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Together we are beating cancer

March 2024

Northern Ireland Lung Cancer Early Diagnosis Campaign

GPNI Webinar

Presented by Dr Claire Bradley and Dr Laurence Dorman

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Spotting lung cancer early campaign

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Spotting lung cancer early campaign overview

Following positive results from phase 1 campaign (Sept 2022), Cancer Research UK (CRUK) in partnership with the Public Health Agency (PHA) and NI Cancer Programme (Legacy NICaN) are running another follow up early diagnosis lung cancer marketing campaign.

Objective:

- Increase **intention to present possible lung cancer symptoms** to a GP in an appropriate and timely manner.

Audience:

- **50+** (those most likely to have cancer).
- **C2DE** (people from a lower socio-economic background).

Supports DoH Cancer Strategy

Funded by the CFNI through the DoH Cancer Charities Fund

Development supported by representatives from the RCGP, NIGPC, PHA, IC, DoH and Strategic Planning and SPPG

Key barriers being addressed in the main campaign:

- Low symptom awareness
- Wasting GPs time

Top barriers to seeking medical help:

- 14% of people worry about wasting a health professional's time
- 15% not wanting to make a fuss

Campaign creative & media plans

The campaign will have a slightly updated creative and a different focus.

Spotting lung cancer early campaign creative

Advertising will feature across

TV

Radio

Print publications

Social & digital media

Out-of-home media

The campaign highlights the following lung cancer signs and symptoms:

- Breathlessness
- Persistent cough
- Unexplained weight loss

Campaign live dates
11th March – 21st April

Why lung cancer?

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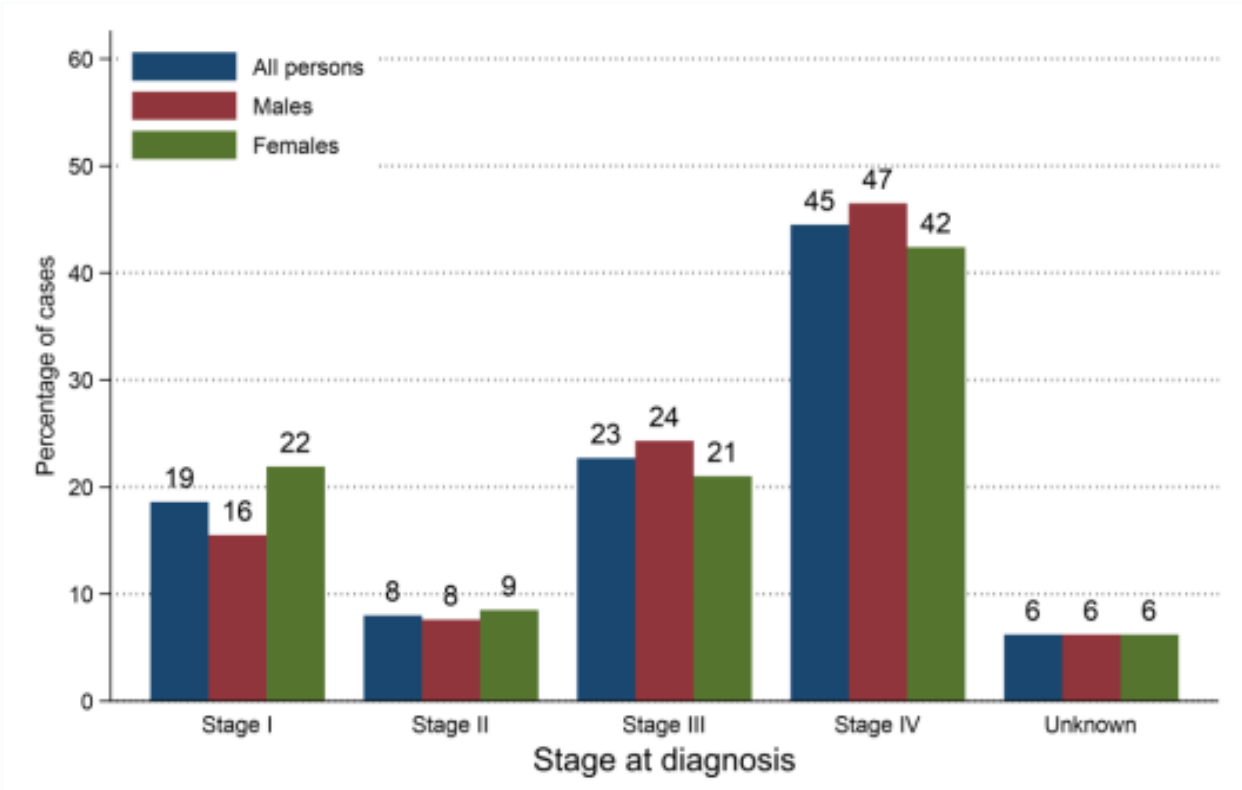
Incidence and stage

In Northern Ireland:

- There are around 1,400 new cases of lung cancer diagnosed each year (2017-2019)
- Lung cancer is the 2nd most common cancer
- More lung cancer cases are diagnosed at stage 4 than at any other stage (2017-2021)

Proportion of lung cancer cases diagnosed in 2017-2021 in Northern Ireland by stage at diagnosis



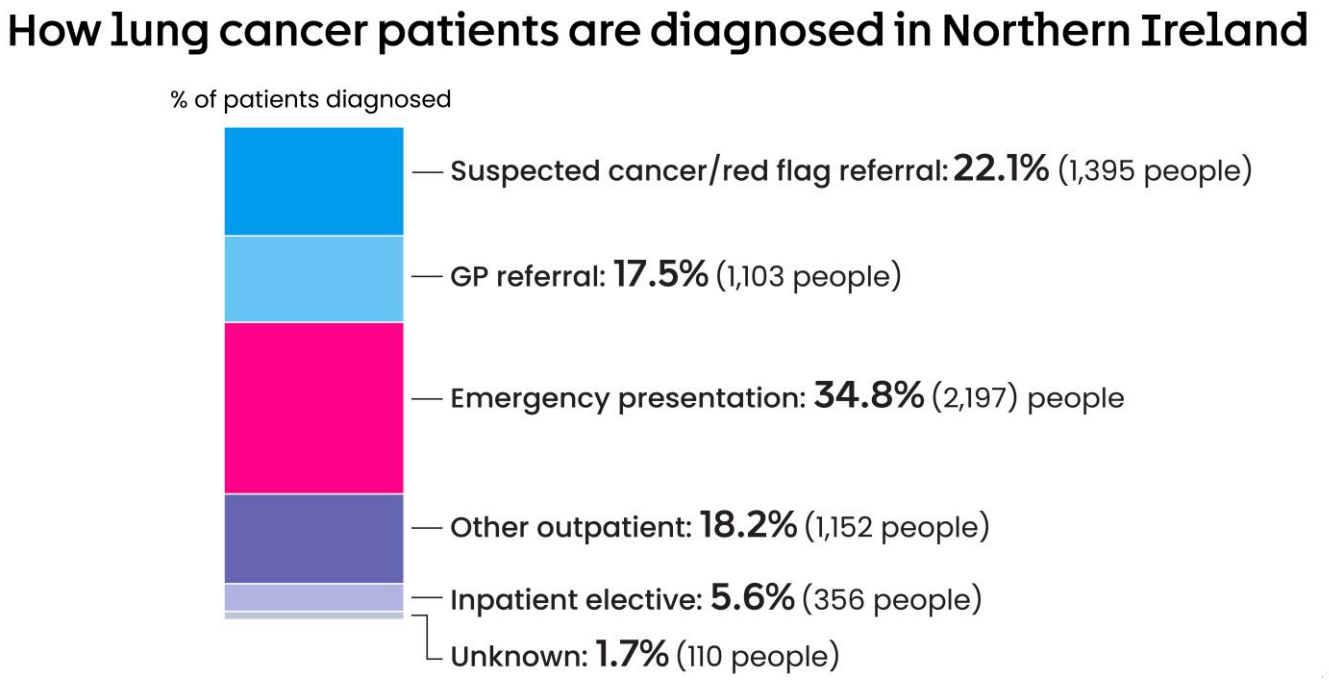
Source: Northern Ireland Cancer Registry (2023). Lung Cancer 1993-2021.

Note: the pandemic is likely to have had an impact. Compared to the annual average in 2017-2019, from March 2020 to Sept 2023 the number of patients with a pathology sample indicating lung cancer decreased by 17.7% in Northern Ireland

Lung cancer routes to diagnosis

In Northern Ireland:

- The most common route to diagnosis for lung cancer was via emergency presentation (2012-2016)
- 66% of emergency patients are diagnosed at stage 4
- Almost 40% of patients are diagnosed through primary care where diagnosis is more likely to be at an earlier stage compared to emergency presentation
- Timely help-seeking may help shift emergency presentations to a managed route



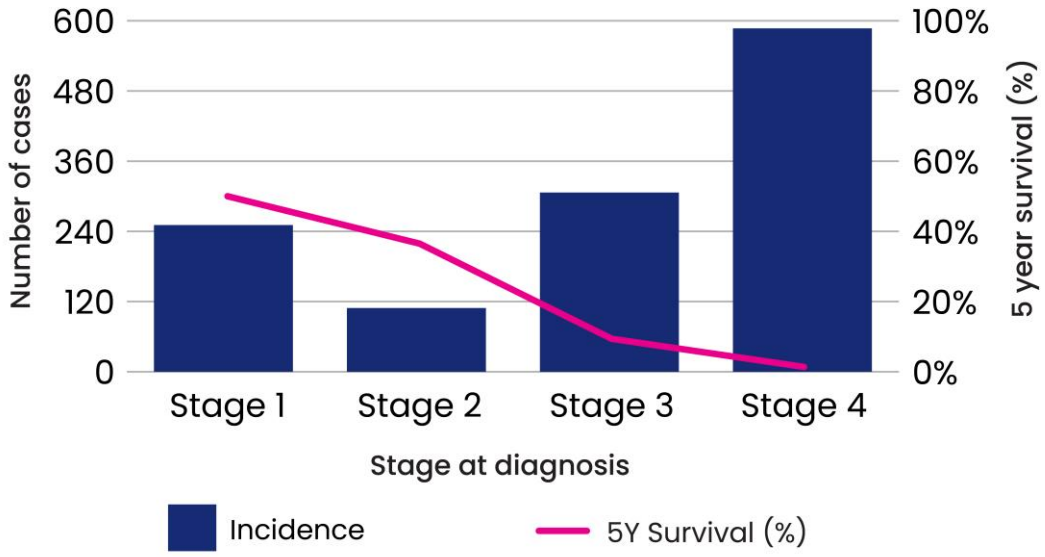
Source: HSC Business Service Organisation, cases from 2012-2016

Survival

In Northern Ireland:

- Lung cancer is the biggest cause of cancer death*
- Lung cancer survival improves if people are diagnosed at an earlier stage
- 50% of those diagnosed at the earliest stage will survive their disease for 5 years or more but only 1.4% of people diagnosed at stage 4 survive their disease for 5 years or more (2011-2015).

Lung cancer incidence and survival in Northern Ireland



Source: Lung Cancer 1993-2021. Northern Ireland Cancer Registry. An official statistics publication [Data from 2011-2015]

*2018 + 2019 + 2021

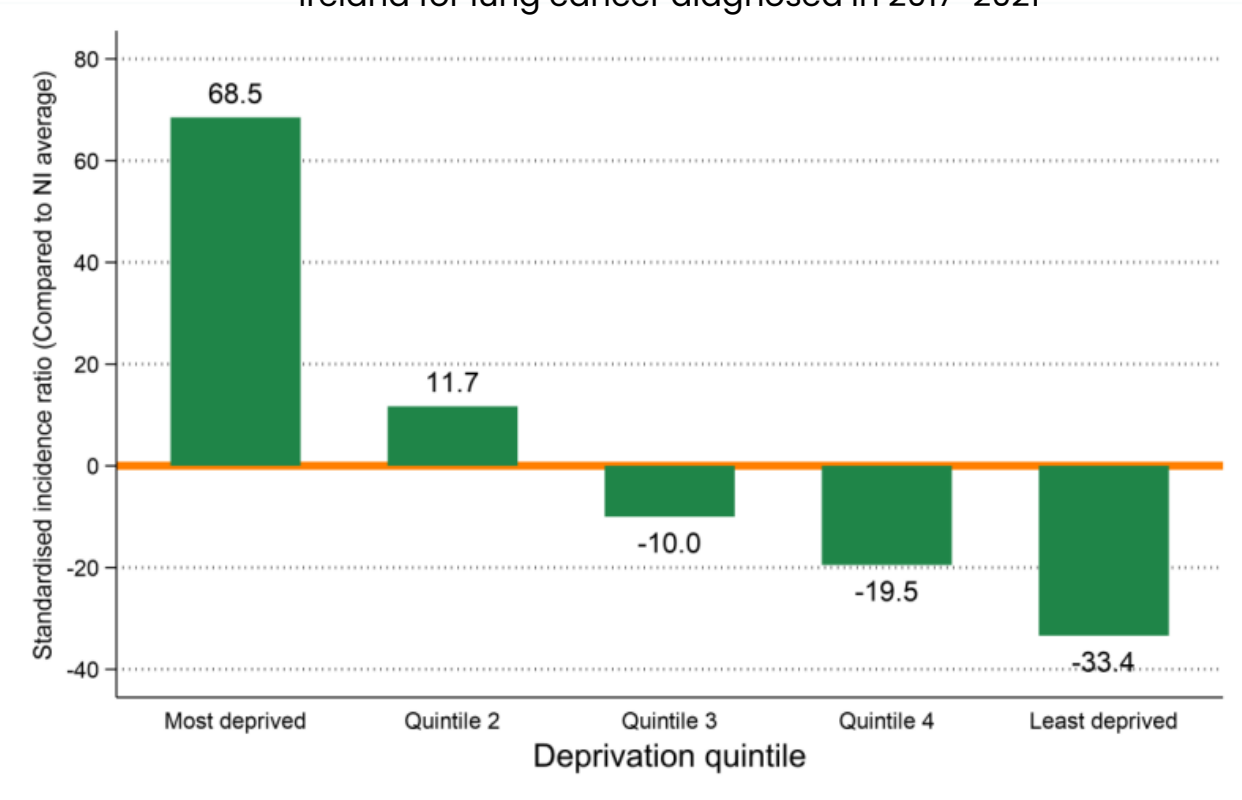
Deprivation, smoking, and lung cancer

In Northern Ireland:

- Smoking is the biggest cause of lung cancer
- More deprived areas have a higher prevalence of cigarette smoking than less deprived areas*
- Lung cancer incidence is greatest in the most deprived areas

Note: lung cancer can still occur in people who have never smoked

Standardised incidence ratio comparing deprivation quintile to Northern Ireland for lung cancer diagnosed in 2017-2021



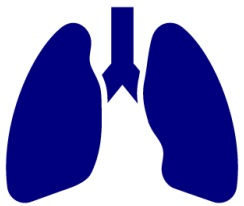
Source: Lung Cancer 1993-2021. Northern Ireland Cancer Registry. An official statistics publication

*2022 - 2023

Patient barriers to help-seeking

Help-seeking behaviours

The Cancer Awareness Measure Sept 2023 survey showed:



21% respondents said they have experienced a lung cancer symptom* in the past 6 months.

Only 20% of those who had experienced a lung cancer symptom were quite or extremely concerned.

Only 40% who had experienced a lung cancer symptom contacted their GP about it within the past 6 months.

**symptoms included: shortness of breath, persistent hoarseness, persistent cough, change in cough, coughing up blood*

Note: The Cancer Awareness Measure September 2023 survey was filled out by 505 Northern Ireland respondents out of 4,053 total UK responses

Barriers to help-seeking

The Cancer Awareness Measure Sept 2023 survey showed:

Top reasons to delay speaking to a health professional:

- Found it difficult to get an appointment at a convenient time
- Didn't want to be seen as making a fuss
- Were worried about wasting a health professional's time

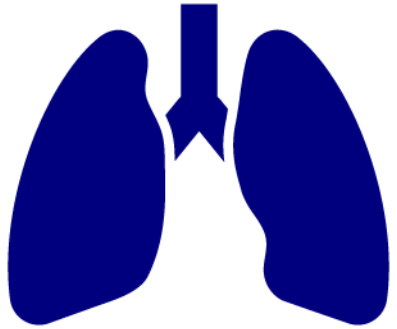
Demographic groups who were significantly more likely to select a reason to delay help-seeking:

- Women
- Young people
- LGBTQ+
- Ethnic minorities with a disability or mental health condition
- Lower socioeconomic status with a mental health condition

These findings are consistent with the wider evidence base

Stigma and comorbidities

- Stigma and fear of lung cancer diagnosis can deter medical help seeking for symptoms
    - Prevalent among those who smoke
    - Approximately 14% of adults in NI currently smoke cigarettes.
- People with comorbidities such as COPD or asthma may not seek help due to symptom misattribution
- Delays in help-seeking can impede timely diagnosis



Lung cancer in people who have never smoked

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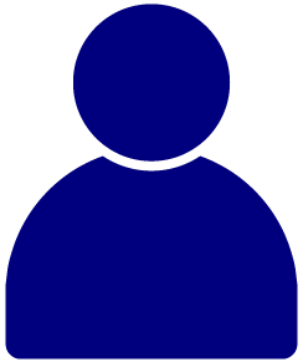
Public and patient factors

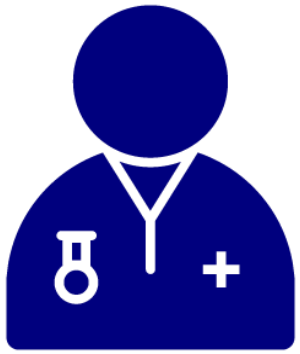
Never smoked: *<100 cigarettes in a person's lifetime.*



- People who have never smoked may be less aware of their risk of lung cancer.
- Attribute symptoms to other health conditions.
- Lower levels of urgency and concern.
- More easily reassured by clinicians (linked to health professional factors).

In Northern Ireland in 2014, 5.5% of non-small cell lung cancer patients with a recorded smoking status were non-smokers

Healthcare professional factors



- Recognition of potential cancer symptoms can be more difficult.
- May be less concerned about symptoms and the risk of lung cancer in patients who have never smoked.
- More likely to initially rule out lung cancer or consider benign/other conditions first.
- Many rely on gut-feeling, condition of patient, or patient advocacy to make decisions.

Be aware of the signs and symptoms of lung cancer even in people who have never smoked

Recognition and referral of suspected lung cancer

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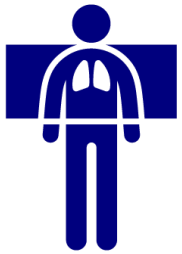
NICaN guidance for suspected lung cancer



An urgent chest x-ray for patients with:

- Haemoptysis
- An unexplained or persistent lung cancer symptom, including a cough, chest/shoulder pain and shortness of breath

A red flag referral:

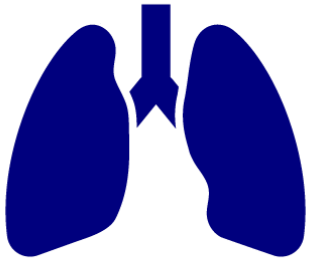
- Following a chest x-ray which indicates lung cancer
- Following a normal chest x-ray, where high suspicion of lung cancer remains
- If a patient presents with persistent haemoptysis (in smokers or ex-smokers aged 40+)
- If the patient presents with a history of asbestos exposure and lung cancer symptoms

Be aware of local guidance and pathways in addition to national guidance

Non-specific symptoms and comorbidities

Many lung cancer symptoms can be non-specific, including:

- persistent cough
- shortness of breath
- weight loss
- appetite loss
- fatigue



Symptoms might be misattributed by patients and health professionals to other conditions, especially in patients with comorbidities such as COPD, asthma, or heart disease

Where available, a RDC pathway can be used to investigate those with non-specific symptoms

Rapid Diagnostic Centre (RDC) - Vague Symptom Pathway

- For patients with symptoms which do not fit into existing pathway
- Currently 2 sites in Northern Ireland:
    1. South Tyrone, Dungannon (SHSST)
    2. Whiteabbey (NHSST)
- Patients require Set A bloods/F2F exam/informed of purpose of clinic
- No CT c/a/p in prior 3/12 and deemed fit for investigations/ treatment
- No need for chest X-ray! No qFIT needed unless indicated
- Aim to be seen within 10 days. One stop clinic

Two Case Studies from STH RDC

Patient X

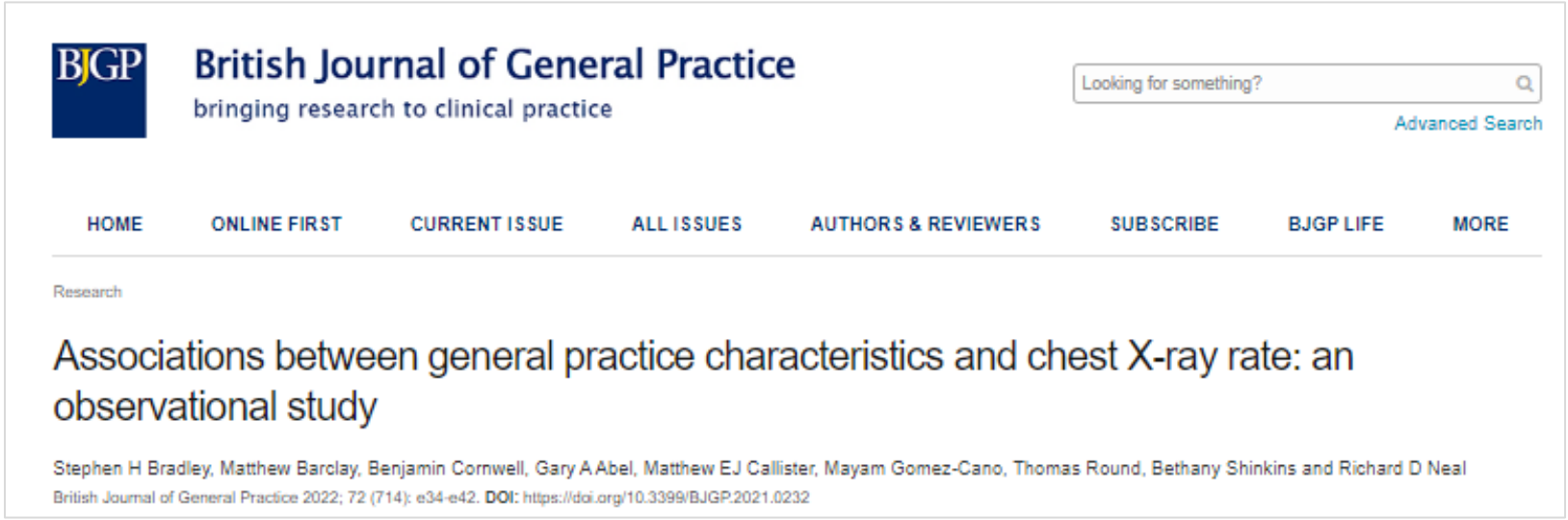
- 42-year-old female
- Vague history of persistent abdominal pain, fatigue and persistently raised WCC
- CT – early diagnosis of cyst right kidney – at least Bosniak 3
- Went for ablation therapy
- Curative result

Patient Y

- 61-year-old female
- Ran 5 miles 3/week
- NST
- Active farm and works in health and social care
- Persistent night sweats with mild raised platelet count. Retrospective cough
- CT – 5cm lung mass
- Subsequent potential curative lobectomy

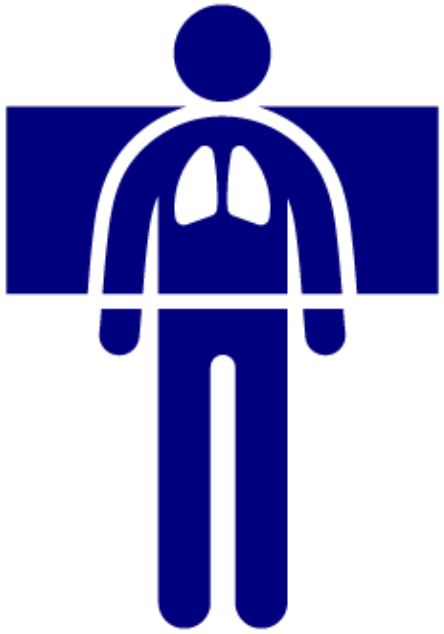
Lung cancer investigation

- CXR is a relatively cheap and safe first-line test for suspected lung cancer
- Currently there is substantial variation in general practices requesting a CXR*
- Make sure to also consider CXR for:
    - people who've never smoked
    - people presenting with non-specific symptoms of lung cancer



*England data

Safety netting after negative CXR



Be aware that CXR has a significant false negative rate

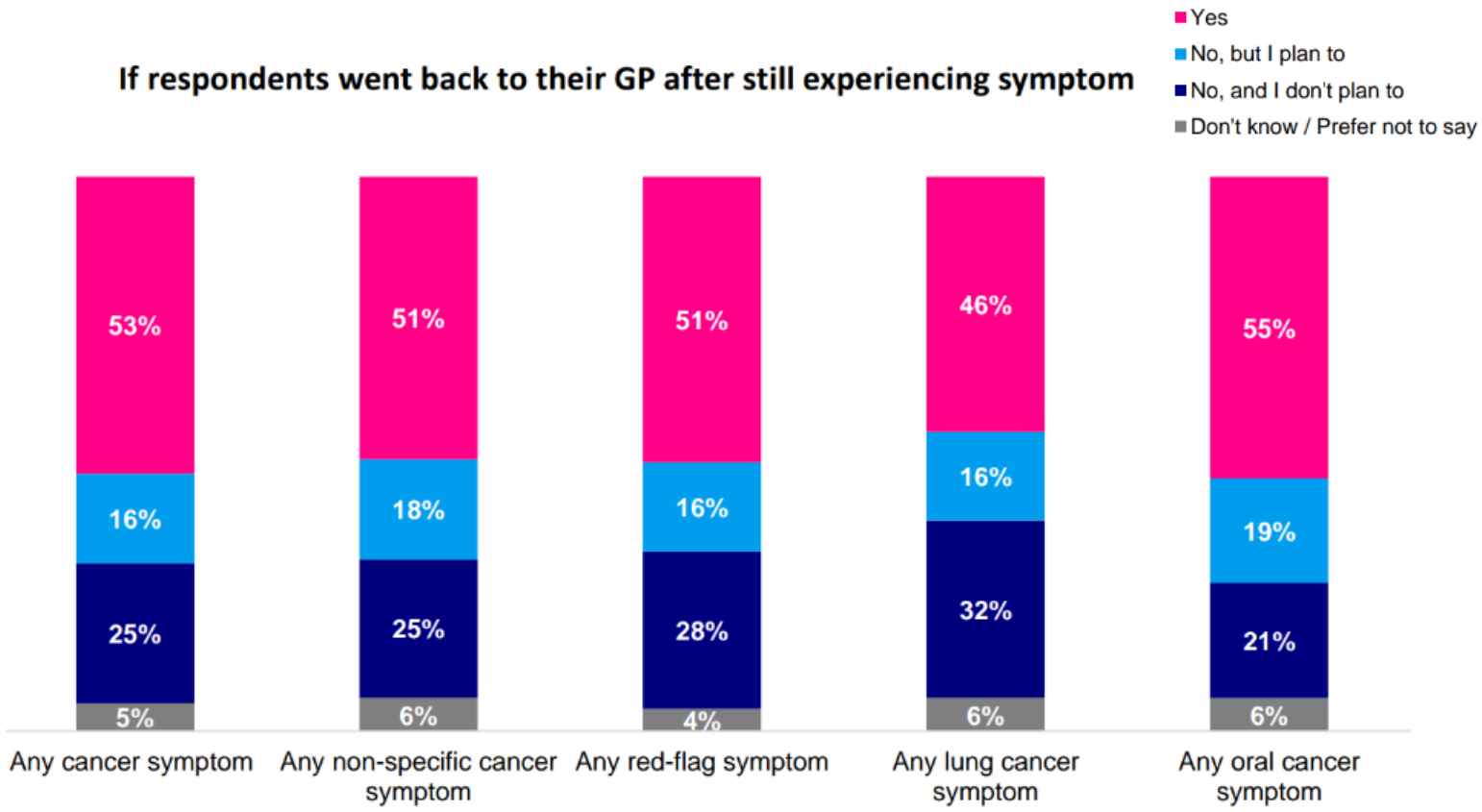
Around 20-25% of those who have a negative CXR will subsequently be diagnosed with cancer.

If symptoms or clinical concern persist, consider:

- referral to secondary care
- requesting a CT scan if you have access. CT scans are more sensitive than CXR
- requesting a follow-up appointment to repeat examination and history taking
- discussion with colleagues or using clinical decision support tools
- communicating clear safety netting instructions for re-presentation

Importance of safety netting

- 25% of people do not plan to go back to a GP if cancer symptoms persist
- People with lung cancer symptoms are even less likely to re-present (32%)
- Safety netting in primary care is essential to encourage re-presentation



Source: Cancer Awareness Measure (UK, Sept 2023)

Find safety netting resources to support re-presentation at **cruk.org/safetynetting**

Safety netting patient communication

Make sure to clearly communicate:

Specific red flag symptoms to look out for

Reasons for any tests for referrals

The importance of re-presentation even if results are negative

When to come back if symptoms do not resolve or worsen

Whether the GP or patient should book a follow-up appointment

Next steps for obtaining results or attending appointments

Safety netting tips for GPs

- Check patient understanding
- Consider test accuracy
- Accurately detail patient notes
- Follow-up negative results
- Refer if suspicion remains

Patient journey

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Lindsay's Story

Important patient history

- Hasn't smoked for 8 years
- Tested positive for COVID in June 2022

Began to experience breathlessness in the autumn.

GP organised a CXR which showed a shadow on his lung. He was referred to the urgent suspected cancer pathway.

Diagnosed with a tumour blocking his airway. Surgery and radiotherapy were not an option. Due to prompt recognition and referral of the suspected cancer, Lindsay was diagnosed at a treatable stage.

He started chemotherapy which shrunk the tumour, allowing him to participate in a CRUK funded clinical trial.

What else is happening in lung cancer?

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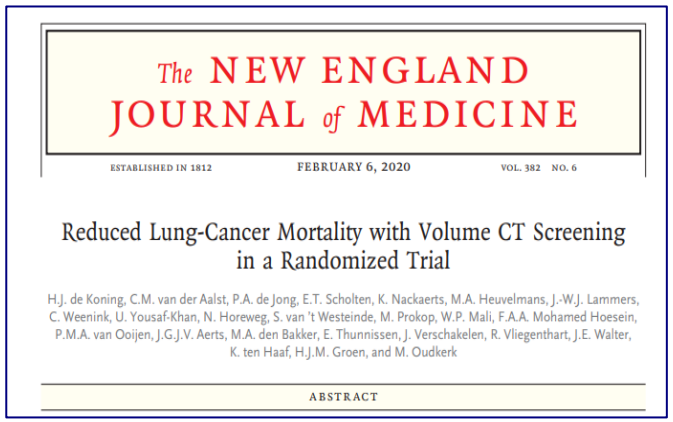
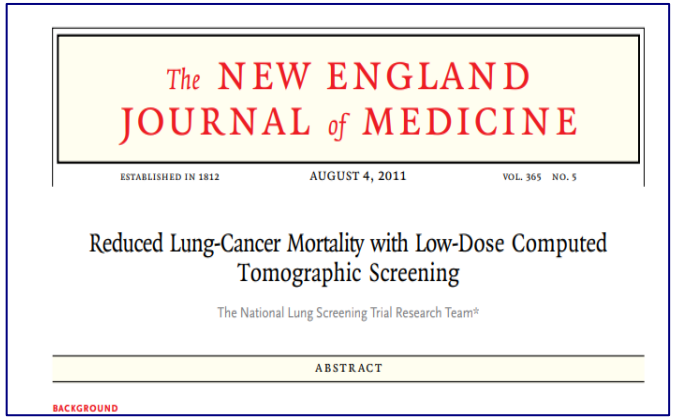
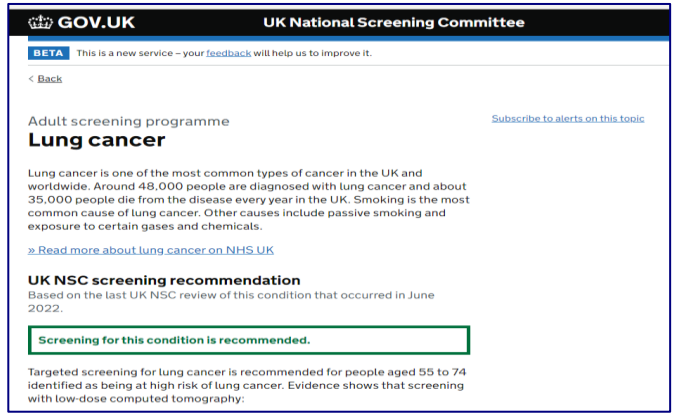
Screening

- Lung cancer screening with low radiation dose chest CT reduces lung cancer mortality by >20%
- Improved outcomes due to diagnosis of lung cancer at earlier stage
- UK National Screening Committee in 2022 recommended lung screening be rolled out throughout the UK, targeted at higher risk population (smokers/ex-smokers; age 55-75)







Screening

- No plan for targeted lung health checks in Northern Ireland yet
- Primary care will be integral to the process in UK:
  - identifying target population
  - improving uptake
  - addressing barriers (younger, current smokers from more deprived socioeconomic backgrounds are less likely to participate)
  - accurate recording of patient smoker status

Source: Balata H, et al, 2021

Summary

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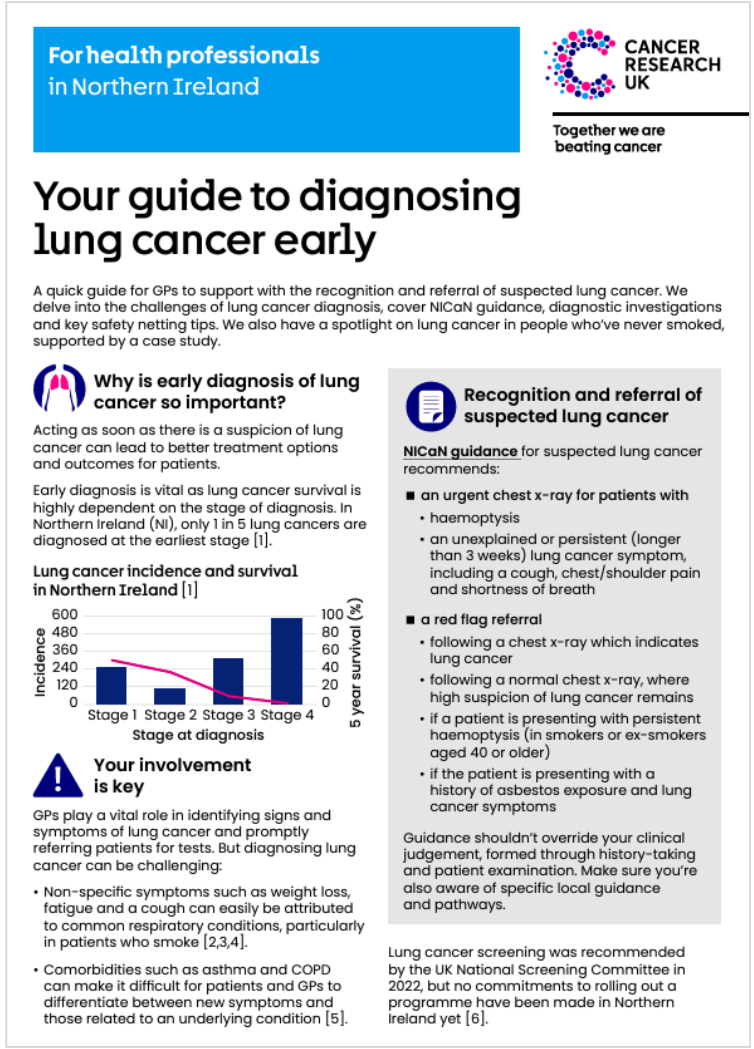
Key points

1. Lung cancer is the 2nd most common cancer and almost 40% of cases in Northern Ireland are diagnosed via primary care.
2. GPs play a key role in the timely recognition and referral of suspected lung cancer, which supports earlier diagnosis .
3. Breathlessness, persistent cough, and weight loss can all be symptoms of lung cancer.
4. Chest X-ray is a relatively cheap and safe first-line investigation which should be utilised in primary care for suspected lung cancer patients.
5. RDCs can be used to refer patients with vague but concerning symptoms.
6. Safety netting patients with a negative chest X-ray and persisting symptoms or clinical concern is vital.

Download CRUK's lung cancer insight guide for GPs in Northern Ireland

- For more information about the campaign, download the health professional campaign briefing document: **cruk.org/HPNorthernIrelandBriefingDocument**
- Visit **cruk.org/NI_lungcancerguide** to save the 2-page guide and share with your colleagues.
- CRUK has a new lung cancer webpage to support timely diagnosis in primary care: **cruk.org/HCPlungcancer**
- Sign up to our Cancer Update for GPs e-newsletter at **cruk.org/hp-newsletters** for best practice guidance, practical tools, expert resources and news about our public-facing health campaigns.



For health professionals
in Northern Ireland

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Your guide to diagnosing lung cancer early

A quick guide for GPs to support with the recognition and referral of suspected lung cancer. We delve into the challenges of lung cancer diagnosis, cover NICaN guidance, diagnostic investigations and key safety netting tips. We also have a spotlight on lung cancer in people who've never smoked, supported by a case study.

Why is early diagnosis of lung cancer so important?

Acting as soon as there is a suspicion of lung cancer can lead to better treatment options and outcomes for patients.

Early diagnosis is vital as lung cancer survival is highly dependent on the stage of diagnosis. In Northern Ireland (NI), only 1 in 5 lung cancers are diagnosed at the earliest stage [1].

Lung cancer incidence and survival in Northern Ireland [1]

Your involvement is key

GPs play a vital role in identifying signs and symptoms of lung cancer and promptly referring patients for tests. But diagnosing lung cancer can be challenging:

- Non-specific symptoms such as weight loss, fatigue and a cough can easily be attributed to common respiratory conditions, particularly in patients who smoke [2,3,4].
- Comorbidities such as asthma and COPD can make it difficult for patients and GPs to differentiate between new symptoms and those related to an underlying condition [5].

Recognition and referral of suspected lung cancer

NICaN guidance for suspected lung cancer recommends:

- an urgent chest x-ray for patients with
  - haemoptysis
  - an unexplained or persistent (longer than 3 weeks) lung cancer symptom, including a cough, chest/shoulder pain and shortness of breath
- a red flag referral
  - following a chest x-ray which indicates lung cancer
  - following a normal chest x-ray, where high suspicion of lung cancer remains
  - if a patient is presenting with persistent haemoptysis (in smokers or ex-smokers aged 40 or older)
  - if the patient is presenting with a history of asbestos exposure and lung cancer symptoms

Guidance shouldn't override your clinical judgement, formed through history-taking and patient examination. Make sure you're also aware of specific local guidance and pathways.

Lung cancer screening was recommended by the UK National Screening Committee in 2022, but no commitments to rolling out a programme have been made in Northern Ireland yet [6].

Questions?

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Get in touch

For any questions, please reach out to:

earlydiagnosis@cancer.org.uk

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