Audit of GP referrals for direct access CT for suspected pancreatic malignancy

Dominic F. Kite, Tim W. Hoare
Royal Victoria Infirmary, The Newcastle upon Tyne Hospitals NHS Foundation Trust, Queen Victoria Road, Newcastle upon Tyne, NE14LP

Background

- NICE guidance NG12, published 23/6/2015, advises GP referral for direct access CT for suspected pancreatic malignancy where patients meet all three of the criteria (listed in methods).
- Pancreatic cancer is the 11th most common malignancy, and has a high mortality that could be improved by earlier diagnosis and detection.
- Use of this service is expected to increase as knowledge of the guidance becomes more widespread.
- Radiologist workload continues to increase across many modalities.

Aims

- To assess the changes in frequency and demographics of scans before and after introduction of the NICE guidance.
- To assess the proportion of scans which displayed pancreatic malignancy and malignancy of other origin.

Methods

- Inclusion criteria: all unprompted GP referrals for direct access CT scan at RVI for suspected pancreatic malignancy.
- Data collected from PACS database.
- NG12 criteria: Age>60 & weight loss & at least one of the following symptoms (diarrhoea, constipation, back pain, abdominal pain, nausea, vomiting, or new-onset diabetes).

Limitations

- A small proportion of requests (~5%) had no attached clinical details, these were not included.
- Due to limited number of requests meeting full NICE guidance criteria (60+, weight loss, symptom), requests meeting 2/3 NICE criteria were also collected.

Results

- Total number of requests has risen from 26 to 47 then 55 since the guidance was released.
- 15% of total referrals after publication of the guidance showed cancer on CT, much higher than was needed to show the worth of the new guidelines.
- 25 of 102 requests met full NG12 standards; these referrals had a higher hit rate (24% vs 12%) for cancer and particularly that of the pancreas (2/6).
- Of 15 malignancies detected after the introduction of the guidance, only 4 were possibly pancreatic in origin, highlighting the low specificity of symptoms leading to referral via the NICE guidelines.

Conclusions

- Improvements suggested: spread the word of the guidelines and their full criteria for referral, encourage an economic analysis of these referrals, discuss widening the access to all abdominal cancers given low specificity, standardise the direct access CT protocol to CT chest-abdo-pelvis.