

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



The lung cancer pathway continues to be particularly affected by the COVID-19 pandemic and has been slow to recover. Around 25,900 fewer people were referred via urgent suspected lung cancer referrals in England during March 2020 to August 2021 compared to the same months in 2019*, a reduction of 26%¹. However, the number of patients starting treatment in England in August 2021 was similar to what we would have expected if the pandemic had not happened, therefore people were possibly coming through other routes. While the equivalent data isn't available in Scotland, the picture is similar and 15% fewer patients started treatment for lung

cancer following an urgent referral for suspected cancer between April 2020-June 2021 compared with the same time period in 2019². There are likely to be many reasons for this reduction which could include; changes in patient behaviour in response to symptoms as a result of COVID-19, symptom overlap between COVID-19 and lung cancer, and increased use of remote consultation which, in some cases, may 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 route³.



Lung cancer can be challenging to diagnose therefore it is more important than ever to be alert to the risk of lung cancer in your patients, with the added possibility of symptoms 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.
- Chest X-ray plays a valuable role in the initial investigation of symptomatic patients but it is important to consider the limitations of this test⁴. Evidence suggests that chest X-ray does not detect lung cancer in over a fifth of cases⁵. Prompt ordering of a chest X-ray should be accompanied by safety netting for potentially false negative results.
- Don't be reassured by a negative result if you still have concerns. Take advantage of direct access to CT scans if you have access to this route. This recent **BJGP editorial** provides useful advice when interpreting negative test results.

"The pandemic is still causing serious disruption to diagnostic pathways, so it's vital we identify patients who might have lung cancer and help them get the investigations they need as soon as possible. Have a low threshold for chest X-ray, however it's not a perfect test, so be sure to make follow up plans when you request the investigation. And remember, unexplained haemoptysis usually warrants an urgent referral regardless of what the chest X-ray shows."

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.

In 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 guidance was updated in December 2020.



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.

In 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 pandemic 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 Monthly Provider Cancer Waiting Times, NHS England
- 2 Cancer Waiting Times, Public Health Scotland
- 3 National Cancer Registration and Analysis Service (NCRAS), Routes to Diagnosis 2006-2017

- 4 Bradley et al. "Estimating lung cancer risk from chest X-ray and symptoms: a prospective cohort study". BJGP 2021
- 5 Bradley et al. "Sensitivity of chest X-ray for detecting lung cancer in people presenting with symptoms: a systematic review". BJGP 2019

* adjusted for working days

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