

NHS cancer risk threshold 'too high' for patients, research indicates

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Patients have expressed an appetite for potential cancer symptoms to be checked out much sooner than current NHS thresholds guidelines suggest, new research has revealed.

A study led by the University of Bristol, with colleagues at the University of Exeter Medical School and the University of Cambridge, found that 88 per cent of participants opted for further investigation, even if their symptoms carried just a one per cent risk of indicating cancer.

Although no fixed threshold is defined for the UK, in practice, the National Institute for Clinical Excellence (NICE) guidelines suggest that patients need to have symptoms which indicate a five per cent risk or higher before further tests for most cancers are carried out.

In the UK, one in three people in the UK will develop cancer during their lifetime. Although cancer survival rates in the UK have improved in the past 15 years, it still lags behind average European figures. Earlier diagnosis is considered to be one of the main ways to improve UK survival, particularly by refining the selection of patients for cancer investigation.

The study, published in *Lancet Oncology* today, asked 3,649 participants to fill in a total of 6,930 'vignettes' - graphic analyses of symptoms which indicate particular types of cancer. Of those, 88 per cent opted for further investigation, even if there was only a low risk that the symptom

could indicate cancer. In fact, there was only a slight rise in those who opted for investigation when the risk factor was higher than one per cent.

The research is part of the DISCOVERY Programme, a five-year initiative between six universities and the NHS which aims to transform the diagnosis of cancer and prevent hundreds of unnecessary deaths each year.

Dr Jonathan Banks, from the University of Bristol, said: "This large study provides a clear and comprehensive account of public preference for investigation for cancer. It shows for the first time that there's a strong preference for diagnostic cancer testing, even if the risk is very low. This desire far exceeds what is actually being offered by the NHS and we hope the findings can help policy makers and doctors in shaping guidelines and practice."

Participants cited peace of mind and the importance of early detection as their main reasons for wanting further testing to be carried out as soon as possible.

One of the study's main conclusions was that patients should be fully involved in the [decision making process](#) with their GP, talking about the risk of cancer and their preferences to ensure a more effective referral pathway.

Professor Willie Hamilton, of the University of Exeter Medical School, is a practising GP and is clinical lead for the 2012-5 update of the NICE referral guidelines for suspected cancer.

Professor Hamilton, co-author on the study, said: "One main reason for the UK's poor performance on cancer is that fewer patients with symptoms obtain an early diagnosis. Currently the NHS isn't offering cancer diagnostic testing at the level patients requested in this study.

How this gap can be narrowed is a critical and compelling decision for the NHS as a whole."

Participants were sought from 26 general practices in three areas on England, ensuring a spread of urban, rural, wealthy and deprived locations. The patients, all aged over 40, were asked about their preferences for diagnostic testing for either colorectal, lung or pancreatic cancers.

The study highlighted that the factors which made people more likely to opt for further investigation were shorter travel times to the testing centre, a family history of cancer and higher household income. The type of test also affected choice with fewer choosing testing for colorectal cancer investigation at low risk which was thought to be due to the demanding nature of testing for colorectal [cancer](#).

Age was also shown to have an effect. Participants aged 60 years were more likely to opt for investigation for all three cancers than those aged 40

More information: 'Preferences for cancer investigation: a vignette-based study of primary-care attendees' by Jonathan Banks, Sandra Hollinghurst, Lin Bigwood, Tim J Peters, Fiona M Walter, Willie Hamilton in *Lancet Oncology*.

Provided by University of Bristol

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