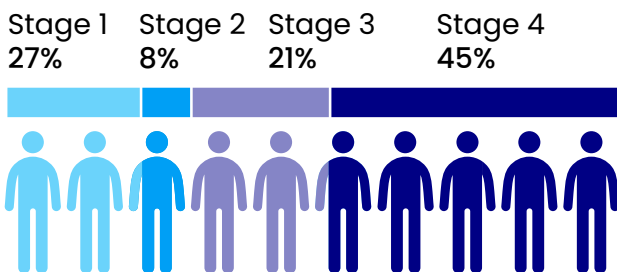




Your guide to diagnosing lung cancer earlier



Nearly half (45%) of lung cancer cases are diagnosed at stage 4 in Scotland [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 [2,3,4].
- 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 [5]. People with an alternative explanation for their symptoms have been shown to experience a longer time to diagnosis [6].



Recognition and referral of suspected lung cancer

The Scottish Cancer Referral Guidelines (SRG) for Suspected Cancer note that GPs should request an urgent suspicion of cancer (USC) referral to a Respiratory Service for people with:

- unexplained haemoptysis (request a chest x-ray at the same time)
- a chest x-ray or CT scan which is a concern for cancer

When to request a USC priority chest x-ray:

The following unexplained symptoms lasting over three weeks are risk stratified:

- | | |
|------------------------------------|-----------------------|
| - A new cough or change in a cough | - Weight loss |
| - Breathlessness | - Loss of appetite |
| - Chest or shoulder pain | - Fatigue |
| | - Constant hoarseness |

For people who have ever smoked or been exposed to asbestos, one of the above symptoms warrants investigation. For everyone else, two or more symptoms warrant investigation.

Signs which warrant a chest x-ray in any patient:

- Examination findings, such as focal chest signs, new finger clubbing or supraclavicular lymphadenopathy
- A chest infection/exacerbation of airways disease that doesn't resolve after two antibiotic courses
- Thrombocytosis



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 [7,8].

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

- repeat examinations and history taking
- USC lung referral for concerning symptom combinations noted in the SRG
- direct access to a CT scan if available or referral to Rapid Cancer Diagnostic Service when appropriate
- significant pathology or cancers

If you send people for follow-up investigations or referrals in primary or secondary care, make sure to practice safety netting throughout the 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

For more information, visit cruk.org/safetynetting



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

Planning for nationwide implementation of lung cancer screening in Scotland is now underway, as recommended by the UK National Screening Committee [13]. For more information, visit our lung cancer screening webpage: cruk.org/lungcancerscreening



Download or **order** our free SRG Body Poster which summarises the guidelines.

If you have any comments on this guide, please contact SEinbox@cancer.org.uk

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