

PRIMARY CARE 10 TOP TIPS

Author:

Dr Steven Beaven, Macmillan GP Adviser

Multiple or vague symptoms

- 1** 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.
- 2** Acknowledge and act upon your disquiet (which mirrors the patient's) when you feel something is amiss. In this situation don't do nothing.
- 3** 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.
- 4** Multiple symptoms will challenge your clinical thinking – consider broadly before deciding how to proceed.
- 5** Remember that most "tumour markers" are neither sensitive nor specific. See pathologyharmony.co.uk/harmony-bookmark-v7.pdf
- 6** Consider the implications of trends – a fall in haemoglobin, albumin, a rise in platelets even if they remain within "normal" ranges.
- 7** Keep an open mind – don't be falsely reassured by negative tests, including imaging.
- 8** 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.
- 9** 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.
- 10** 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.

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