

Common Cancers – Diagnosis and Referral Pathways

Introduction

It is known that half of our patients will develop cancer at some point in their lives.¹ Survival rates have improved around the world, but the UK still lags behind other high-income countries.² A recent study looked at 3.9 million cancer cases between 1995 and 2014 in Australia, Canada, Denmark, Ireland, New Zealand, Norway and the UK. The study examined changes in cancer survival alongside incidence and mortality for cancers of the oesophagus, stomach, colon, rectum, pancreas, lung and ovary. One-year and five-year survival have improved across all seven cancer types in the UK over the period. Five-year survival for rectal cancer in the UK improved by 14%, from 48 to 62%.

This module will look at the early steps in the diagnosis of cancer. As this module cannot cover every cancer type, there will be four cases covering different presentations, which may result in clinicians having a higher level of suspicion of cancer as a differential diagnosis. The cases deliberately describe symptoms that may or may not be due to cancer. Recent PBSGL modules have dealt with a number of specific malignancies so this module will focus on cancers not covered in those modules. The specific malignancies in earlier PBSGL modules are:

- Less common cancers – sarcoma, brain tumours, pancreatic cancer
- Haematological malignancies - CLL, lymphoma, myeloma, MGUS
- Prostate cancer
- Ovarian cancer
- Cervical cancer
- Skin cancer

If you wish to study these conditions please see the list of PBSGL modules at www.cpdconnect.nhs.scot

The module writing team recognise that access to investigations, such as CT scanning, varies across NHS boards in Scotland and may be different for primary care colleagues working in England, Northern Ireland and Wales.