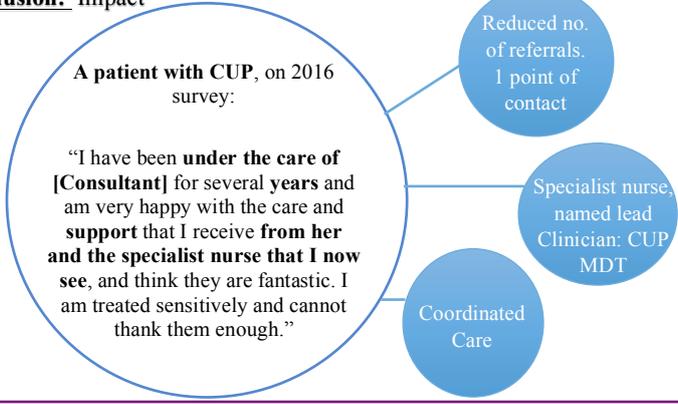


Impact Of A CUP Service At The Royal Derby Hospital - One Year On

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Conclusion: Impact



Recommendations

Leading Edge: Participate in biomarker trials, and conferences on advances in cancer detection.

Expertise: MDT inclusion of clinical experts in lung, and haematological cancers to respond to local trend.

Data Capture: Eliminate recording “Unknown” as Source of Referral outcome. Add “Insufficient Sample” where applicable if recording Histological Subtype as “Unavailable”.

Analysis: Continue analysing PET Scan patient data to establish trend.

Background

Cancer of Unknown Primary (CUP) is metastatic cancer with unidentifiable origin. It has a poor prognosis and is the 5th most common cause of cancer mortality. In 2013 CUP was diagnosed in 9,274 patients in the UK. Care is often fractured with bad symptom resolution and patient experience. In 2010 the National Institute for Health and Clinical Excellence issued guidelines (CG104) recommending a multidisciplinary team (MDT) approach to managing patients with CUP. Specifically to achieve coordinated specialist management, single point of contact, and reduced number of referrals in line with standards for patients with site-specific cancers.

Royal Derby Hospital (RDH), which serves a sub-specialty population of over one million patients, launched its CUP MDT in 2013. It meets weekly and consists of a Consultant Oncologist (lead), 2 CUP Specialist Nurses, Palliative Medicine Consultant, Consultant Pathologists, Consultant Radiologists, Orthopaedic Consultant Surgeon, and an MDT co-ordinator. Key Performance Indicators (KPIs), and standards for auditing this service were taken from CUP CQUIN as supported by the National Peer Review Programme.

Methods

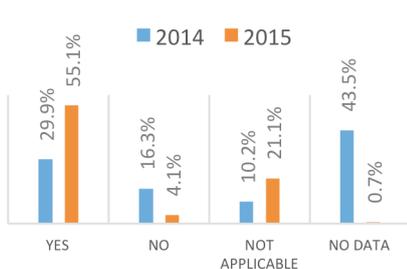
In-house database for patients referred to the RDH CUP MDT was utilised. All referrals between 17th May 2014 - 17th May 2015 were included in this audit, and data was compared to results from May 2013-14. Data was extracted, analysed, and evaluated in between 2015-16.

Results

Patient

- Number referred: 119
- Gender: M (52.1%) > F (47.9%)
- Age: M (71.4 yrs) F (73.0 yrs)
- Mean Survival (incl post-RIP): 64.0 days

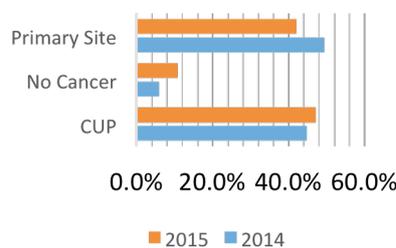
SEEN WITHIN KPI



(References in Handout)

Disease

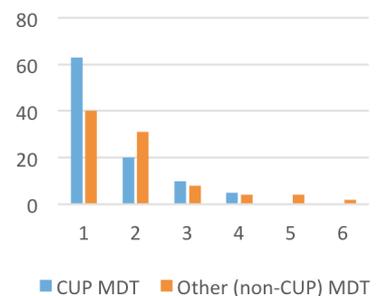
Diagnosis at CUP MDT



- **Lung:** Number 1 primary (2015 and 2014).
- **Haematological cancers** (Lymphoma, Myeloma, Plasmacytoma, & AML): 2nd highest both 2015 and 2014.
- PET Scans: 13

Management

MDT Discussions



2014 non-CUP MDT discussion/patient: up to 9.

- Best Supportive Care: 48.7%
- RIP pre-referral: 18.5%
- Active treatment: 32.8%