

Study finds higher than expected risk of cancer following 'all clear' after suspected cancer referral

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A new study led by Queen Mary University of London finds that people who were referred to urgent suspected cancer pathways, but were found

not to have cancer, have a higher than expected risk of cancer in subsequent years. These findings suggest that this cohort of patients would benefit from additional support to help them manage down these risks of cancer.

The study, published today in [*The Lancet Oncology*](#), is the first to examine the risk of [cancer](#) in patients in England who entered the urgent suspected cancer [pathway](#) but were found not to have cancer at that time. These patients were found have a higher-than-expected risk of subsequent cancer in the one to five years after the initial "all clear" than those who haven't been through the referral pathways.

In England, the urgent suspected cancer referral pathway is the most common route to diagnosis. Of the 3 million patients who are referred for urgent cancer assessments in England each year, 7% are found to have cancer. This leaves a large group of patients who go through these pathways but do not have cancer at the time—a group that is currently understudied and who may be in need of support.

To determine the future cancer risk for this large group of patients, researchers at Queen Mary, King's College London, the University of Oxford and the National Disease Registration Service (NHS England), looked at the health data of over 1 million NHS patients in England who were found not to have cancer following an urgent referral for suspected cancer.

They found that between one and five years after the initial referral, 63,112 cases of cancers were diagnosed. The risk of any cancer in this group was found to be 4.5% over the five years, which is not considered high, but is higher than people of similar age and gender in the general population.

The results suggest that the higher-than-expected cancer risk is not due

to cancers being missed in the initial referral. Rather, the subsequent cancers are likely caused by high risk factors—such as poor diet, smoking, or alcohol consumption. The findings suggest that there's an opportunity to provide additional support to patients without a cancer diagnosis on the referral pathway. Proactive monitoring or targeted interventions to support [behavior change](#)—such as cancer awareness or risk reduction initiatives—could be beneficial in reducing the risk of cancer.

Suzanne Scott, lead author and Professor of Health Psychology and Early Cancer Diagnosis at Queen Mary, said, "Going through urgent cancer assessments can be a very anxious time for patients. Thankfully most will not be diagnosed with cancer. In this study we found that having cancer ruled out doesn't lessen the future risk of cancer.

"This means patients and GPs should remain vigilant when experiencing new or ongoing symptoms. The timing of urgent suspected cancer referrals could be an opportunity to raise cancer awareness, and consider ways to reduce risk of cancer and other serious diseases, by making a positive change in health behavior."

The study included health data on NHS patients in England on referrals and diagnoses for the eight main urgent suspected cancer referral pathways: breast, gynecological, head and neck, lower and upper gastrointestinal, lung, skin, and urological.

Researchers also looked at which types of cancers occur after different referral pathways. The increased risk of any subsequent cancer in one to five years after referral was lowest following suspected gastrointestinal cancer referrals. Highest risks were found following suspected urological or lung cancer referrals. For risks of the same cancer as suspected at initial referral, the highest were for the head and neck, and lung pathways.

Naser Turabi, Director of Evidence and Implementation at Cancer Research UK, said, "One of the possible reasons for the pattern found in this research is that people who are urgently referred could have a higher risk of developing cancer in general. For example, they might smoke, be overweight or obese, or have a family history of cancer. They are then more likely to develop cancer in the following years, despite not having cancer after their initial GP referral.

"More research will be needed to know for sure though. It's important to contact your GP if you notice anything that's not normal for you. Even if you've been checked out in the past, if something is new, isn't going away, or is getting worse, go back to your GP."

Author Thomas Round, NHS GP and researcher in early cancer detection at King's College London said, "Urgent suspected cancer referrals are a vital tool in improving earlier cancer diagnosis. Over the past decade referrals have more than doubled, to nearly 3 million annually. While only 7 in 100 people receive a cancer diagnosis, we must support the 93 who don't have cancer at that point in time.

"This study shows for the first time that while the risk level is not high, it is higher than we might expect, especially for patients on certain pathways, for example suspected lung cancer. This has clinical implications, for example higher risk groups may benefit from having lower thresholds to re-assess symptoms and future testing and referral."

More information: Suzanne E Scott et al, Future cancer risk after urgent suspected cancer referral in England when cancer is not found: a national cohort study, *The Lancet Oncology* (2023). [DOI: 10.1016/S1470-2045\(23\)00435-7](https://doi.org/10.1016/S1470-2045(23)00435-7)

Provided by Queen Mary, University of London

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