formity of academic criteria for the award of different grades of qualifying medical degrees in the UK.

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Gastrointestinal cancer and the 'two-week wait'

Cancer mortality rates in the UK compare unfavourably with rates in other developed countries. The 'two-week wait' referral guidelines for suspected cancer were implemented in the hope that urgent assessment would improve cancer outcome.

We prospectively collected data for all patients with a suspicion of gastrointestinal (GI) cancer, during the first six months of the system's operation (July–December 2000). 465 patients were referred (222 upper GI and 243 lower GI). We saw 399 (85.8%) within 14 days, 64 of whom (13.8% of the total) were diagnosed with cancer.

The average delay to assessment was 11.4 days (cancer cases = 8.2 days) and to diagnosis was 41.3 days (cancer = 32.3 days). Of those waiting longer than 14 days, most delays (34 of 66) were due to patient cancellation or non-attendance. Excluding these cases, we saw 93.1% within two weeks and 99.4% within four weeks. Interestingly, of the 43 patients who did not attend, only one was subsequently found to have (incurable lung) cancer.

Of the 'upper' cancer cases, 100% were assessed within two weeks, and 85.7% were diagnosed within four weeks. Despite this rapid assessment, only two of the 28 'upper' cancer cases (7%) underwent potentially curative surgery and were alive at six months follow-up. This represents less than 1% of the total 'upper' referrals. Of the 'lower' cancer cases, 32 of 36 (88.9%) were seen within two weeks; 25 colorectal cancers were diagnosed; 16 (64.0%) underwent potentially curative surgery (Table 1).

Fewer males (39.6%) were referred than females (60.4%), but most cancer cases were male. Overall 20.7% of males and only 9.3% of females had cancer. The average age of patients referred was 66.2. Only one cancer was diagnosed in a patient under the age of 55 (a 37-year-old female with metastatic breast cancer). Increasing age was associated with an increased likelihood of a final diagnosis of cancer.

The proportion of patients diagnosed with cancer (13.8%) is consistent with that of previous studies[1] and reflects the relatively low specificity of most of the referral symptoms.

The low proportion with curable gastro-oesophageal cancer reflects the poor prognosis of a cancer that typically presents at an advanced stage.[2] Surgical cure is unlikely once 'two-week wait' symptoms, such as weight loss and dysphagia, have developed. The prompt investigation of all dyspeptic symptoms in those aged over 40 might increase the proportion of patients with early and operable cancers,[3] but would further compromise specificity.

The evidence that colorectal cancer outcome is influenced by delays measured in weeks is poor. Perhaps two weeks is of little consequence compared to the median delay to presentation of over three months for patients with GI cancer.[4]

Substantial resources and considerable reorganisation have allowed our hospital to see almost all patients within two weeks. Rapid assessment may provide reassurance to the large majority who do not have cancer, but is unlikely to influence outcome significantly in those who do. Ultimately, funds might be better used implementing screening programmes,[5] or improving care once cancer is diagnosed.

Table 1. Cancer cases and operability.

Referal type	Cases referred	Cancer type	Number	Potentially curative surgery (% of total cancer cases)
Upper	222	Oesophageal	14	2 (14.3%)
		Gastric	5	1 (20.0%)
		Pancreas	3	0
		Miscellaneous	6	0
Lower	243	Colorectal	25	16 (64.0%)
		Miscellaneous	11	1 (9.1%)
Total	465		64	20 (31.2)

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