CASE SELECTION

Case selection is important – a case that requires significant reflection and is likely to generate learning or change to practice is recommended. Avoid cases that are unlikely to provoke new learning, such as a patient with a breast lump appropriately referred on first presentation. Cases involving external problems (e.g. secondary care delays) should be discussed with the CCG/Health Body cancer lead and/or hospitalists involved for escalation where appropriate to remedy the external problem. The following are suitable for Cancer SEAs.

- Emergency presentation of cancer
- Delayed diagnosis
- Cancers diagnosed at a late stage (Stage 3 or 4)

In order to track a practice’s cancer activity, the Cancer Diagnosis Audit Tool developed by Durham University and RCGP, allows each new cancer diagnosis to be logged. Using this template practice teams can identify potential cases for SEA as a continuum rather than waiting for the opportunistic case. Colorectal, lung, ovarian, pancreatic and neurological cancers (amongst others) are known to present at a late stage or as an emergency and therefore present opportunities for learning.