

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



The COVID-19 pandemic has impacted on all areas of cancer services with a more sustained impact on some cancer pathways than others. Perhaps unsurprisingly, the lung cancer pathway continues to be particularly affected and slow to recover, with NHS England figures showing that the number of patients referred for an urgent referral for suspected lung cancer in England at the end of July was still only at 57% of the February 2020 weekly average.¹ While these data are just for England, the picture is similar in other nations of the UK.

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 referrals¹, which is also of concern given the sizeable proportion of lung cancer patients diagnosed via this route².



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 cases³. Prompt ordering of a chest X-ray should be accompanied by safety netting for potentially false negative results.
- Take steps to reassure patients that safety precautions are in place in secondary care when sending them 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.

On 10 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 has since been shared via the British Thoracic Society.



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.

On 15 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 recovery phase at cruk.org/safetynettingcovid

Download or order our **'Your urgent referral explained'** leaflet for patients who are referred for suspected cancer cruk.org/urgentreferral



References:

- 1 NHS Digital and Public Health England, NHS e-Referral Service (e-RS) Open Data Dashboard, <https://digital.nhs.uk/dashboards/ers-open-data> (accessed 13/08/2020). Data up to w/c July 20th were released 13/08/2020
- 2 Routes to Diagnosis: Tumours Diagnosed 2006–2016 https://data.healthdatainsight.org.uk/apps/routes_to_diagnosis/routes_subbreakdowns/
- 3 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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