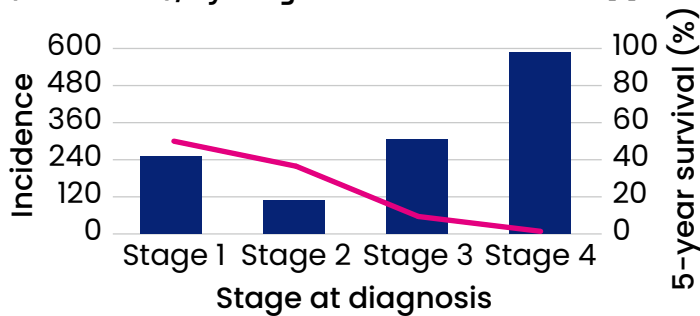


Your guide to diagnosing lung cancer earlier



In Northern Ireland, on average around 1 in 5 lung cancer cases with a known stage are diagnosed at the earliest stage [1]

Lung cancer incidence (2019-2023) and survival (2014-2018), by stage in Northern Ireland [1]



Earlier diagnosis can lead to better treatment options and outcomes for patients, so acting as soon as you suspect lung cancer is vital.



Your involvement is key

Primary care clinicians play a vital role in identifying and promptly investigating people with signs and symptoms of lung cancer. Make sure to consider lung cancer when people present with:

- non-specific symptoms, such as weight loss and fatigue, particularly in people who smoke [2,3].
- new or changing respiratory symptoms (e.g. cough), as both patients and clinicians may misattribute symptoms to other common conditions or comorbidities such as asthma and COPD [4]. People with an alternative explanation for their symptoms have been shown to experience a longer time to diagnosis [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, informed by patient history and examination. Make sure you're also aware of local guidance and pathways.



Robust safety netting is vital

Chest x-rays are usually an accessible first-line investigation in primary care, but they can miss cancers. Evidence suggests that a chest x-ray does not detect cancer in at least 20% of cases [6,7].

If someone has a negative chest x-ray, but ongoing, concerning symptoms, you could consider:

- repeat examinations and history taking
- an urgent suspected lung cancer referral for concerning, ongoing symptoms
- referral to a non-specific symptoms pathway if appropriate
- significant pathology or cancers

When you send people for follow-up investigations or referrals, use safety netting practices to ensure follow up across the diagnostic pathway.

Remember to:

- follow up until symptoms are explained or resolved
- be specific with advice on when people should represent to primary care, supported with written patient information



Consider lung cancer in people who've never smoked

- Around 1,700 people who have never smoked are diagnosed with lung cancer each year (England data) [9].
- Smoking is still the biggest cause of lung cancer in the UK. However, there are several other risk factors to consider when you are speaking to a patient, including occupational exposures such as asbestos and family history.
- People who've never smoked typically have low awareness of lung cancer risk or little urgency to seek help [10,11,12].
- Make sure you are aware of signs and symptoms of lung cancer in those who haven't smoked, and ask about other risk factors. It's important that you aren't reassured by a lack of smoking status, and safety net people with symptoms until they are explained or resolved.



For more information, visit our symptomatic lung cancer webpage for health professionals: cruk.org/HCPlungcancer



Lung cancer screening

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 [8].

If you have any comments or useful information about this guide, contact SEinbox@cancer.org.uk

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