



Using C the Signs to support the retrospective case review of patients diagnosed with cancer.

This guide will help you to retrospectively review patients that have been diagnosed with cancer in an emergency setting or those diagnosed at a late stage using the “Risk Assessment” function within C the Signs.

As the Risk Assessment tool is aligned to NICE guidelines and local cancer pathways, entering the patient's risk factors, symptoms or signs from their previous primary care presentations will allow you to highlight any learning areas for the practice with a focus on earlier cancer diagnosis.

Setting the scene

It is really important to remember that reviewing cases, particularly where the outcome was not good, can be challenging for those involved. To get the most from any reflection it is important the environment is supportive, compassionate and sensitive to everyone involved. By doing this you have the best chance of transparency and honesty.

Open a Test Patient in either EMIS or System 1.

- To begin, you will need your “Electronic Healthcare Record” open and the C the Signs toolbar launched.
- Load a test patient. The test patient will need to have an NHS number associated with it for the risk assessment function to work.

Risk Assessment

- Select the first Patient button on the C the Signs toolbar and select Risk Assessment



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Risk Assessment

Referral Forms

FIT Safety-netting

Resources

- Select the 'Search' button on the C the Signs dashboard
- From the patient's medical notes; enter the primary presenting complaint, symptom or sign from their initial primary care presentation as shown below. Then select 'Proceed'.

A

B

C

D

E

F

G

H

I

J

L

N

O

Type factors, symptoms, signs, or investigations

A

Abdominal bloating or distension

Abdominal mass

Abdominal pain

Abnormal central neurological function

Proceed >

- Alter the Age and Gender of the patient to match the patient you are reviewing, as shown below

Chest

Upper & lower GI

Breast

Gynaecological

Urological

Skin

Head & neck

Neuro & eye

Haematological

Bones & soft tissues

Non-obo-specific

Risk Factors

Age (in years)*

82

Gender*

Male

Female

BMI > 40

Family history of ovarian cancer

Genetic predisposition of endometrial cancer

Previous hysterectomy

Taking hormone replacement therapy (HRT)




Conditions



- Select any additional Risk Factors, Symptoms, Signs or Investigations that are appropriate for your patient and then select 'Risk Assess' at the end of the page

Review the Recommendations

- You will then be shown recommendations and considerations based on NICE guidelines and your local cancer pathways, as shown below.

Recommendations		Action	No action
 Colorectal cancer • FIT test 2 weeks	A full physical examination should be performed (including rectal and abdominal). A pelvic examination and urine dipstick should also be considered. The following blood tests are also suggested: FBC, U&Es, Iron studies, Ferritin, CRP, Coeliac screen, Clotting screen, and any others indicated (e.g. CA125, PSA, LFTs, HbA1c). If the test is positive, refer the patient using the 2-week-wait lower GI referral form. If the test is negative, please consider the FIT <10 pathway, the Iron Deficiency Anaemia (IDA) pathway or the Rapid Investigation Service (RIS).	<input type="radio"/>	<input type="radio"/>
 Endometrial cancer • Gynaecology referral 2 weeks	Please request or attach: Creatinine and eGFR (U&Es must be within 4 weeks).	<input type="radio"/>	<input type="radio"/>
Considerations		Action	No action
 Ovarian cancer • Blood test - CA125 7 days	If the CA125 is ≥ 35 IU/ml, arrange an urgent ultrasound scan of the abdomen and pelvis.	<input type="radio"/>	<input type="radio"/>

Using the recommendations and considerations you will be able to compare the suggested referrals and investigations recommended here against the patient's previous management. The aim of this is to learn from cancer diagnoses and improve future cancer outcomes.

Things to consider:

- Were the correct cancer types considered?
- If appropriate, were multiple cancer types considered and investigated at presentation?
- Were the initial correct investigation(s) carried out?
- Were the initial correct referral(s) completed?
- Where differences exist is there a clear rationale for the decisions taken? Always remember there is often wider context regarding the patient to consider here in why certain decisions get made.
- What are the learning opportunities from this case?
- How will they be shared with the wider team?