

Urgent suspected cancer referrals in a district general hospital: a re-audit of referrals and comparison to NICE guidelines

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Introduction

The National Institute for Health and Care Excellence (NICE) criteria for referring urgent suspected cancer (USC) cases have been developed to facilitate and streamline the pathway for patients thought to have a possible malignancy.¹ In a previous audit of the radiology department in a district general hospital in 2018 there were 157 referrals over a 1-month period with 31 cases (19.7%) not meeting NICE criteria. Demands on the NHS have subsequently been exacerbated greatly by the COVID-19 pandemic, and waiting lists are at record levels.² The primary aims of this re-audit are to ascertain changes in the volume of referrals received, and imaging performed in the radiology department. Secondary aims included whether the referrals met NICE criteria and were performed and reported within 14 days of request.

Materials and methods

Patient data was collected prospectively for USC referrals over 1 month (1–30 November 2021 inclusive) for the radiology department. Exclusion criteria included patients who subsequently declined imaging, imaging that was cancelled for clinical reasons, and requests received outside of the aforementioned dates. Clinical and radiology results were evaluated via the appropriate electronic platforms (Welsh clinical portal and Synapse respectively) and added to a database for subsequent analysis.

Results and discussion

A total of 293 referrals were received during the study period with 269 cases being imaged (135 men (50%), mean age 66 years (16–97)) representing a 72% increase in imaging compared with the previous audit. Of those imaged, 61 cases (23%) did not meet NICE criteria compared with 19% in 2018. The most common indication in these patients was staging for a previously diagnosed malignancy (45 cases; 74%). The imaging modalities used were computed tomography (155 cases, magnetic resonance imaging 54, ultrasound 60). Overall, 129 cases (48%) were imaged and 107 cases (40%) reported within 14 days of the request.

Conclusion

The volume of routine work in radiology has been increasing for several years,³ and the backlog of elective work in the NHS has been greatly exacerbated by the COVID-19 pandemic. Our results show the volume of imaging performed for USC referrals in our unit has increased by 72% compared with 2018. Almost a quarter of these cases (23%) did not meet NICE criteria with the most common indication being staging for a previously diagnosed malignancy. Overall, less than half of cases were imaged and reported within 14 days which may contribute to delays in the diagnosis and management of suspected cancer cases. ■

References

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