

PRIMARY CARE 10 TOP TIPS

Lung Cancer

This edition: December 2019

Next planned review: December 2021

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC14531_Lung_cancer

- 1** Lung Cancer is the 3rd most common cancer and the leading cause of cancer death in the UK. Most cases are diagnosed at late stage. Risk increases with age, but lung cancer remains one of the leading causes of premature death. People from the most deprived areas have a higher risk of developing and dying from lung cancer.
- 2** Earlier diagnosis is vital. Average 5-year survival is less than 10% with less than one third surviving over a year. 5-year survival increases to over 30% in earlier stage. Consider the diagnosis in higher risk patients with a new respiratory symptom or atypical non-respiratory symptom and in non-smokers with suspicious symptoms.
- 3** Have a low threshold for CXR in symptomatic patients. Good information on radiology requests enables more useful reports. Patients with COPD are at a fourfold increased risk so lower testing thresholds are appropriate. FBC may be useful as a persistent thrombocytosis potentially indicates underlying cancer.
- 4** Other related symptoms can include haemoptysis, cough, recurrent chest infections and SOB. Ask about more vague symptoms (weight loss, appetite loss and fatigue) and atypical symptoms like shoulder pain. Look for abnormal chest signs, clubbing and enlarged neck nodes.
- 5** Only a small percentage of cancers are amenable to curative surgery (18% in 2017). Most are treated with palliative radiotherapy and chemotherapy. UK rates of chemotherapy in patients of good performance status (out of bed or chair for more than 50% of waking hours) are around 65%. Primary Care Physicians should be proactively available to patients once diagnosed to offer support and help in making decisions.
- 6** Curative surgery requires assessment of baseline cardiac and lung function and any steps to improve this help. Patients not medically fit for surgery may still be radically treatable using highly focused radiotherapy (stereotactic radiosurgery).
- 7** New immunotherapies have significantly improved length of survival in Non-Small Cell lung cancer. These drugs are usually better tolerated than conventional chemotherapies. Toxicities often mimic auto-immune disease including reactions such as colitis, hepatitis, endocrinopathies and skin toxicities.
- 8** In people with breathlessness NICE recommend breathing control and coping strategy interventions. Expert nurses, physiotherapists or occupational therapists can deliver this. Opioids can help reduce cough. ENT reviews can benefit patients with hoarseness from recurrent laryngeal nerve palsy.
- 9** 79% of lung cancer cases are preventable. Smoking cessation is an essential role for Primary Care teams. Even after diagnosis smoking cessation leads to better survival. Investigated patients who aren't diagnosed with cancer provide a 'teachable moment', reducing future risk.
- 10** Without national lung cancer screening, Primary Care is essential to identify those at risk. Macmillan funded a pilot of 2500 lung health checks, giving low dose CTs to those at highest risk. 42 cancers were diagnosed and 90% of those offered potentially curative treatment.

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