

## Appendix 1: Cancer Risk Prediction scores

There are different risk tools available for men and women. The best way to view these is to go direct to the link:

- Risk tool for women: <https://qcancer.org/female/>
- Risk tool for men: <https://qcancer.org/male/>

A screenshot from the male screening tool is below (note that the list on the left of the shot carries on down the true web page, to include more questions)

**ClinRisk** Welcome to the QCancer®-2018 risk calculator for men: <http://qcancer.org/male>

Reset For women Information Publications About Press F11 to exit full screen Algorithm Software

**Calculate risk**

**About you**

Age (25-89): 64

UK postcode: leave blank if unknown

Postcode:

**Clinical information**

Smoking status: non-smoker

Alcohol status: non-drinker

Do you have...

a family history of gastrointestinal cancer? ☐

a family history of prostate cancer? ☐

type 2 diabetes? ☐

chronic pancreatitis? ☐

chronic obstructive airways disease (COPD)? ☐

Do you currently have...

loss of appetite? ☐

unintentional weight loss? ☐

abdominal pain? ☐

abdominal swelling? ☐

difficulty swallowing? ☐

heartburn or indigestion: neither

rectal bleeding? ☐

blood when you vomit? ☐

blood when you cough? ☐

blood in your urine? ☐

a testicular lump? ☐

testicular pain? ☐

a lump in your neck? ☐

night sweats? ☐

a venous thromboembolism? ☐

In the last year have you seen your GP with...

change in bowel habit? ☐

**Welcome to the QCancer® risk calculator**

Welcome to the QCancer® Web Calculator.

This website is primarily intended for doctors and nurses working in general practice and for academics who are interest in the underlying research. Patients are welcome to read this information and use the calculator together with their doctor so that any symptoms or concerns can be addressed within a health care setting. All medical decisions need to be taken by a patient in consultation with their doctor. The authors and the sponsors accept no responsibility for clinical use or misuse of this score.

QCancer works out the risk of a patient having a current but as yet undiagnosed cancer taking account of their risk factors and current symptoms. It does not give a diagnosis cancer, but a risk.

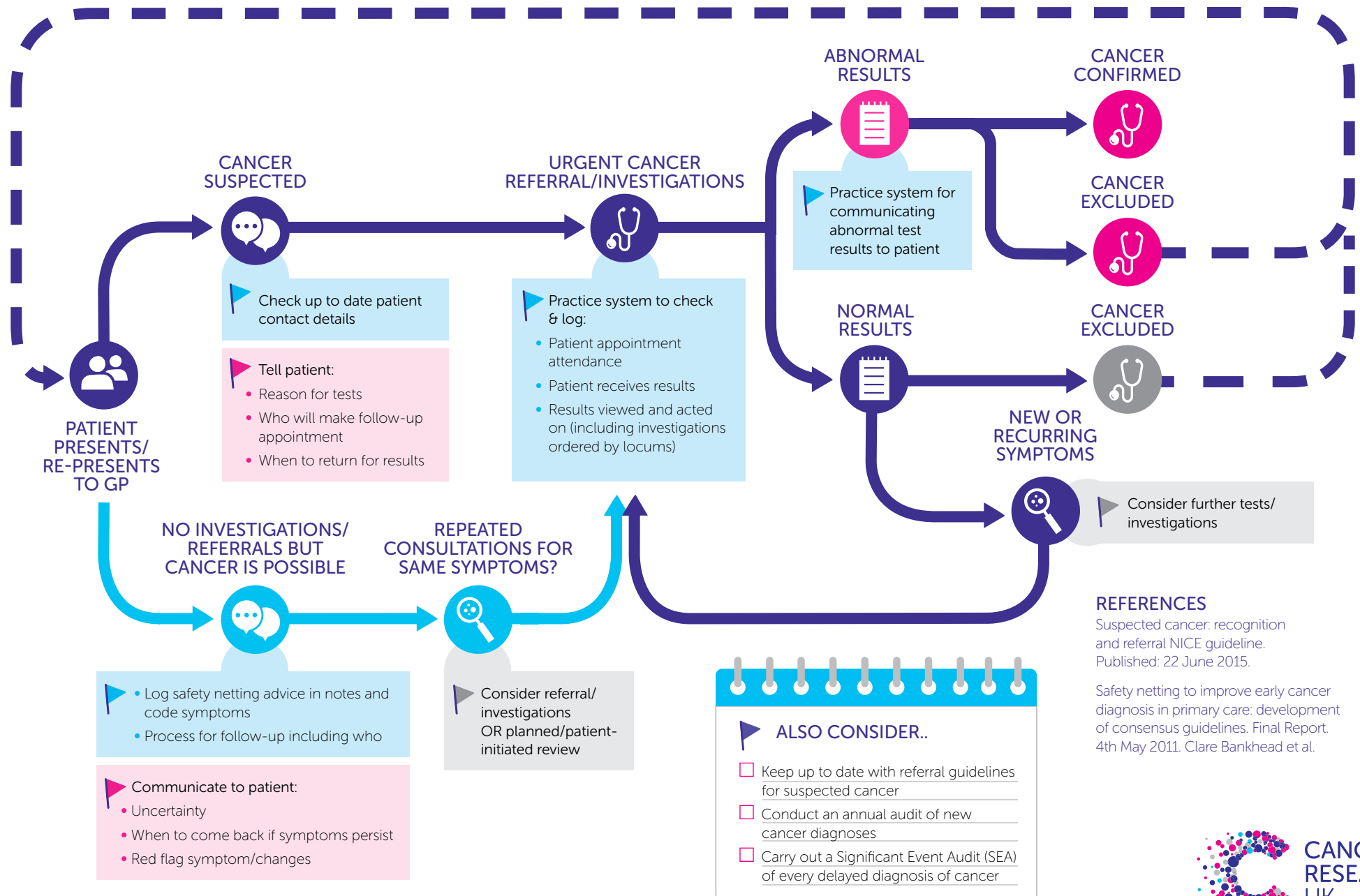
The QCancer® algorithms have been developed by Julia Hippisley-Cox and Carol Coupland and are based on routinely collected data from many thousands of GPs across the country who have freely contributed data to the QResearch database for medical research.

QCancer® has been developed for the UK population, and is intended for use in the UK.

The science underpinning the QCancer® equations was published in the January 2013 edition of the BJGP.

# Appendix 2: Safety-netting

 Patient communication
  GP consultation
  Practice process/system
  Education

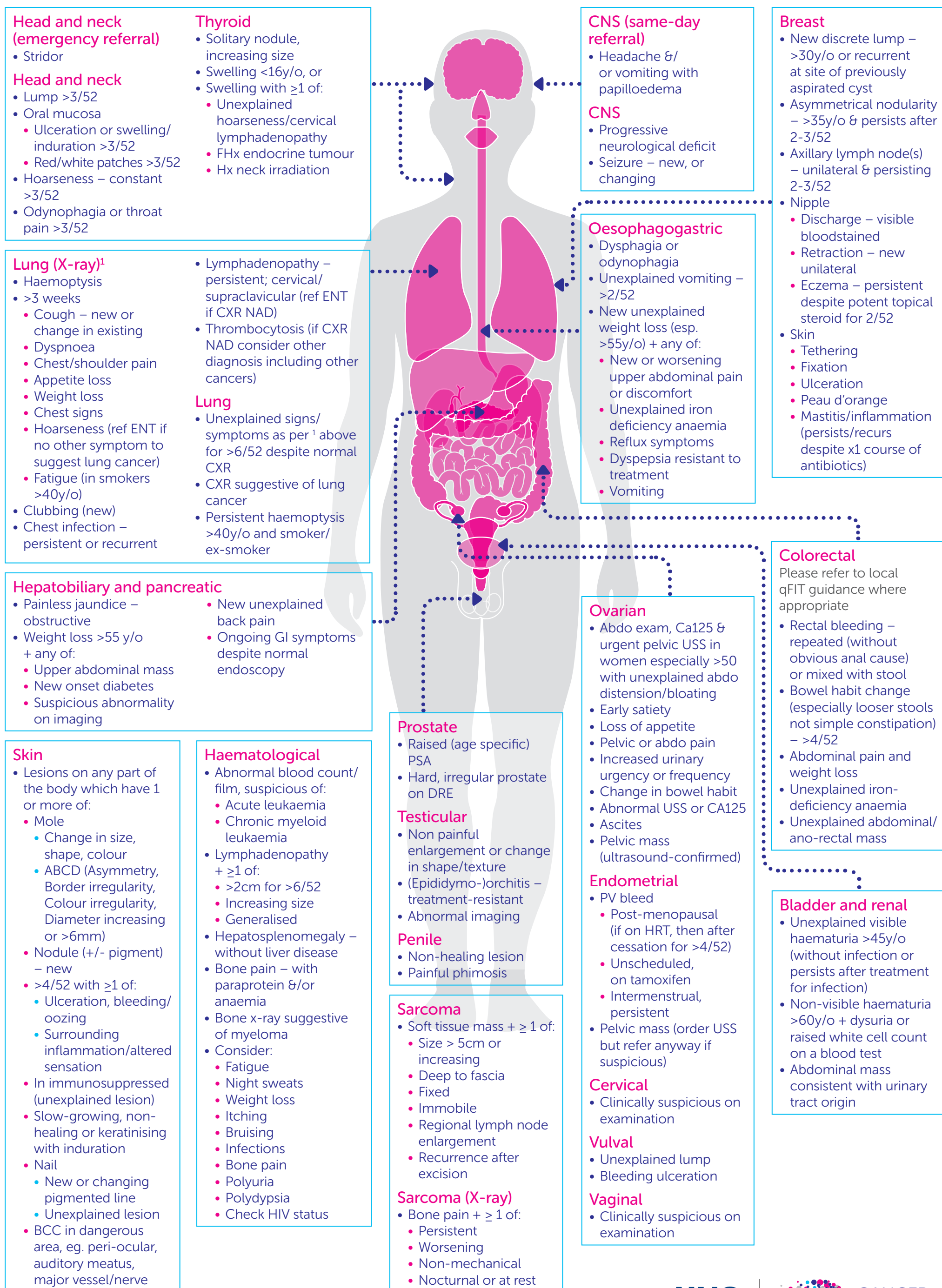


### APPENDIX 3. Investigations prior to suspected cancer referral (SRGSC)

| Suspected Cancer site               | Bloods etc.  | Imaging   | Examinations   | Other Tests  |
|-------------------------------------|--|---|--|--|
| <b>Lung</b>                         | FBC<br>Renal function [to expedite imaging]<br>Consider other bloods   | Chest x-ray<br>If suspect cancer but unsure of primary consider CT chest, abdomen and pelvis  | Chest examination including: Finger clubbing, cervical and/or persistent supraclavicular lymphadenopathy | Check weight   |
| <b>Breast</b>                       | Prolactin levels in persistent bilateral nipple discharge<br>Gynaecomastia – blood tests as per local guidelines   |   | Breast examination   | For genetics please refer to regional guidance for Glasgow, Edinburgh, Dundee or Aberdeen  |
| <b>Lower GI</b>                     | Renal function<br>Liver function<br>FBC to exclude anaemia and thrombocytosis<br>Consider CA125 especially in women over 50 with new symptoms see Scottish Referral Guidelines for Suspected Cancer. | Consider urgent pelvic ultrasound especially in women over 50 with new symptoms see Scottish Referral Guidelines for Suspected Cancer | Abdominal examination and rectal examination   | qFIT test -is at pilot stage for symptomatic patients in many boards [see local guidance].<br><br>If a watch and wait strategy is agreed in patients with low risk features, consider a bowel dairy.<br><br>For genetic queries please refer to regional guidance. |
| <b>Oesopago-gastric</b>             | FBC may give information re anaemia and thrombocytosis   |   |  |  |
| <b>Hepatobiliary and pancreatic</b> | New onset diabetes   | Consider CT scan or urgent upper abdominal USS if >60yrs, weight loss + one of: diarrhoea, back pain, abdo pain,                      |  |  |

|                               |   |   |  |  |
|-------------------------------|---|---|--|--|
|                               |   | nausea,<br>vomiting,<br>constipation,<br>new diabetes |  |  |
| <b>Prostrate</b>              | PSA   |   | Digital rectal<br>examination  |  |
| <b>Bladder and<br/>kidney</b> | FBC for wcc if<br>>60 and non<br>visible haematuria   |   | Abdominal<br>examination   | MSU to rule out<br>infection<br>Urine dipstick |
| <b>Ovarian</b>                | CA125   | Ultrasound  | Abdominal<br>examination   |  |
| <b>Endometrial</b>            | Thrombocytosis  | Ultrasound  | Full pelvic<br>examination<br>including<br>speculum<br>examination of<br>cervix if<br>symptoms<br>indicate<br>Abdominal<br>examination |  |
| <b>Cervical</b>               |   |   | Full pelvic<br>examination<br>including<br>speculum<br>examination of<br>cervix if<br>symptoms<br>indicate                             |  |
| <b>Vulva</b>                  |   |   | Examination of<br>the vulva  |  |
| <b>Vagina</b>                 |   |   | Speculum<br>examination of<br>the vagina   |  |
| <b>Haematological</b>         | FBC/film<br>HIV if<br>generalised<br>lymphadenopathy.<br>Repeat routine<br>tests and<br>investigations if<br>condition remains<br>unexplained |   |  |  |
| <b>Myeloma</b>                | Urine and serum<br>electrophoresis  | May be seen on<br>bone x-rays                         |  |  |

# Scottish Referral Guidelines for Suspected Cancer



## Appendix 5. Algorithm for chronic cough management (Turner 2016)

