

Cancer of unknown primary

Avon GP Cancer Education Day

21st May 2015

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UHBristol CUP Team

Cancer of unknown primary

- What does this mean to you?
 - On your tables, come up with a definition of CUP (5 minutes)
- Do you know what service is available in your area?
 - 1 minute
- Where are the gaps in the service?
 - 5 minutes

CUP – What is it?

NICE clinical guideline 104

**Metastatic malignant ^{Health a}
disease of unknown
primary origin**

**Diagnosis and management of
metastatic malignant disease of
unknown primary origin**

CUP – What is it?

Table 1 Terms used in this guideline	
Malignancy of undefined primary origin (MUO)	Metastatic malignancy identified on the basis of a limited number of tests, without an obvious primary site, before comprehensive investigation.
Provisional carcinoma of unknown primary origin (provisional CUP)	Metastatic epithelial or neuro-endocrine malignancy identified on the basis of histology or cytology, with no primary site detected despite a selected initial screen of investigations, before specialist review and possible further specialised investigations.
Confirmed carcinoma of unknown primary origin (confirmed CUP)	Metastatic epithelial or neuro-endocrine malignancy identified on the basis of final histology, with no primary site detected despite a selected initial screen of investigations, specialist review, and further specialised investigations as appropriate.

Bristol CUP 2WW

- July 2014

GP REFERRAL PROFORMA FOR CANCER OF UNKNOWN PRIMARY
PLEASE ATTACH ELECTRONICALLY TO CHOOSE & BOOK REFERRAL
On completion please attach to Choose & Book Referral. Please contact the number below if CAB unavailable

Decision to refer date:

UBRN No:

Is this a 2ww referral? Yes No

Is patient aware that this is a suspected cancer referral? Yes No

If No, please state reasons why:

Has patient information leaflet been issued? Yes No

If No, please state reasons why:

Does the patient have availability within the next 14 days? Yes No

Please state any days which the patient is NOT available within the next two weeks:

Patient Details:

Surname: ~[Surname]

Forename: ~[Forename]

Address: ~[Patient Address Block]
~[Post Code]

DOB: ~[Date of Birth] **Hosp No:**~[Hospital Number]

NHS No: ~[NHS Number]

Contact Tel No: ~[Free Text:Contact Tel No.]

Referring GP Details:

Name: ~[Free Text:Referring Doctor]

Practice: ~[Surgery Address Line 1], ~[Surgery Address Line 2]~[Surgery Address Line 3], ~[Surgery Address Line 4], ~[Surgery Address Line 5]

Telephone No: ~[Surgery Tel No.]

Fax No:

2ww criteria (Tick all that apply):

Please consider if referral to another cancer multidisciplinary team (MDT) is appropriate before sending a Cancer of Unknown Primary (CUP) referral.

A request for CT chest/abdomen/pelvis is considered a minimum requirement by the CUP MDT to ensure that the patient pathway to final diagnosis is as fast as possible. If referrer has concerns that a CT is not appropriate, (such as patient preference or poor performance status) please state reasons in "Other Information" box below. Please phone if you would like to discuss a case.

Imaging suggestive of metastatic disease (and NO primary organ specific symptoms)

CT imaging

chest/abdomen/pelvis

chest/abdomen

other _____

Hospital trust _____

Ultrasound

Liver ultrasound, multiple metastases. If solitary lesion please refer on hepatopancreaticobiliary referral

Other ultrasound: specify site examined _____

Hospital trust _____

MRI:specify site examined _____
and hospital trust _____

Examination findings (Tick areas examined and note findings, state "normal" if no abnormality found)

- Chest_____
 - Abdomen_____
 - Breast (in women)_____
 - Skin_____
 - Lymph node groups (cervical/axillae/groin)_____
- Other, directed by patient symptoms (leave blank if not examined):
- Rectal_____
 - External genitalia_____
 - Pelvic_____

Previous diagnosis of cancer

- YES : specify site_____month/year of diagnosis_____/_____
- Please attach as much information as possible about diagnosis and treatment received
- NO

Further information

WHO Performance Status

- 0 : Able to carry out normal activities without restriction
 - 1 : Restricted in physical strenuous activity but ambulatory and able to carry out light work
 - 2 : Ambulatory and capable of self care but unable to carry out any work; up and about for more than 50% waking hours
 - 3 : Capable only of limited self care; confined to bed or chair for more than 50% waking hours
 - 4 : Completely disabled; cannot carry out any self care; totally confined to bed or chair
-
- Patient understands that further tests may be required and is willing to discuss proceeding with these
 - Patient is fit enough to undergo further tests and for consideration of treatment if cancer confirmed

Other Information

If you need to discuss this case prior to referral, please contact the Cancer of Unknown Primary team on 0117 342 3336.

For more information on malignancy of unknown origin and carcinoma of unknown primary:

NICE guidance - “Metastatic malignant disease of unknown primary origin” (CG104)

What about patients that don't fit?

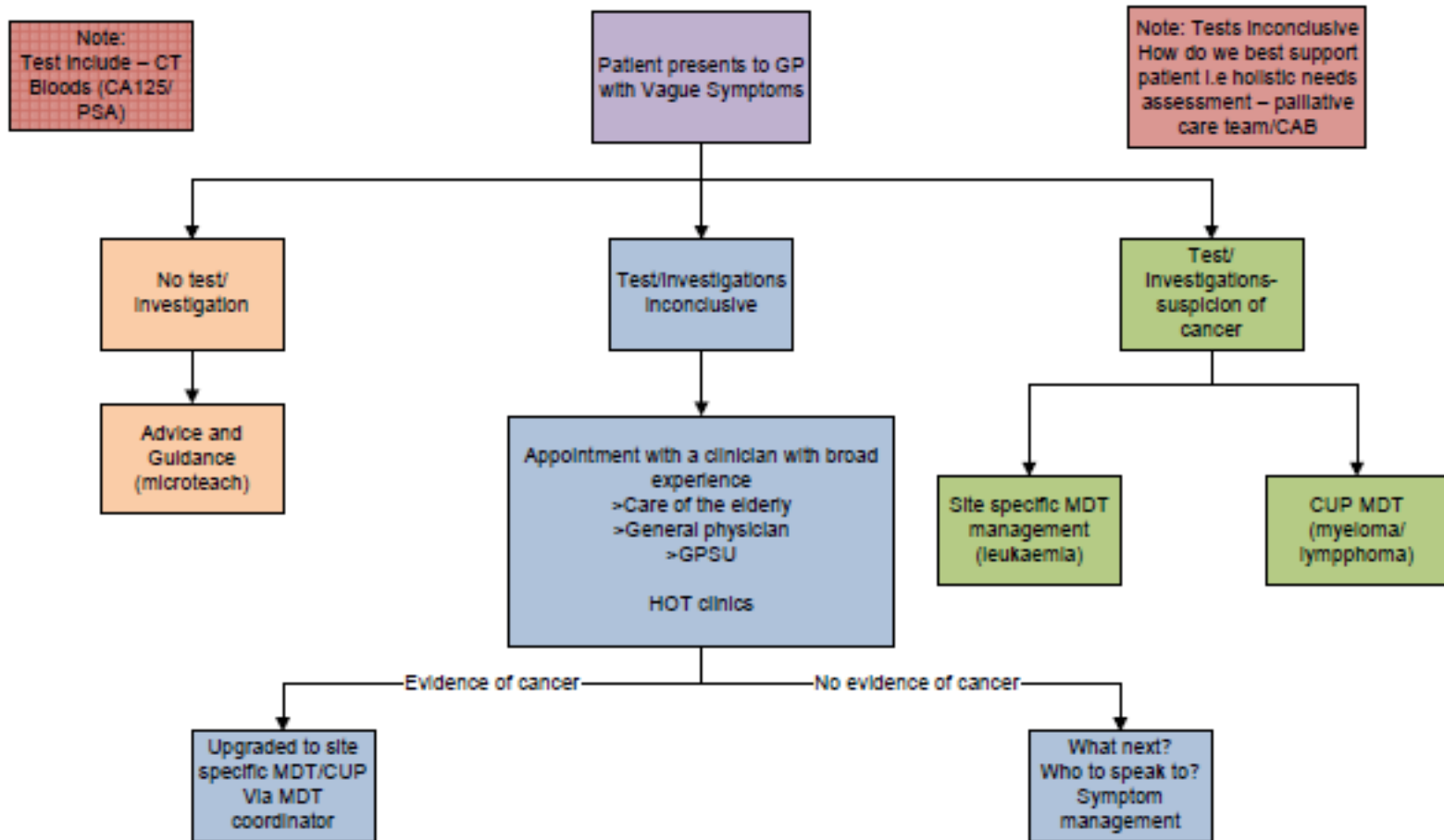
ACE project

Improve cancer survival

NHS England projects

- **A**ccelerate
- **C**oordinate
- **E**valuate

Proposed pathway



Proposed CUP urgent referral

- Via cancer fast track office
- CUP team review of referral and discussion with GP as necessary within 2 working days
- Aim to expedite site specific cancer diagnosis without unnecessary tests and hospital visits
 - Patients seen as quickly as possible with results by appropriate cancer team (may be >14 days)
 - Patients who need urgent clinic review could be seen sooner (eg cord compression/multiple symptoms/ascites)

Proposed CUP urgent referral

- Advice on
 - investigations to request
 - equivocal radiology reports (some will not have cancer)
 - optimal timing for oncologist review
 - when investigations will not lead to change in management in frail patients
- Patients subject to cancer targets except 14 day clinic review

Any difficult cases to discuss?

We would be grateful for your feedback on managing patients in the community with suspected cancer.

Please fill in the questionnaire and return to us at the end of the session.

Bristol CUP service

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