

This user guide includes screenshots to show how the electronic Cancer Decision Support Tool (eCDS) currently looks - its purpose is to help GPs navigate the tool, covering the three functions and how to log in to the software. At the time of publishing this guide (Jan/Feb 2015) we are in discussion with the three main providers of IT software for GP practices (Emis, Vision INPS and TPP SystemOne) to develop integrated versions of the tool into each system – once this is completed, the interface of the tool may look slightly different within each version, and we will be providing updated user guides in collaboration with the software providers. If you have any questions about this project, or the tool itself, contact us at preventionanddiagnosis@macmillan.org.uk.

1. Logging into the software

Simply click on the iCAP icon on your desktop at the start of the day. A box will appear with all the users at your practice. Select your own name and click Login. There are no passwords, and you can also set this up so the box appears automatically.



Once you have clicked Login you will be taken to the home screen, just minimise the window (but don't close it) and you're up and running. The tool runs quietly in the background.



The first time you log on to the tool, you will be asked what Interface you prefer. The descriptions are highlighted in the screenshot below.



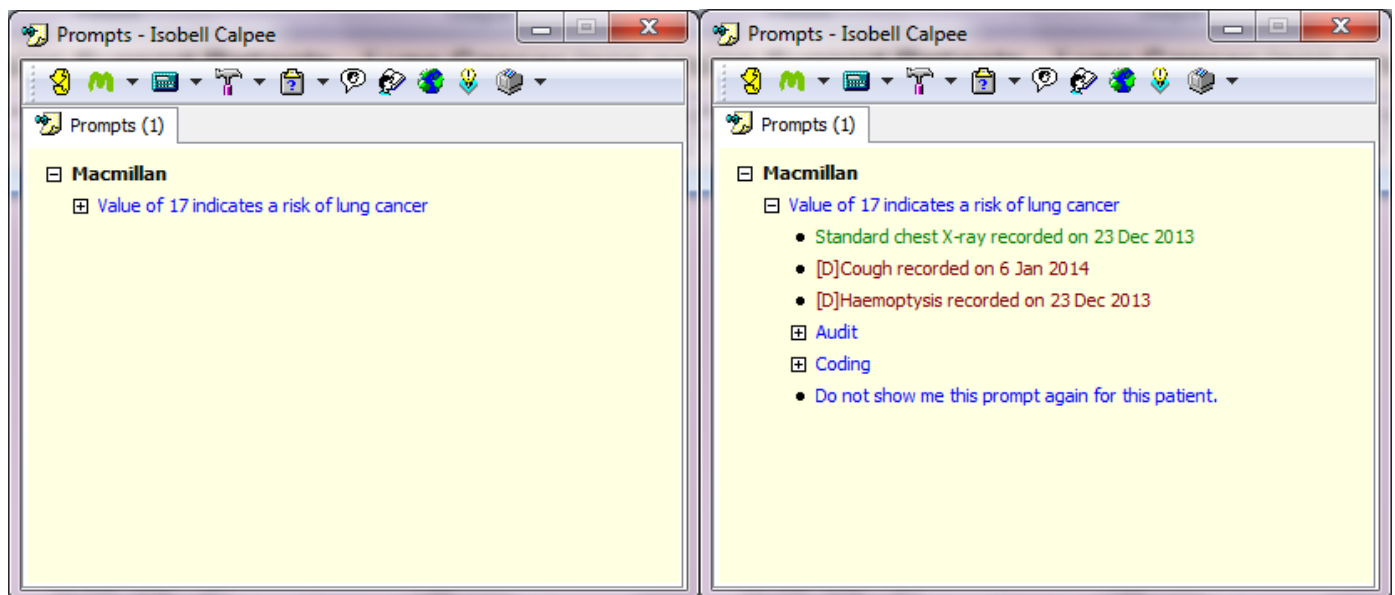
2. Function one: Prompts

Prompts are designed to be used in consultation. Once you are logged into the software it will run unobtrusively in the background. For each patient record you enter, the tool will use the read-coded information available to calculate a risk for any of the five tumour sites the tool covers (lung, colorectal, pancreatic, ovarian and oesophago-gastric).

If a risk is calculated at 2% or over (for any of the tumour sites), a prompt will appear. If there is a risk of over 2% for more than one tumour site, then all relevant values will be displayed – sorted high to low.

Expand the prompt by clicking on the plus icon to understand more about the symptoms and information driving the calculated risk score. There's also capacity to see any tests or investigations which have taken place within the past 12 months, and if read-coded within the record, they can see the results of those investigations.

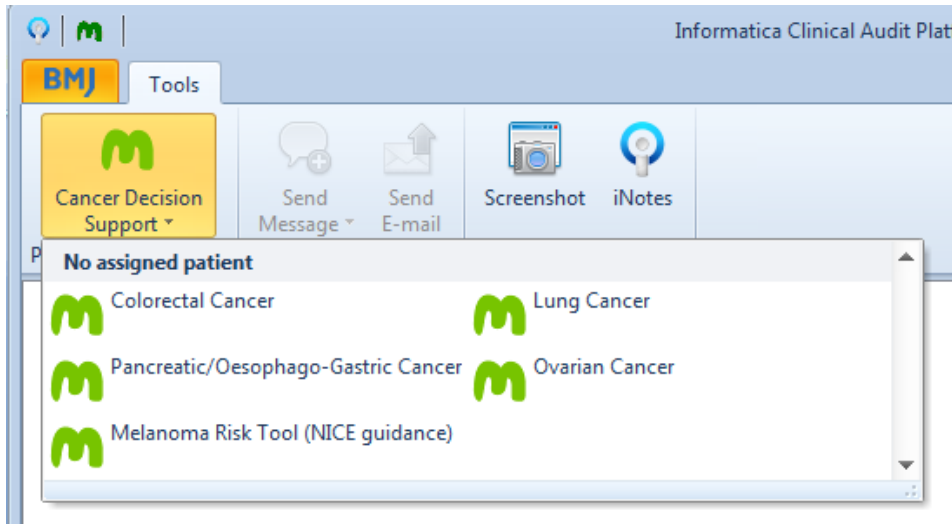
By clicking on the text within the prompt you can access the symptom checker and add further factors to recalculate the risk score.



This mini case history of symptoms and investigations can help to support GPs in deciding on next steps, for example referring for further investigation or providing the patient with reassurance. This is useful in consultations where the likelihood of cancer is not immediately apparent, but where a relevant risk has been calculated (based on historic patient information). It's particularly useful in situations where a patient has seen a number of different GPs, the symptoms displayed are non-specific or if the patient has presented with similar symptoms on a number of occasions.

3. Function two: Symptom checker

The symptom checker is also intended for use within a consultation. It allows you to enter symptomatic information about a patient, and where relevant, calculate a risk of cancer. For this to work, the GP must already think the person in front of them has symptoms indicative of cancer and want to use the tool as an aid to clinical judgement for deciding a course of action.



Once within the patients record, from the BMJ Informatica home screen go to Tools in the top left corner of the screen. Select Cancer Decision Support from the drop down menu. A list of available symptoms checkers will appear. There are individual checkers for colorectal, lung and ovarian cancers, and a combined checker for pancreatic and oesophago-gastric. Click the one you want to use, and the symptom checker will appear.

When you open the symptom checker, it will be pre-populated with relevant information from the patient record, including demographic information (e.g. age) and symptoms recorded by GPs for the previous twelve months. In order for this to work, you have to be in the correct patient record.

The risk score is displayed in the bottom left corner. These are % risks of cancer. So, for example, in the screenshot on the previous page, of every 100 people of this age, with these characteristics, having presented with these symptoms, 5 of them will have lung cancer.

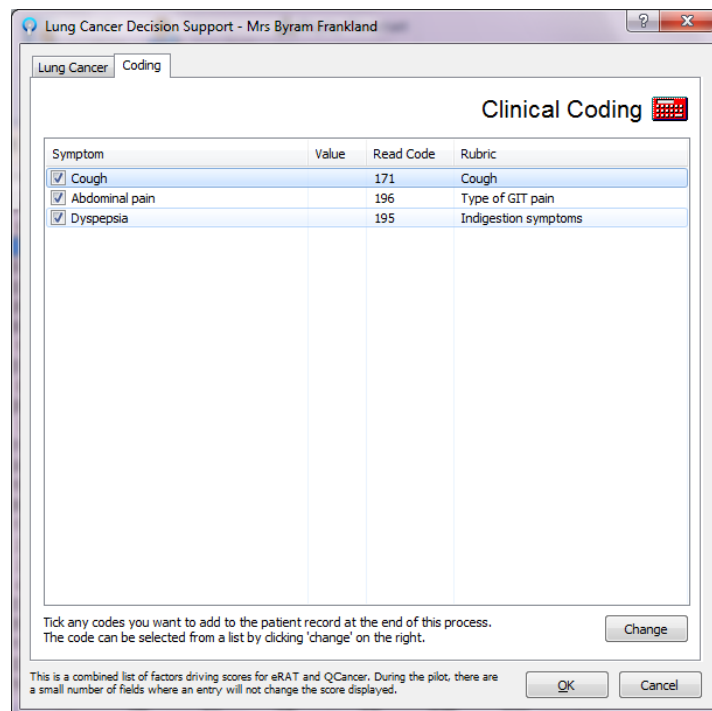
For RAT (Risk Assessment Tool) the tool calculates this percentage by taking the two symptoms or repeated symptoms that calculate the highest risk of cancer.

For QCancer the tool calculates this percentage from a range of symptoms and non-clinical information such as deprivation. It also has the facility to calculate overall risk of having cancer across a large number of tumour types, and the likelihood that someone does not have cancer. This functionality is not available as part of this project, but you can access at www.qcancer.org.

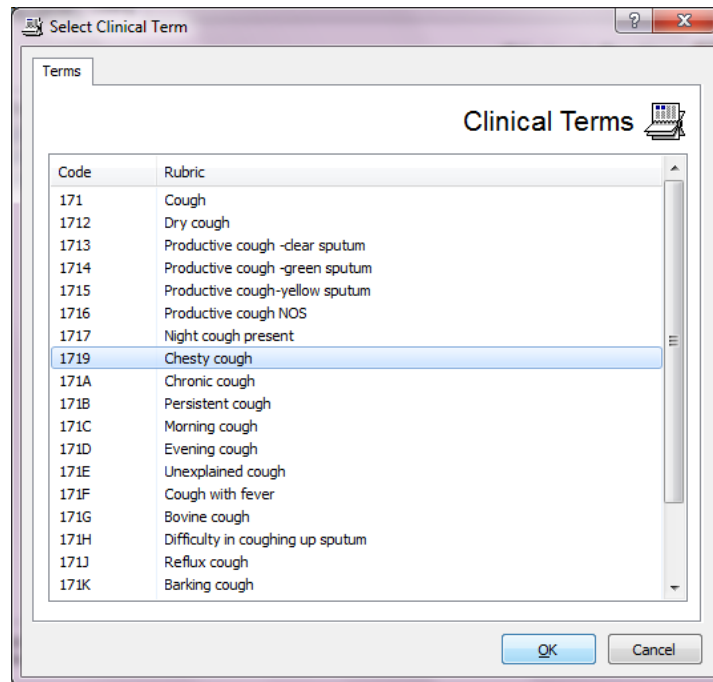
All fields in the symptom checker are clickable; add extra symptoms by putting a check in the relevant symptom box, and if the risk of cancer is affected you will see a change to the risk value in the bottom left corner of the symptom checker.

Once the risk has been calculated using the symptom checker, you can review the Read codes for any new symptoms you have entered, by clicking on the Coding tab. The most common Read code for that symptom is displayed, and you can use this function to enter new Read codes onto the patient record.

If you would prefer to use a different Read code for that symptom, click the symptom to highlight it and then select Change in the bottom right of the box.

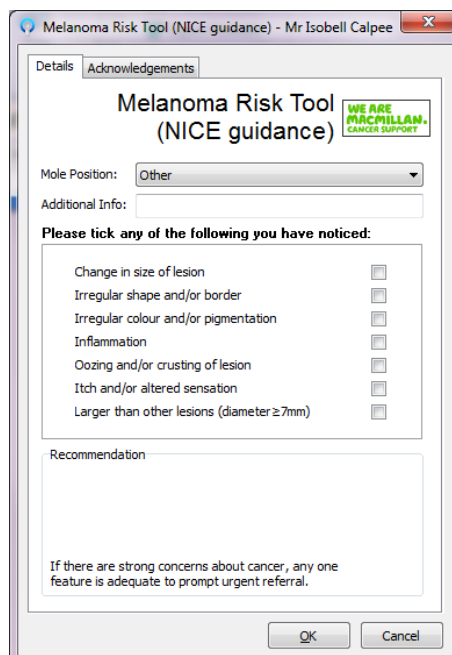


After you have clicked Change you will be brought to the Clinical Terms screen, where you can select a new Read code to use. Click Ok and the new codes will be pushed back to the patient record.



Melanoma symptom checker

This checker is slightly different to the others as the risk score is calculated based on the physical appearance of a pigmented skin lesion during consultation. It can be used with your patient to evaluate their mole. Unlike other symptom checkers, the melanoma checker recommends referral for further investigation if the score calculated is greater than 3. In line with NICE guidance for suspected melanoma, we have used the Glasgow 7-point checklist to determine how the risk is calculated.



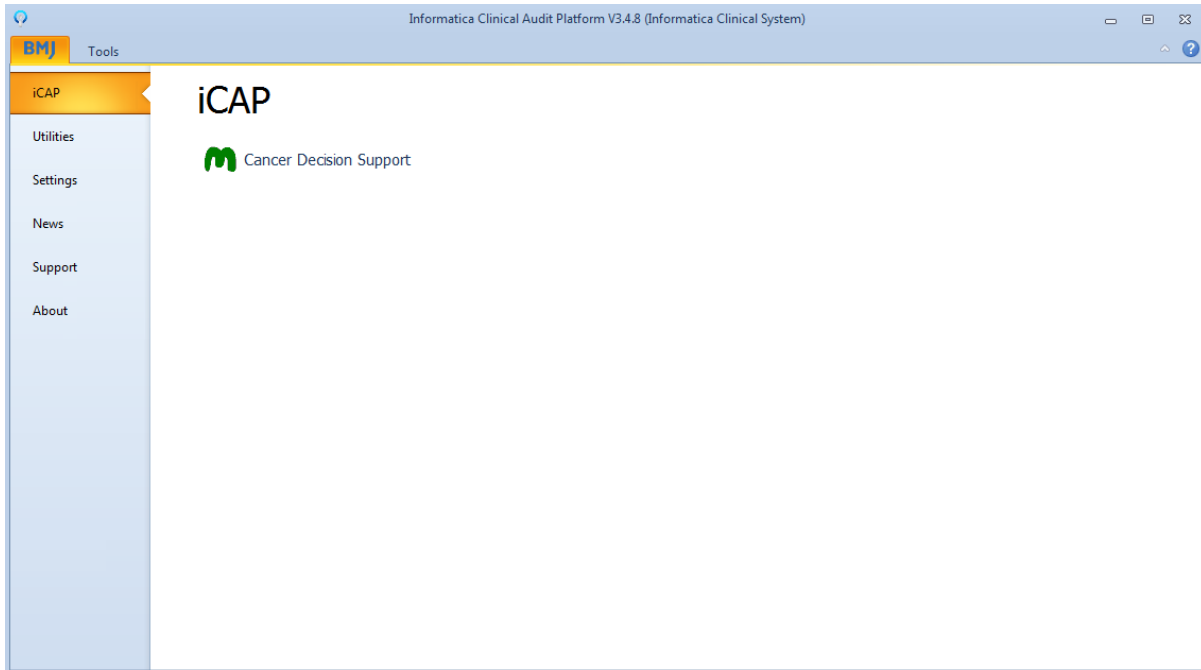
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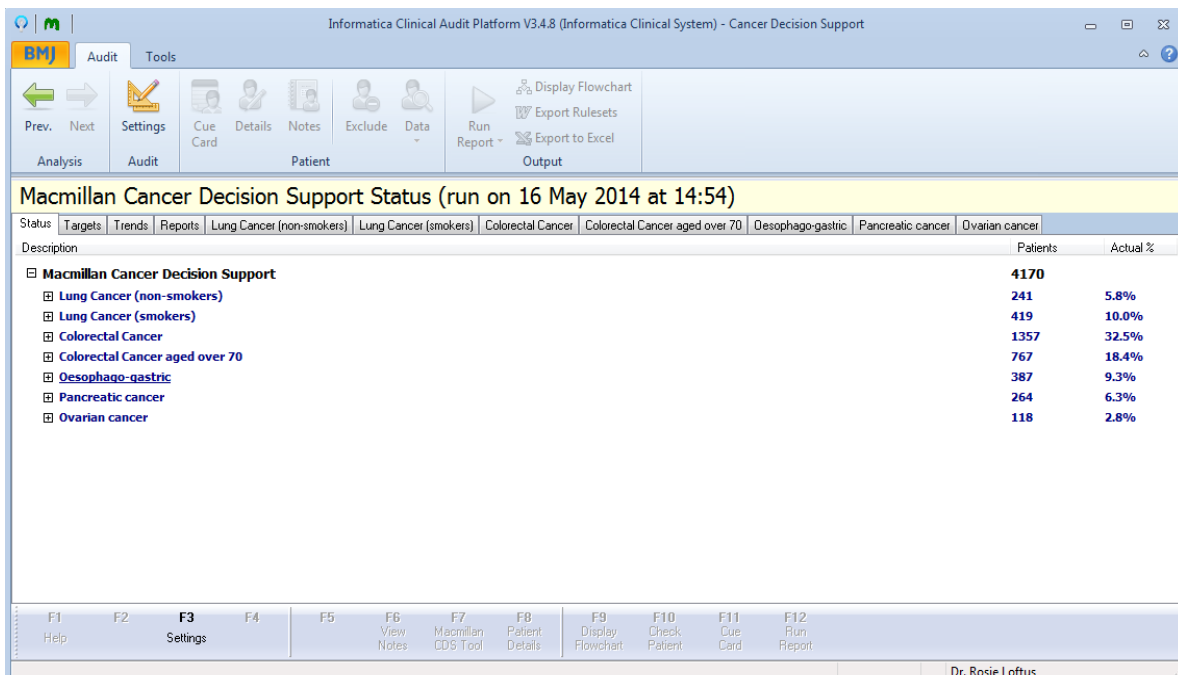
4. Function three: Population risk stratification

This function of the tool is intended for use outside of the consultation, perhaps as a periodic review undertaken by a GP or practice manager. It can be used as a way for a practice to review and identify patients at high risk, and to check what processes they already have in place to engage with that person. It displays a list of all registered patients who are eligible to have a score calculated alongside their risk score.

To use this function, from the BMJ Informatica home screen, click on the Macmillan Cancer Decision Support icon.



This will display a summary screen showing each tumour site and the number of people on your registered list for which we have been able to calculate a score (the second to last column on the right).



Click on the plus button for any tumour site to expand the information. This will display the risk scores grouped into categories – over 5%, 2-5%, 1-2% and below 1% risk. Under the Patients column there is further information including the number of people with this level of risk who already have a cancer diagnosis, and the number of people with this level of risk who do not currently have a cancer diagnosis. For example, the below screenshot for lung cancer with the Practice's known *smoking* population, shows 11 people with a risk of over 5% of lung cancer and one patient with that level of risk who has already been diagnosed.

Description	Patients	Actual %
Macmillan Cancer Decision Support	4170	
Lung Cancer (non-smokers)	241	5.8%
Lung Cancer (smokers)	419	10.0%
LCS01: PPV <= 1 (very low risk)	2/268	0.7%
LCS02: PPV <= 2 (low risk)	0/87	0.0%
LCS03: PPV <= 5 (medium risk)	2/53	3.8%
LCS04: PPV > 5 (high risk)	1/11	9.1%
Colorectal Cancer	1357	32.5%
Colorectal Cancer aged over 70	767	18.4%
Oesophago-gastric	387	9.3%
Pancreatic cancer	264	6.3%
Ovarian cancer	118	2.8%

Click on any tumour site or use the tabs at the top of the screen and to be taken to a more detailed page where all patients are listed by name alongside their risk score. To sort the patients by risk click on the very low, low, medium and high buttons. Below, we have sorted by high risk – so all those with a high risk score (over 5%) are grouped together in order of their risk score.

First Name	Last Name	Date of Birth	Prefer.	V	LOW	MED	HIGH
Natasha	Kalgarriif	24 Jan 1955	AS	-	-	-	12
Jerome	Astin	17 Jun 1966	SH	-	-	-	12
Owendolyn	Hickinson	29 Dec 1959	AS	-	-	-	10
Elsie	Elice	8 Mar 1969	SH	-	-	-	10
Frank	Hughes	4 Oct 1926	AS	-	-	-	9.20
Kwee	Watt	5 May 1974	CB	-	-	-	7.60
Yogeswary	Luk	2 Mar 1953	DM	-	-	-	6.90
Statford	Cruickshanks	19 Mar 1959	DM	-	-	-	6.50
Kimberley	Pendall	19 Apr 1947	DM	-	-	-	5.50
Daljit	Murtagh	12 Jun 1968	AS	-	-	-	5
Asa	Marran	5 Mar 1951	DM	-	-	-	4.50
Angela	Zarebini	10 Jul 1957	CB	-	-	-	4.50
Shanelle	Ansbro	31 Oct 1970	AS	-	-	-	4.40
Sharifa	Boothroyd	16 Jun 1941	SH	-	-	-	4.40
Agnetta	Meadmore	14 Sep 1964	AS	-	-	-	4.20
Anna	Zeretksy	1 Dec 1957	AS	-	-	-	4.20
Milchaela	Handley	2 Dec 1938	BD	-	-	-	4.20
Scott	Crossley	17 Nov 1940	BD	-	-	-	4
Oretha	Rose-Dabek	20 Oct 1966	CB	-	-	-	2.30
Milerva	Robbins	16 Oct 1930	CB	-	-	-	2.30
Kevan	Compton	20 Dec 1963	DM	-	-	-	2.30
Wildid	Kondras	10 Sep 1963	CB	-	-	-	2.30
Austin	Barrowman	23 Nov 1940	BD	-	-	-	2.20
Kennrick	Challinor	6 Jan 1934	SH	-	-	-	2.20

The risk stratification function can be used to look at the history for each patient you require, highlight an individual by single-clicking on their name. Press F6 or click the button at the bottom of the screen to call up their patient record. Press F11 or click the button at the bottom of the screen to bring up the prompt function.

Please note this tool is intended as an aid to clinical decision-making, to reinforce and inform clinical opinion. GPs are not compelled to act on the basis of the scores displayed, but are merely able to consider the score, if useful, in deciding a course of action for a patient. All the information driving the risk calculations is already present in the patient record.

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