

Factors influencing time to diagnosis of childhood cancers from a Primary Care Perspective

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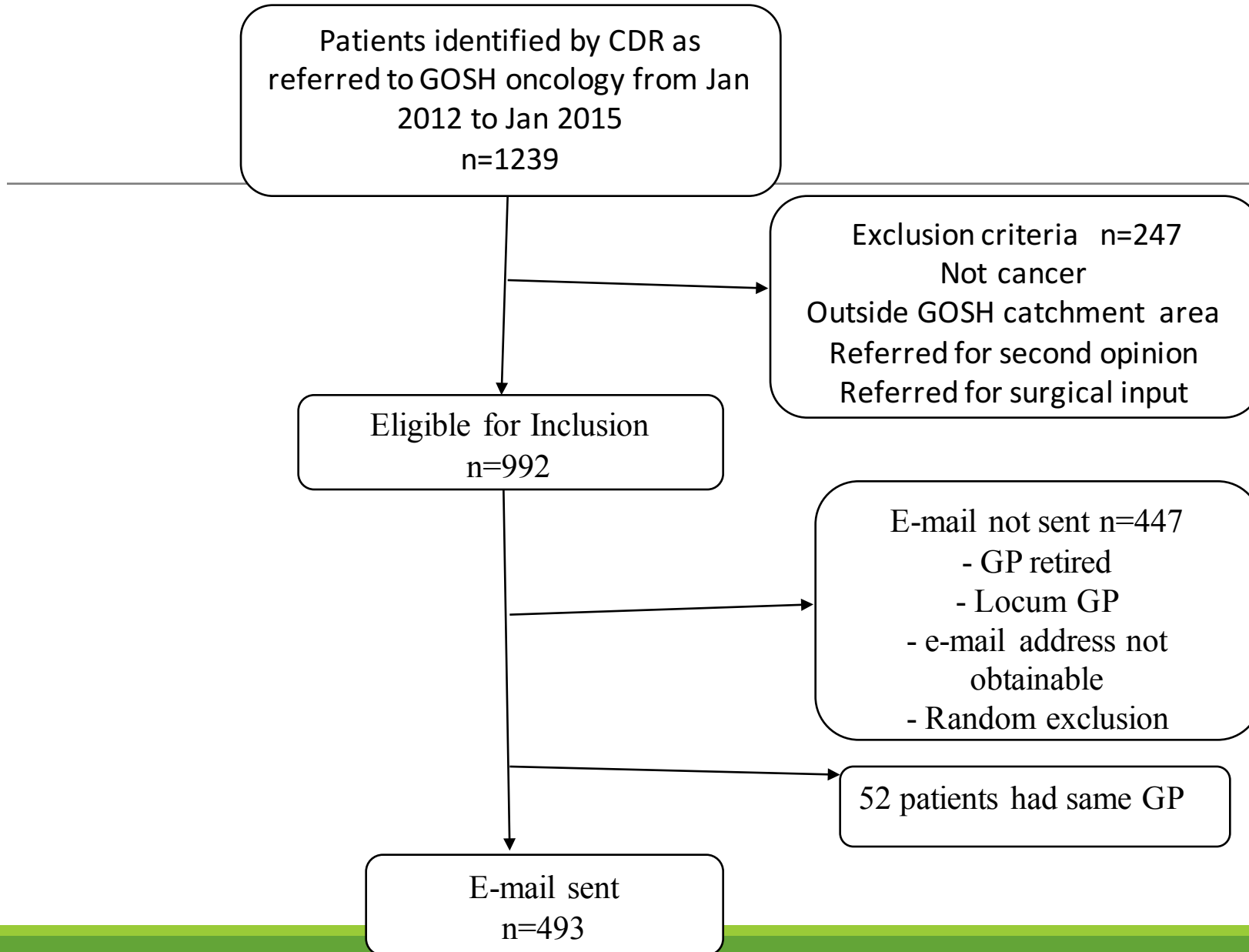
Outline

- Childhood cancer is rare - 1,550 out of 11 million children under 14 years
- 82% survival for ≥ 5 years
- Nationally, 23 per cent of cancers (children and adults) are diagnosed via the emergency route.

Study Design

- Multi-practice questionnaire study
- Jan 2012 to Feb 2015
- All paediatric cancers included
- First study encompassing GPs views on service improvement

Figure 2: Flow diagram for GP Enrolment



Age

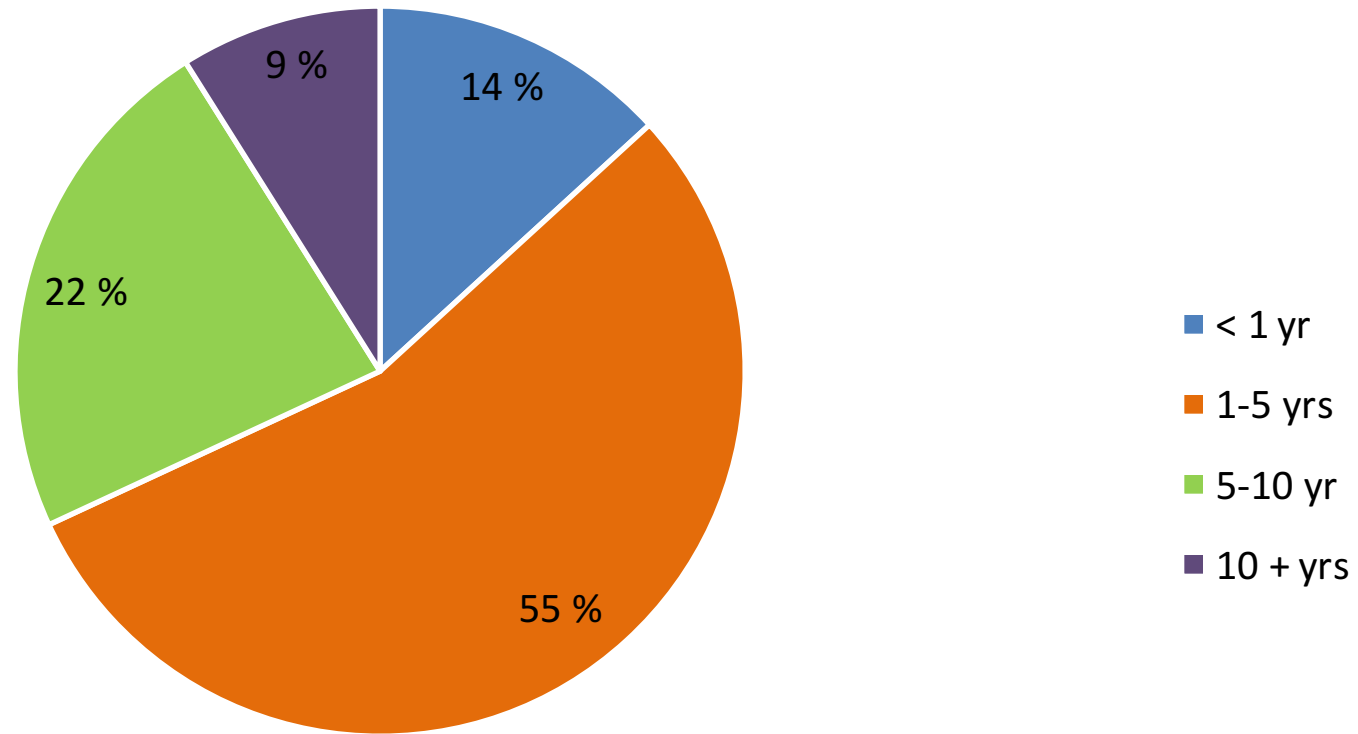


Table 3: Distribution of Diagnosis amongst the 96 Responses:

Leukemia 33

- ALL 26
- AML 2
- Lymphoma 5

Brain tumours 29

- Astrocytoma 11
- ATRT 4
- Ependymoma 4
- Medulloblastoma 7
- Retinoblastoma 2
- Embryonal tumour NOS 1

Solid tumours 34

- Neuroblastoma 11
- Rhabdomyosarcoma 10
- Wilm's 4
- LCH 2
- Others 7*

Hospital based Paediatric Training

No Paediatric Training	Training during GP rotation (6 months)	Training during FY rotation (4 months)	More Paediatric training (>6 months)
17%	61%	8%	14%

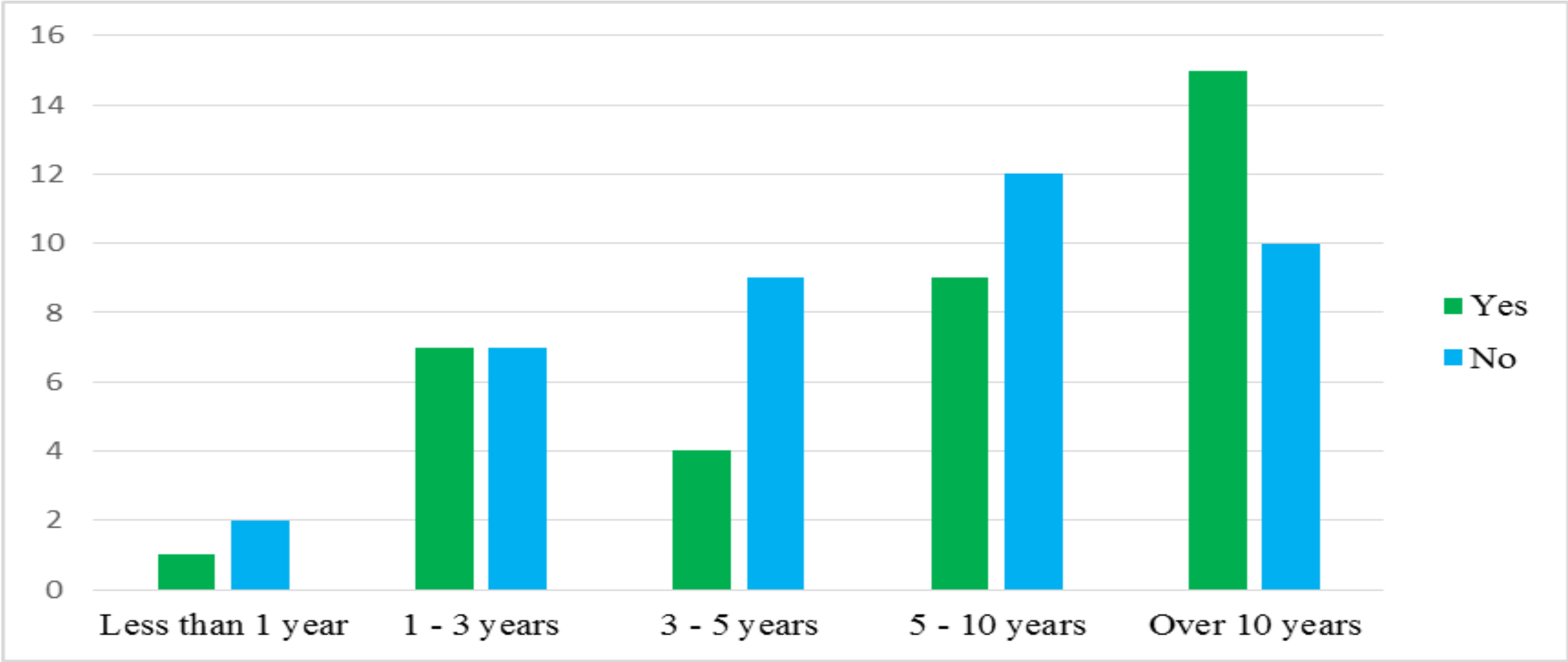
Cancer suspicion rates

38% of those with hospital based paediatric training suspected cancer on referral compared to 31% without this experience

Size of Practice List and the percentage of children referred into secondary care within 3 visits

Size of Practice List	Number of families registered	% of children referred within first 3 visits
<5,000	17	64%
5,000 to 10,000	34	52%
10,000 to 20,000	44	45%

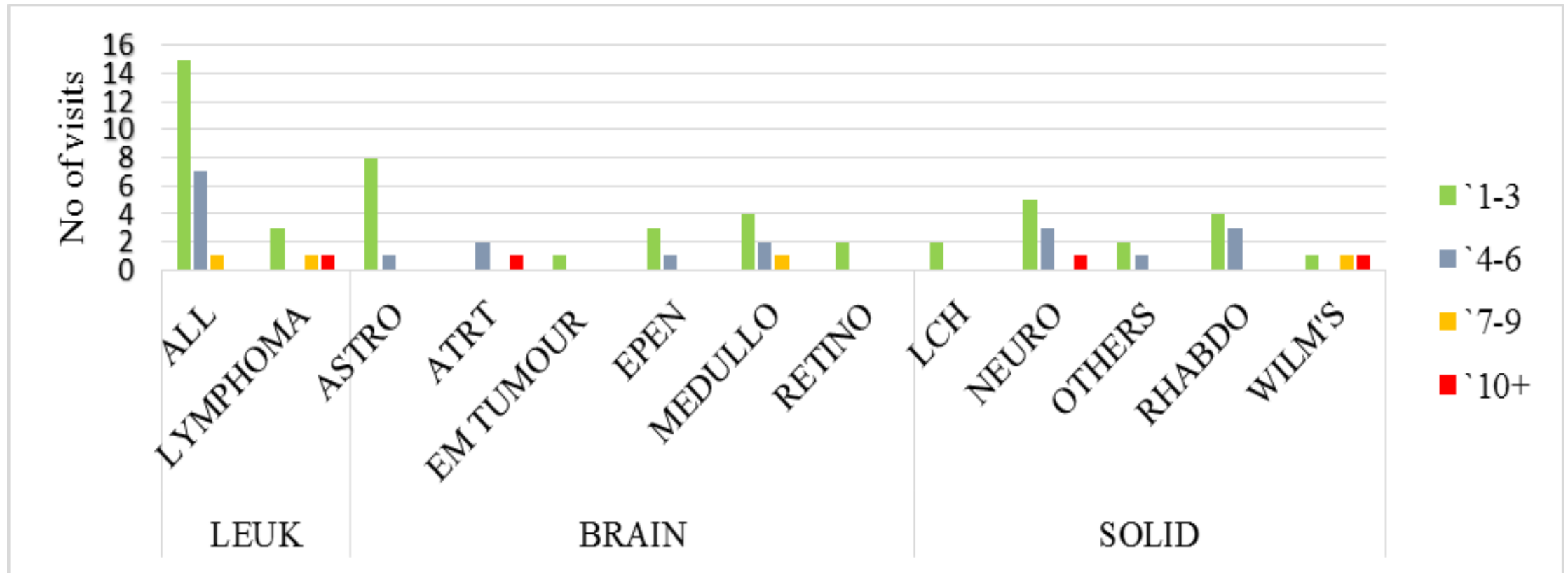
Duration of registration with a surgery (in years) and GPs cancer suspicion at time of referral.



Number of GP visits prior to referral

The average number of visits to GP for any child with a cancer diagnosis was 3.5 with the range being 1 to 13 visits.

Number of attendances to GP within the various diagnostic groups



Overall opinion on referral guidelines

Were the guidelines Practical and useful?

Easy?

Yes

No

Not sure

Grand Total

Yes

17

1

18

No

3

1

2

6

Not sure

6

8

14

Grand Total

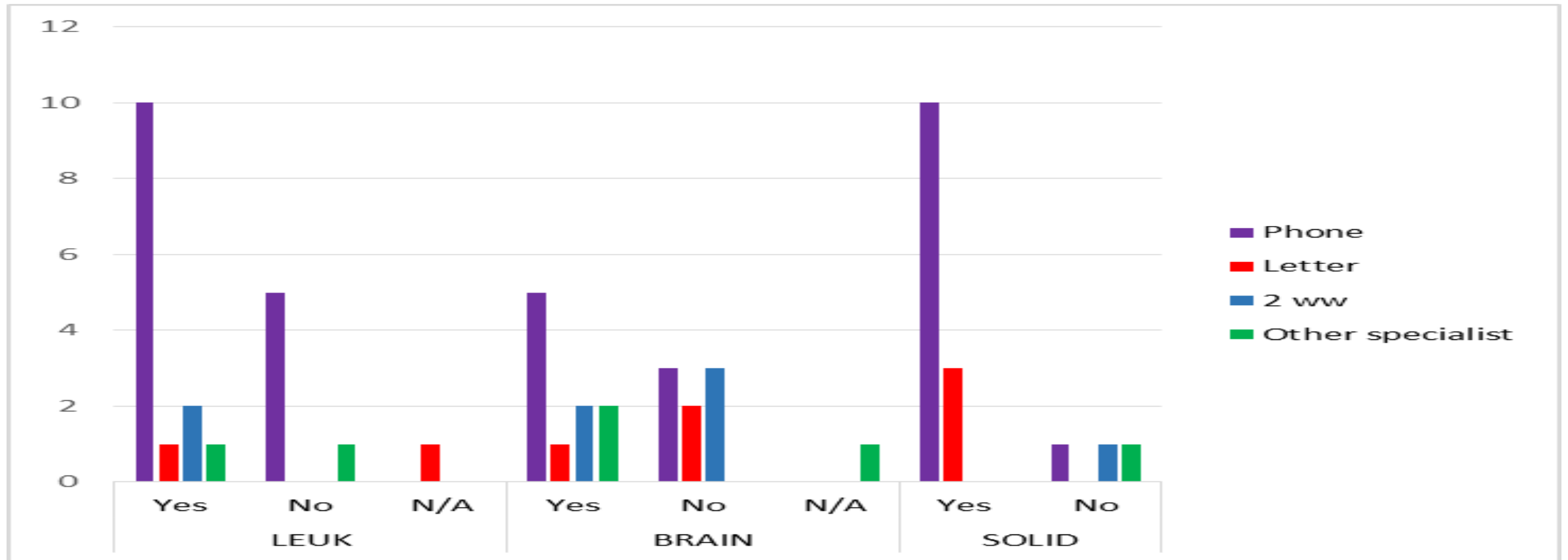
26

1

11

38

Referral mode depending on cancer suspicion



Guideline awareness

- 60% not aware of any guideline
- Other 40% named variety of local guidelines
- 11% GPs (11 out of 96) named the NICE guidelines

Service Improvement

- Diagnostic facilities: 54%
- Rapid access for advice/clinic
- Consultation time and Language difficulties: 54%
- Knowledge and complexity of symptoms: Significant barrier, two thirds felt that improved referral pathway essential
- Primary-secondary care interface

Outcome

- 17% GPs did not have any hospital based paediatric training during their training years
- 53% children with cancer were referred for assessment with some other differential diagnosis
- The average number of presentations to GP in the 12 months prior to referral was 3.5 for all cancer groups, with 10% having > 6 attendances
- Only 11% GPs used the NICE 2005 cancer referral guidelines
- Improved knowledge and suspicion of cancer improves speed of referral (67% vs 21%)