PRIMARY CARE 10 TOP TIPS

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Multiple or vague symptoms

Cancer presentations are often not classical – they commonly don't fit with referral guidelines. Recognise unusual but not classical patterns – the infrequent attender who starts to consult regularly, new patterns of symptoms or consulting in patients known to you. Understand the potentially greater importance of new symptoms in older patients.

Acknowledge and act upon your disquiet (which mirrors the patient's) when you feel something is amiss. In this situation don't do nothing.

Do ascertain and acknowledge patient's concerns, but beware accepting their interpretation of new symptoms. For example women over 40 with new symptoms that they ascribe to irritable bowel syndrome – consider ovarian cancer.

Multiple symptoms will challenge your clinical thinking – consider broadly before deciding how to proceed.

Remember that most "tumour markers" are neither sensitive nor specific.
See pathologyharmony.co.uk/harmony-bookmark-v7.pdf

Consider the implications of trends – a fall in haemoglobin, albumin, a rise in platelets even if they remain within "normal" ranges.

Keep an open mind – don't be falsely reassured by negative tests, including imaging.

Ensure that you have a reliable "safety net" for all patients with multiple or vague symptoms. Consider discussing with colleagues in primary or secondary care.

Think about how to make an effective urgent referral with patients not fitting with guidelines when you are concerned about cancer. Remember that ending up with a non-cancer diagnosis is not a failure and that the impact on the patient of your referral will be influenced by your communication skills.

Consider using Cancer Decision Support tools such as Q-cancer qcancer.org when multiple symptoms make assessment difficult. Quoting risk from a validated tool can support your referral when it doesn't fit the guidelines.

