direct access to relevant investigations (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral) |

- All forms have similar non-specific criteria
- Pathway for such patients remains unclear
- Therefore ALL non-specific symptoms for MDC

# MDC Requirements

- Physical site essential
- Team - Consultant, CNS, Coordinator
- Paperless referrals and ideally records
- Enhanced GP Communication/Education
- Better integration into CUP and AOS

