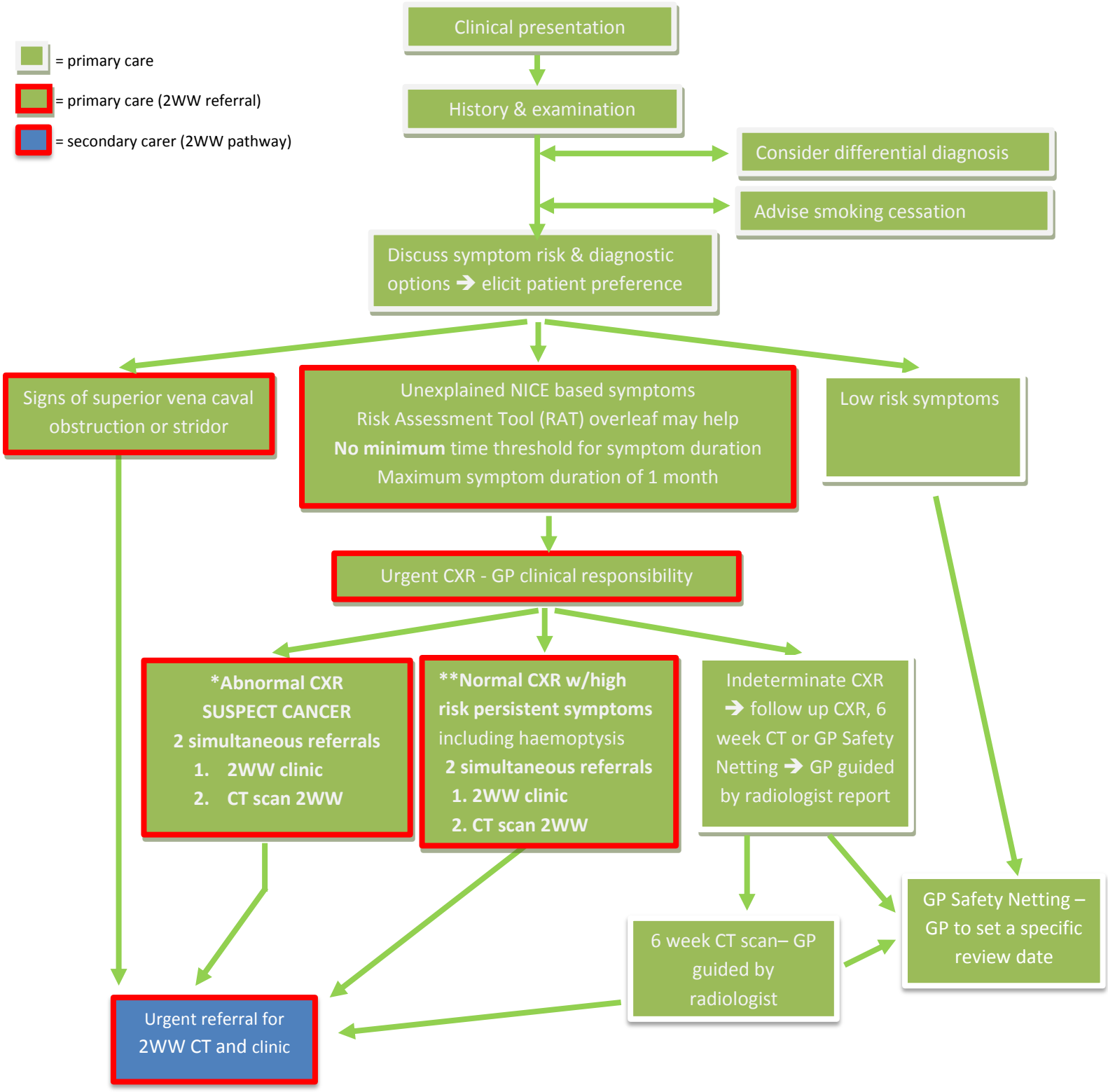
Bristol (UHB, NBT & BCCG)
Suspected lung cancer pathway (primary to secondary care)



Risk Assessment Tool – user guide

- The risk assessment tool (RAT) is designed for use in patients aged 40 and over.
- The risk values (positive predictive values) in the table are the proportion of those people with the listed symptom(s) who have lung cancer.
- Risk values of 1% or less are shaded white, above 1% and up to 2% shaded yellow, over 2% and up to 5% shaded orange and over 5% shaded red.
- Referral is based on clinical judgement and there is no definitive referral threshold but **GPs should probably refer for risk values shaded orange or red**; risk values shaded yellow and white may be best managed by review within primary care **but clinical judgement should be used.**
- **The risk values for a single symptom are listed in the top row.**
- When a patient presents on two occasions within 12 months with the same symptom, then read across from both axes to get the risk value for that symptom recurring.
- **For multiple symptoms**, **read the value from the cell combining the worst two symptoms**.

Lung Cancer Assessment Tool for Non –Smokers Male ☐ Female ☐

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	
0.4	0.4	0.7	0.8	1.1	0.9	1.6	1.6	2.4	Risk as a single symptom
0.6	0.6	0.8	0.8	1.8	1.6	2.0	1.2	2.0	Cough
	0.56	0.9	0.8	1.0	1.2	1.8	4.0	3.3	Fatigue
		0.9	1.2	2.0	2. 0	2.0	2.3	4.9	Dyspnoea
			0.9	1.8	1.8	2.0	1.4	5.0	Chest pain
				1.2	2.3	6.1	1.5	9.2	Loss of weight
					1.7	0.9	2.7	>10	Loss of appetite
							3.6	>10	Thrombocytosis
								>10	Abn. spirometry
								17	Haemoptysis

Lung Cancer Assessment Tool for Smokers Male ☐ Female ☐

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	
0.9	0.8	1.2	1.3	2.1	1.8	4.2	4.0	4.5	Risk as a single symptom
1.3	1.0	1.4	0.9	2.3	2.8	6.5	3.6	3.9	Cough
	1.2	1.4	1.3	2.0	2.3	2.4	>10	6.1	Fatigue
		1.5	2.2	3.1	5.5	2.4	>10	6.9	Dyspnoea
			1.4	4.4	7.6	>10	>10	4.1	Chest pain
				1.7	5.0	>10	>10	*	Loss of weight
					2.7	*	*	*	Loss of appetite
							*	12	Haemoptysis

* The original study was not able to calculate figures for these boxes but they are almost certainly red

NICE Symptoms

- Cough
- Dysponea
- Chest/shoulder pain
- Hoarseness
- Chest signs on examination
- Digital clubbing
- Cervical or supraclavicular lymphadenopathy
- Weight loss
- Features of metastatic lung lung cancer, e.g. to
  ● brain ● bone ● liver
- Unexplained changes in existing symptoms in patients with underlying respiratory problems

Higher risk of lung cancer

- Haemoptysis age ≥40
- Signs of superior vena caval obstruction
  ● swelling of face or neck
  ● fixed elevation of jugular venous pressure
- Stridor

CXR guidance

- **** 'Abnormal CXR suspect cancer'*** **-** The chest x-ray appearances are highly suspicious for cancer. The patient should be referred urgently to the 2 week wait respiratory clinic **AND** also referred for a 2 week wait CT.
- ***** 'Normal CXR with high risk persistent symptoms including haemoptysis, refer to 2WW and 2WW CT2'*** - A normal chest x-ray does not exclude lung or upper airway cancer. Management should be guided by the patient risk profile and if appropriate the patient should be referred for review in 2 week wait respiratory clinic **AND** also referred for a 2 week wait CT of the chest.