Developing a new pathway for CUP patients at Chesterfield Royal Hospital

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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%).
Final Diagnostic Category

- CUP, 43
- Specific diagnosis, 45
Specific diagnoses

- Lung
- Colorectal
- Upper GI
- Pancreatic
- Hepatobiliary
- Lymphoma
- Brain
- Breast
- Gynae/Ovarian/Peritoneal
- Neuro-endocrine/carcinoid
- Prostate
- Urological (excluding prostate)
- Mesothelioma
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

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

Pre
Post

- Living at time of review
- Unknown
- Home
- Hospital
- Hospice
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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