

## **Late presentation, late diagnosis, late stage diagnosis, delayed diagnosis, delayed presentation: terminology confuses the message in UK cancer policy**

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Day (1) implies that the observation that one in three cancer patients was not initially referred for a hospital appointment, with one in five seeing their general practitioner three or more times before a referral was made, represents a deficiency in general practice. To use resources effectively and avoid overwhelming clinics in secondary care, GPs have to maximize opportunities for early diagnosis of cancer whilst also managing demand for secondary care. NICE guidance (2) is the benchmark for deciding which patients require urgent referral for suspected cancer. The referral criteria in this guidance often require knowledge of the result of an x-ray (for example, a chest x-ray for most patients with suspected lung cancer) or a blood test (for example, a low haemoglobin level for some patients with suspected bowel cancer). Other referrals require symptoms to have persisted for a minimum period (for example, six weeks' rectal bleeding or change in bowel habit for suspected bowel cancer). If the GP follows NICE guidance, a patient who is ultimately found to have bowel cancer, but who presents to their GP initially with bowel symptoms of less than six weeks' duration and without a known haemoglobin level, will require a number of primary care consultations (to monitor their bowel symptoms and obtain a haemoglobin level) before they meet the NICE criteria for urgent referral.

Having defended the necessity of several primary care consultations for some patients prior to referral, we also believe that even GPs who perform well in cancer diagnosis could do better. Prompted by the National Awareness and Early Diagnosis Initiative, Thames Valley Cancer Network recently encouraged practices to audit their cancer referrals and diagnoses over a 6 month period.

The 33 practices that participated are very good at diagnosing cancer: for example, they had diagnosed 52% of all new cancers following a two week wait referral, compared with a national figure of 25%.<sup>(3)</sup> But GPs in the same practices also reported a number of new cancer patients (2% of the total) who were diagnosed following a routine referral although, on reassessment of their clinical notes, they had met the NICE criteria for a two week wait referral at the time. For most of these patients a two week wait referral would have resulted in an earlier diagnosis than a routine referral. Even high performing GPs can improve, with corresponding benefits for their patients.

1. Day M. Late presentation, late diagnosis, late stage diagnosis, delayed diagnosis, delayed presentation: terminology confuses the message in UK cancer policy. *BMJ* 2012;344:e3017

2. NICE Clinical Guideline 27. Referral guidelines for suspected cancer. NICE (2005).

3. Routes to Diagnosis: NCIN Data Briefing. National Cancer Intelligence Network (November 2010).

**Competing interests:** None declared