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Chesterfield Royal Hospital



NHS Foundation Trust

# Developing a new pathway for CUP patients at Chesterfield Royal Hospital

## David Brooks

Macmillan Consultant in Palliative Medicine

Philippa Hughes, Claire Farrington, Bill Noble, Peter Bath, Lingesan Gokulkrishnan,

With thanks to Macmillan Cancer Support,  
who funded the project and the evaluation



# Context

- Chesterfield Royal Hospital
  - Serves town of about 100,000
  - Rural catchment total 370,000
  - Visiting site specific oncologists most days
  - Some on-site chemo
  - DXT 14 miles away in cancer centre



# Background

- Origins
  - Patients bounced between site-specific cancer teams
  - Over investigation
  - Poor communication
  - Delays in involvement of specialist palliative care

# The vision

- Developing a pathway for patients with cancer of unknown primary
  - develop pathway of care for patients
  - develop unknown primary site specific functions
  - develop team to support patients and direct pathway
  - contribute to an Improving Outcomes Guidance (IOG)

# Early stages

- The powers that be
  - PCT keen but no money
  - Trust OK as long as it costs nothing
  - Macmillan support evaluation
- Canvassing support
  - Upper GI MDT
  - Palliative Care Team
  - Cancer pathway team

# The unknown primary team

- an oncologist with a special interest
- a palliative care physician
- Specialist nurses
  - Palliative care specialist nurse
  - Upper GI specialist nurse
- Administrative support
- Radiologist
- Histopathologist
- *Upper GI and Hepatobiliary surgeons and physicians*

# The project

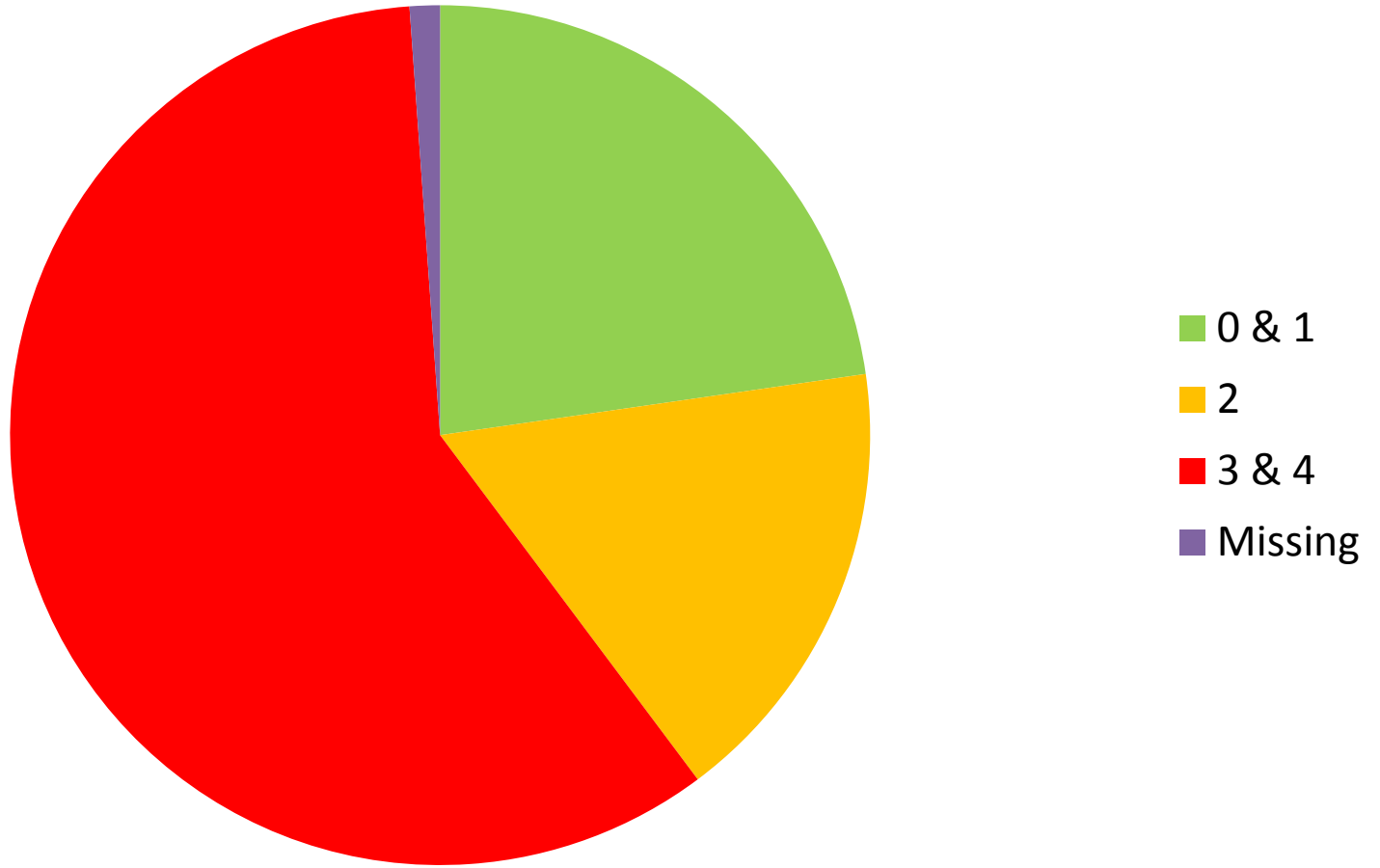
- Developing a pathway for patients with cancer of unknown primary
  - 6 month pre service data
  - 6 month post service data
    - Demographics
    - Process data
    - Resource use
    - Questionnaires and interviews
    - Bereavement questionnaire and interviews

# Demographics

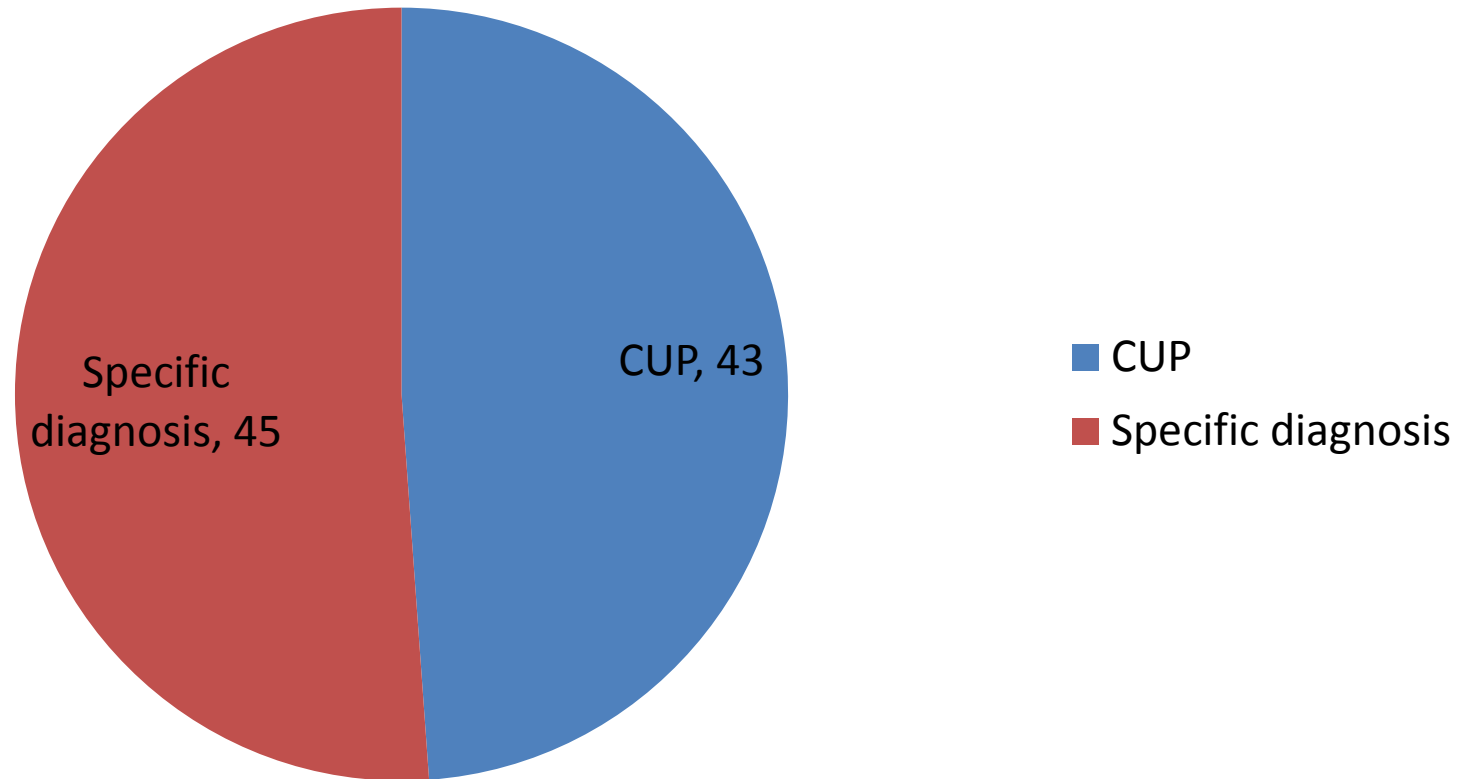
- Patient numbers
  - Pre pathway 50.
  - Pathway implementation phase 38.
- Age
  - range 44-98 years old
  - mean = 72.51;
  - SD = 11.21;
  - median = 75
- Gender
  - 48 female (54.5%)
  - 40 male (45.5%).



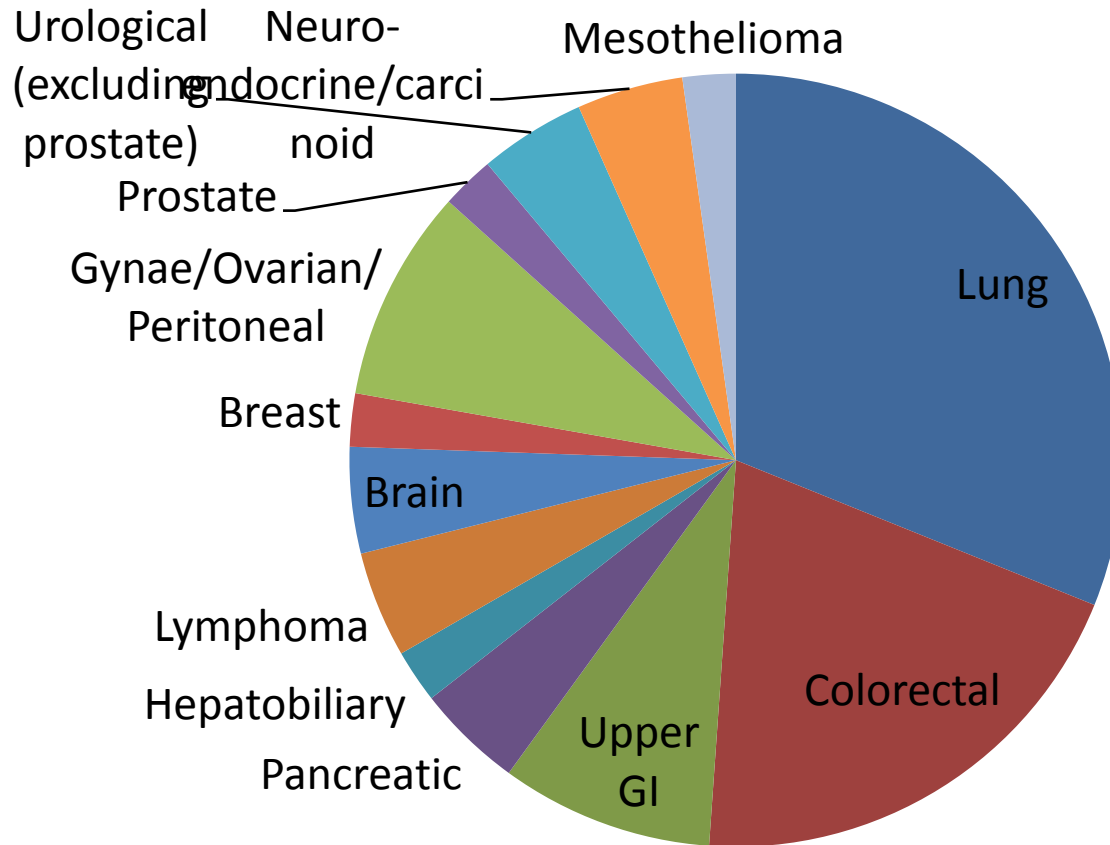
# ECOG



# Final Diagnostic Category



# Specific diagnoses



# Pathway

- Onward referral for tumour-directed treatment
  - Pre-pathway patients 44%
  - Post-pathway patients 47.4%
- No significance difference
  - mean total number of nights spent in hospital
    - Pre-pathway
      - 0 to 40 nights
      - (mean = 14.04 nights; median = 13.5 nights).
    - Post pathway
      - 0 to 45 nights
      - (mean = 14.24 nights; median = 13.00 nights)

# Service

- Of the 38 patients in post pathway group:
  - 8 (21%) were initiated on the pathway early in the diagnostic process
  - 8 (21%) were referred for discussion at CUP MDT
  - 5 (13%) were referred to the CUP team late in the diagnostic process
  - 5 (13%) were picked up due to specialist palliative care referral
  - 12 (32%) had no input from the CUP team

# Process

- Time from referral to instigation of definitive treatment
  - No difference between pre-pathway and post-pathway patients in the mean rank.
  - The range
    - pre-pathway group was from 0 to 115 days
    - post-pathway group was from 0 to 74 days.

# Tumour directed treatment

Referral decision and outcome of plan	Number	%
TDT not given - did not reach decision point	8	9.1
TDT not given -patient declined further investigations/treatment	1	1.1
TDT not given - decision not to refer	40	45.5
TDT not given - decision not to attempt treatment	1	1.1
TDT offered but declined	1	1.1
TDT held in readiness	1	1.1
TDT planned, but not begun, as too ill	7	8.0
TDT begun, but stopped, as too ill	6	6.8
Tumour Directed Treatment given as planned/or with modifications	23	26.1

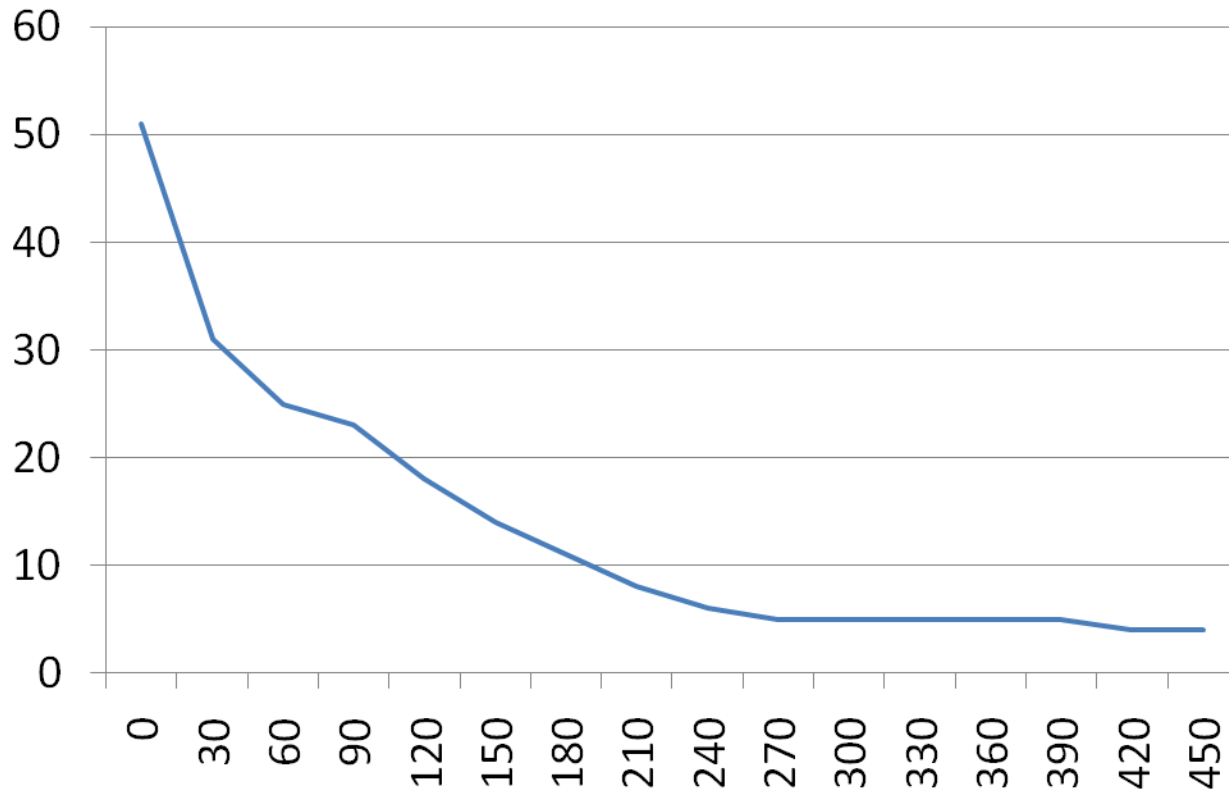
# Survival

- The median time from CUP referral to death  
– 43.50 days

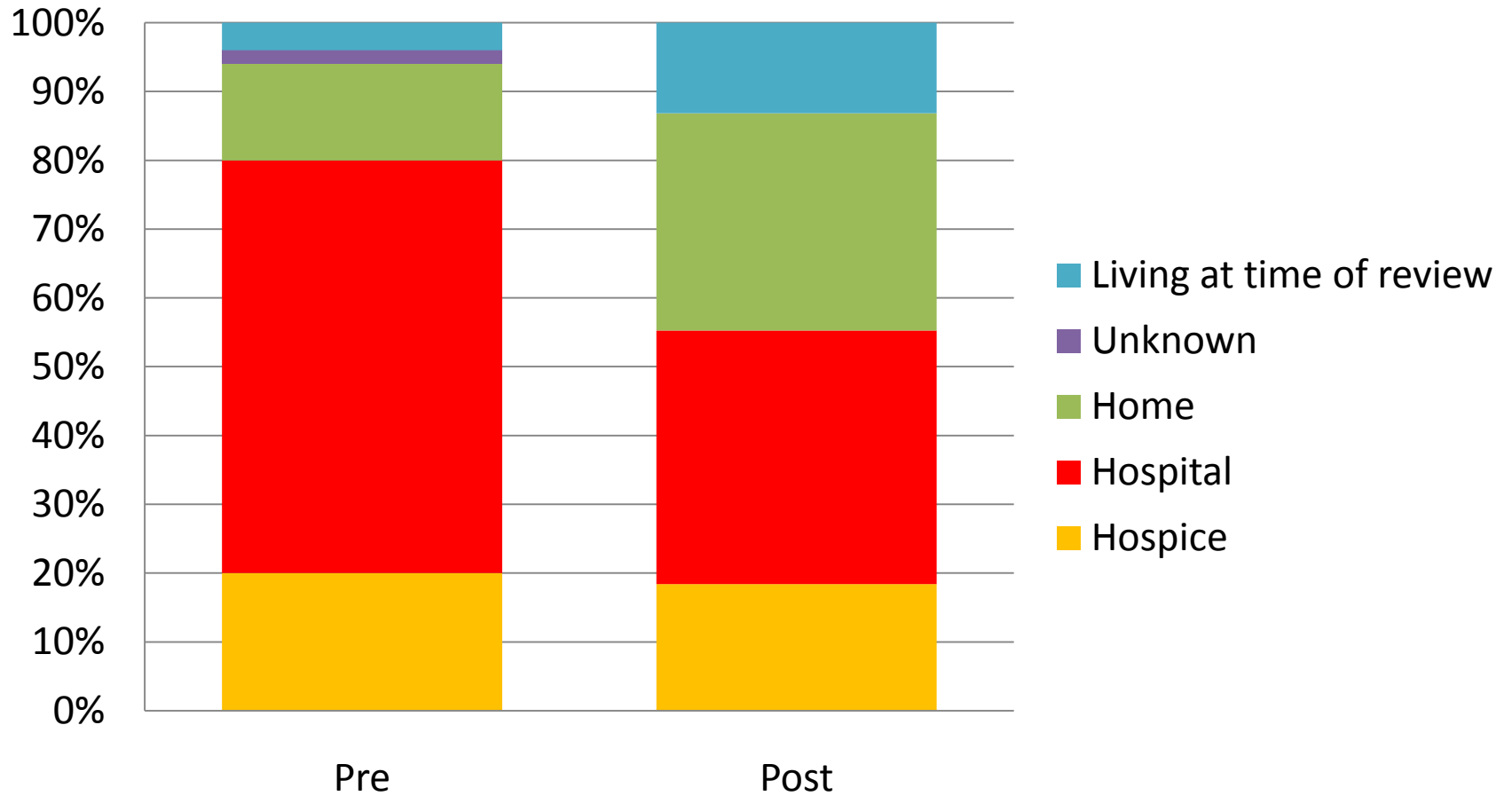


# Malignancy of Unknown Primary Origin

- Mean survival – 115 days
- Median survival – 51 days



# Place of death



# Lessons learnt

- Doing study starts to change behaviour
- Post study done too early
- Early referral the key to change
- Need out-patient clinic

# Progress

- Primary Investigation Out-patient clinic
  - 36 patients in first year
- Unknown Primary 2ww on choose and book
- CQuIN
- Radiology alert
  - Significant unexpected finding of metastases – if no known primary then referral should be made to 2ww clinic – if clinical or biochemical indicators do not suggest primary site for site specific referral then Unknown Primary clinic
- Referrals creeping earlier
  - Now 47% within 5 working days of identification (IP&OP)

# Challenges

- Referral of uninformed patients
- Driving forward referral of in-patients
- MDT referrals in out-patients
- Getting patients home

# Advice to service developers

- Develop and value your team
  - Don't wait for MDTs
    - get on the phone or burn some leather
  - Time spent in the radiologist's den is never wasted
- Key question is “what is this patient fit for?”
  - Encourage outpatient investigation
- Communicate certainty
  - We know you have cancer
  - Your treatment will be chemotherapy
  - The investigation is to determine which chemo is best
  - We expect to know in one week

# Advice to service developers

- Involve Palliative Medicine early



*“We don’t all go around with black capes and scythes, you know ...”*





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