GP Direct Access to CT Chest Webinar

31st August 2021

Frequently Asked Questions

Where can I find information on this pathway?

- https://www.nhsggc.org.uk/about-us/professional-support-sites/referral-guidelines/cancer-services/
- Follow the above link and select "GGC Lung Cancer Pathway" for more information

What info do I need to order a CT?

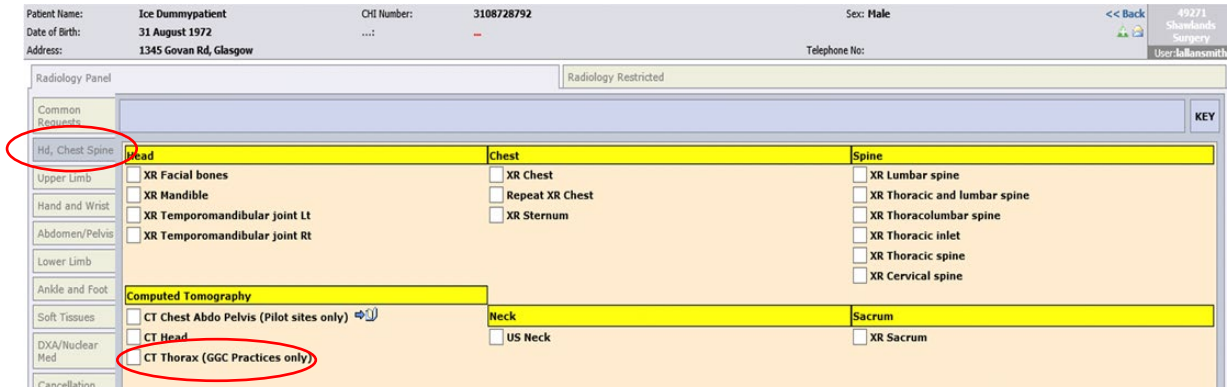
You will need to include:

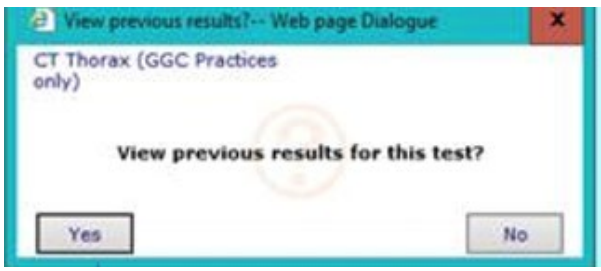
- A basic summary of issues, including recent U&Es (eGFR and date will suffice) and the Chest X-Ray result
- Pregnancy status
- Please record if the patient has asthma, diabetes requiring metformin, CKD, or a history of previous contrast allergy.

Why do I need U&Es?

- Although this is a non-contrast scan a subset will be upgraded to a contrast CT at the discretion of the radiologist.
- If there are no previous U&Es, process the CT request anyway, add a comment to U and Es result, and a request will be generated automatically. All you need to do is arrange phlebotomy.

I can't find the box on Ordercomms.





Please note to view previous U&Es you can do so by clicking "Yes" when the pop-up appears, remembering to select the most recent result.

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Will this result in a significant increase in workload for GPs?

- From the pilot scheme it is estimated that the new pathway would amount to around 1 or 2 referrals per month per average-sized practice (of around 5000 patients). CT requests are comparatively less time consuming than an Urgent Suspicion of Cancer referral and provides the GP the autonomy to reassure patients in the majority of cases.
- A lung Urgent Suspicion of Cancer referral already requires recent U&Es therefore it is not anticipated that this pathway will impose additional strain on phlebotomy services.

Do scan requested by GPs get allocated a lower priority?

- No. GP requests for CT lung via this pathway are offered the same priority as requests from secondary care.
- One possible cause of delays is patients not answering calls from radiology, remember to alert the patient to expect a call and this may be an 0800 or unknown number.
- Remember to mark *initial Chest X-Ray* requests as Urgent Suspicion of Cancer (prioritised higher than simply "urgent"). Those marked Urgent Suspicion of Cancer are prioritised for both an appointment and reporting.

If a patient with red flag symptoms has a Chest X-Ray reported as highly suspicious of lung cancer should I request a CT Chest?

- In this case place an Urgent Suspicion of Cancer referral. This is preferable because it will allow for appropriate next investigations to be arranged and prioritized. It will also trigger patient tracking and waiting times targets.

Why do I need to place an Urgent Suspicion of Cancer referral if the results of a scan will be tracked and passed on anyway?

- While the results *will* be tracked, it is the responsibility of the requesting clinician to chase and act upon the results, which includes placing a referral. This provides additional safety netting.

- Referral from GPs also contains more detailed information about the patient and their symptoms. This information is highly valued by secondary care clinicians.
- Please also remember to include a PERFORMANCE STATUS on the referral by using the drop-down box in SCI gateway.

Why do we need Chest X-Ray at all? Why not go straight to CT Thorax?

- A Chest X-Ray allows us to triage patients into high-risk and low-risk pathways, as some will require a full staging scan and Urgent Suspicion of Cancer referral, while others will require low-dose CT thorax as per this pathway.

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If a low dose CT lung is negative, can I be reassured that the patient does not have lung cancer?

- Yes, however other causes of persistent concerning symptoms should be considered and investigated.

I have a patient (>40) who is a smoker with a new persistent cough (months), and increasing shortness of breath. I suspect COPD. Chest X-Ray is normal and spirometry is outstanding; should I refer for CT Chest in the meantime?

- If (as per the Urgent Suspicion of Cancer guidance) a patient aged >40 with a smoking history, presents with a *new* or *changing* and *unexplained* cough a CT thorax should be considered. This must be distinguished from a patient with chronic symptoms which are explained by smoking and/or COPD, which would not necessarily require a CT thorax.

Ok, so does this mean all patients with a new diagnosis of COPD will have a CT chest?

- Not necessarily. Patients with a chronic cough, in the absence of red flag symptoms, would not qualify for referral for CT chest. However, if a cough has *changed in character or severity* a CT Chest should be considered.

A suspicious lesion has been picked up radiologically and the patient has been tracked but does not wish to have further investigation. What do I do?

- If the patient does not wish to be referred to secondary care, and an Urgent Suspicion of Cancer referral has not been placed, there will be no further action.
- The radiology tracker will be in contact with the referring GP who can inform them that the patient does not wish further investigation and the patient will be removed from the tracking list.

The CT has reported lung nodules. Do I make an Urgent Suspicion of Cancer referral?

- Yes, this should be referred as urgent suspicion of cancer. Secondary care will determine follow-up.

What about other respiratory findings on the CT report such as bronchiectasis or pleural plaques?

- Patients with these findings can be referred to the respiratory service via routine SCI gateway referral, as you would do following a Chest X-Ray. However, CT scans allow for more detailed analysis than plain films and this may allow you to make a more specific and detailed referral.

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Can patients be referred through this pathway for diagnosis even if they are not fit or do not wish for treatment?

- Yes. Providing the patient is fit for the scan this pathway can be used for diagnosis, even if it has been decided that the patient will not be receiving treatment.
- For the majority of patients it is likely that a Chest X-Ray will be sufficient in these cases. However, it should be noted that certain palliative treatments will be guided by CT Chest appearances.
- A CT scan provides more detail and in may cases can provide a diagnosis and aid prognosis better than a CXR

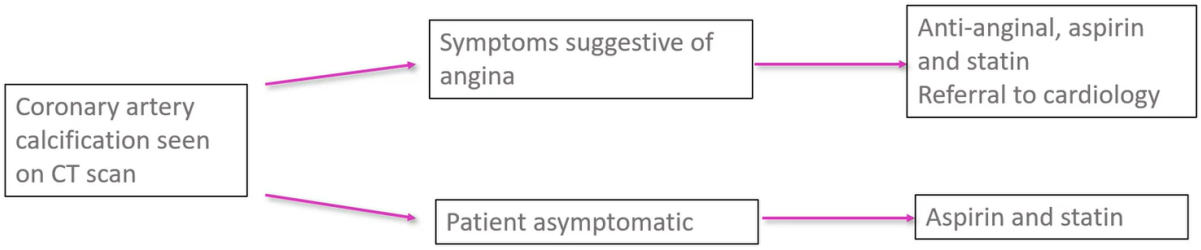
What should I do with incidental findings?

- Based on pilot figures it is anticipated that a minority (around 6%) of reports will contain incidental findings.
- The CT report will often provide guidance on these, depending on the nature of the lesion.
- If there is uncertainty, or the findings are concerning, these patients should be referred to the relevant specialty. It may be that the patient requires further imaging and the secondary care team are best place to determine this.

The CT has reported coronary artery disease. What do I do?

- Reporting of coronary artery disease on routine CT scans is a relatively new development and most reports will contain a comment about coronary arteries.
- Recent guidance suggests that asymptomatic patients with C.A.D. on their CT scan would benefit from secondary prevention. Symptomatic patients will require referral and therapy as per guidelines for the management of angina.

Flow-chart adapted from the GG&C Heart Managed Clinical Network guidance (June 2021):



The CT has reported liver lesions. What should I do?

- The CT report will usually provide guidance based on appearances, for example simple cysts are unlikely to require further action, however if there is any uncertainty or concerning features these should be referred.

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What if there are adrenal lesions?

- The report should provide guidance depending on appearances.
- Adrenal findings can be referred to endocrinology.

What if there are breast lesions?

- These require referral to the breast service and will typically require an Urgent Suspicion of Cancer referral.

What if the Chest X-Ray suggests a follow-up plain film? Do I ignore this and skip straight to CT Thorax now?

- Typically, an interval follow-up plain film will be recommended when infection is suspected on the initial Chest X-Ray.
- It is up to the referring GP to determine suspicion based on the history and examination: if suspicion persists it is reasonable to request a CT Chest.

Are there any benefits for GPs?

- Yes. GPs reported increased satisfaction from the pilot. For the majority of patients you will be able to provide reassurance. This is generally a positive consultation and can be undertaken remotely. Patients receive results rapidly from own GPs which strengthens relationships.
- The workload difference between a CT Chest request and an Urgent Suspicion of Cancer referral is marginal, and it is estimated that on average there will be less than one referral per month per GP, so a significant increase in workload is not anticipated.

My practice operates a cross-boundary location and we don't have Ordercomms. What can I do?

- You can request a CT Chest via the same process that you usually request Chest X-Ray, this may be a paper form which you email to the local radiology department. Please note that you will need to include all information (as per paragraph 2 of this Q&A paper), clinical information and UEs results to have this referral accepted.
- Note that if this is likely to cause delay, you may decide to directly make an Urgent Suspicion of Cancer referral in the way that you have previously done.

What are the key take home messages from our speakers?

Dr Joris van der Horst, Consultant Respiratory Physician

"Have a high degree of suspicion and low threshold in ordering CT scans in smokers where their symptoms have dramatically changed. We want to screen them for early stage lung cancer."

Dr Douglas Rigg, Lead GP for cancer.

"GP satisfaction is very high where this pathway has been used. Remember when requesting the initial Chest X-Ray that you mark the request urgent suspected cancer."

Dr Ross MacDuff, Consultant Radiologist

"Please let your patients know they will get a call, which may be an 0800 number, so that they know to answer their phone to receive a radiology slot. Note that patients may get allocated a scan more quickly if they are willing to travel further."