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#### Wider Rollout of Non-Medical Referrer for Chest X-Rays

This project was initially piloted in Wigan Primary Care Networks and focused on streamlining the training process for non-medical staff within primary care to become a non-medical referrer for chest x-rays for suspected lung cancer, following NICE guidelines. The pilot aim was to improve patient pathway and support early diagnosis of lung cancer. Feedback from the practice nurses who took part has been positive.

We are now rolling this out across all primary care networks and will be working with the relevant teams to target promotion of this learning opportunity.

For more information, please email [gmcancer.wf\\_ed@nhs.net](mailto:gmcancer.wf_ed@nhs.net)

#### GM Cancer Health Inequalities Newsletter

The GM Cancer Alliance Health Inequalities Team are starting a monthly newsletter, containing updates from the team, training opportunities, webinars and conferences, comms and engagement materials, and more.

If you don't want to miss out, [click here](#) to register.

#### NHS Galleri

The NHS-Galleri trial has returned to Greater Manchester for its third and final year. Participants that enrolled in the first year of the trial will be asked to return to give another blood sample for the trial. Participants have started to attend the mobile unit from 11<sup>th</sup> October in Oldham. The mobile unit will visit each locality for approximately 2-3 weeks, with the final appointments taking place in July 2024.

The Galleri test works by recognising DNA methylation patterns, known as cancer signals. These patterns can predict where in the body the cancer signal may have come from. If a cancer signal is detected, the trial team will contact the participant and send an urgent referral to the appropriate Trust.

GPs will be informed if a referral is made for their patients, but diagnostic investigations will be carried out in secondary care. If you would like more information about the trial, please visit [NHS-Galleri Trial | Detecting cancer early](#), or contact [s.walker21@nhs.net](mailto:s.walker21@nhs.net) for any locality-specific queries.

#### Dermatology Event Highlights

The Dermatology Education Event: Skin Lesion Recognition took place on Monday 2nd October. We were joined by Primary Care professionals both online and face-to-face, this event focused on the recognition of skin lesions with a particular focus on Seborrheic Keratosis and Actinic Keratosis.

"The speakers were energetic, engaging, and covered some key topics. The course was free, which in a time where some junior doctors are struggling seems a kind thing to do and is much appreciated. I think providing this course and more like it will reduce unnecessary referrals to dermatology and help us manage more confidently in the community"

- Dermatology Event Attendee Feedback

The on-demand recordings are now available to watch here: <https://shorturl.at/bgKWY>

#### DECIDE Training

Series of patient workshops based on the DECIDE dermatology ethos developed in 2018/19. Sign up to:

- Saturday 11<sup>th</sup> November
- Saturday 2<sup>nd</sup> December

All 9:30am-1:00pm.

Sign up via the Cancer Academy, under "Events": [Skin Academy - Greater Manchester Cancer Academy \(gmcanceracademy.org.uk\)](https://gmcanceracademy.org.uk)

## Symptomatic FIT FAQ

FIT detects small amounts of blood in faeces, which is a sign of possible colorectal cancer. Evidence shows that offering the test in primary care can identify people who are most likely to have colorectal cancer. These people can then be prioritised for referral to secondary care, while people who are less likely to have colorectal cancer can avoid unnecessary investigations. This means that colonoscopy resources can be used for people who most need them.

### Q. When should I use a FIT?

A. NICE DG56 recommended guidance states: “Quantitative faecal immunochemical testing (FIT) using HM-JACKarc or OC-Sensor is recommended to guide referral for suspected colorectal cancer in adults:

- with an abdominal mass, or
- with a change in bowel habit, or
- with iron-deficiency anaemia, or
- aged 40 and over with unexplained weight loss and abdominal pain, or
- aged under 50 with rectal bleeding and either of the following unexplained symptoms:
  - abdominal pain
  - weight loss, or
- aged 50 and over with any of the following unexplained symptoms:
  - rectal bleeding
  - abdominal pain
  - weight loss, or
- aged 60 and over with anaemia even in the absence of iron deficiency”

### Q. When should a patient be referred onto the Lower GI without a FIT?

A. People with certain symptoms of colorectal or anal cancer:

- rectal mass
- unexplained anal mass or,
- unexplained anal ulceration) do not need to be offered FIT before referral (see the [recommendations on lower gastrointestinal tract cancers in NICE's guideline on suspected cancer](#)).

This guidance is included on the Greater Manchester Lower GI Suspected Cancer Referral Forms, along with a free-text box to explain why a FIT result is not included.

### Q. Should I wait for a FIT result from a patient before referring onto the Lower GI Pathway?

A. In all cases where colorectal cancer is amongst the possible diagnoses, a FIT (Faecal Immunochemical Test) must be completed and the result included on the referral form. Please be reassured that waiting for FIT does not delay the pathway, rather it ensures patients are directed to the most relevant diagnostic pathway as soon as possible. In the small number of patients who will not complete a FIT, please refer anyway explaining the issues on the Lower GI Referral Form.

For people who have not returned a faecal sample or who have a FIT result below 10 micrograms of haemoglobin per gram of faeces:

- safety netting processes should be in place – [download the FIT in Primary Care Pathway](#) for GM.
- referral to an appropriate secondary care pathway should not be delayed if there is strong clinical concern of cancer because of ongoing unexplained symptoms (for example, abdominal mass).

### Q. What about false negatives?

A. The sensitivity of FIT is very high, but not 100%: up to 10% of patients with CRC will have a false-negative FIT result. Patients with a negative FIT may need an urgent referral. All patients with a negative FIT should be given clear instructions to return if their symptoms persist or worsen.

### Q. How does the IIF payment work for the CAN-02 Indicator?

A. CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral. For payment, the Lower Target is 65% and the Upper Target is 80%. CAN-02 figures need to be accurate as this is what payments for PCNs will be based on. View CAN-02 figures here: <https://curator.gmtableau.nhs.uk/dashboard/iif-locality-fit-report-generic>

## Cancer Forum – 21<sup>st</sup> November



Join leading cancer specialists for this interactive study day and hear the latest pathway information for Greater Manchester. Optional live Q&A and lunch.

**Date:** Tuesday 21<sup>st</sup> November 2023, 12:30-16:30

### Topics:

- Head and Neck,
- Late Effects of Cancer Treatment,
- Upper GI – Dyspepsia and Dysphagia,
- Renal, bladder and testicular cancers

**Suitable for:** All primary care professionals

**Sign up here:** <https://bit.ly/3Z3rN5W>

**Catch up on the Renal, Bladder and Testicular Cancer Webinar:**  
[Renal, Bladder and Testicular Cancers \(4282202\) \(on24.com\)](#)

### Upper GI Lunchtime Webinar

**Date:** Wednesday 29<sup>th</sup> November 2023, 1:00-1:30pm

Sign up here: [Upper GI Cancers Webinar \(on24.com\)](#)

## Digital Screens in Practices

Some patient-facing Early Cancer Diagnosis resources produced by the GM Cancer Communications team are available to be used on digital screens, including practice waiting room screens.

To help the Communications team further understand how screens are used in practices, please take this two-minute survey: [PCN Survey - Digital Screens \(surveymonkey.co.uk\)](#)

## Exclusion Codes- IIF FIT Calculations

The below codes are symptoms excluded from IIF FIT calculations.

Term	Concept ID	Description ID
O/E - PR - rectal mass	163326007	254477013
Ulcer of anus	20928004	35185012
Stercoral anal ulcer	91105001	1235628015
Solitary ulcer of anus	20928004	35186013
Anal ulcer	20928004	35187016
Stercoral ulcer of anus	91105001	150959015
Neoplasm of anal canal	126850006	138013
Tumour of anal canal	126850006	1215967017
Tumor of anal canal	126850006	1217470011
On examination - per rectum - rectal mass	163326007	2668513012
Rectal mass	248523006	370977010
Rectal lump	248523006	370978017

## Cancer and Inequalities Fund

Grants of up to £2,000 are available for Greater Manchester-based VCSE organisations undertaking projects to support improvements in early cancer diagnosis amongst at-risk groups of later-stage detection and diagnosis. Organisations don't need to be cancer experts and will be given support to help their communities.

The Cancer & Inequalities Fund is managed by Salford CVS on behalf of 10GM and is supported by the Greater Manchester Cancer Alliance. Applications close on 26 November 2023. Find out more:

<https://10gm.org.uk/Cancer-and-Inequalities-Fund.html>

## Coming soon....

- ✓ PCN Cancer Leads Session – 28<sup>th</sup> November
- ✓ Quality Improvement for Early Cancer Diagnosis Training – Monday 11<sup>th</sup> December - [QI Training - Early Cancer Diagnosis Tickets, Mon 11 Dec 2023 at 09:30 | Eventbrite](#)
- ✓ Cancer Academy free education days - [Greater Manchester Cancer Academy \(gmcanceracademy.org.uk\)](#):
- ✓ GatewayC Cancer Forum – Tuesday 21<sup>st</sup> November

Any feedback or queries please direct to:

[Gmcancer.earlydiagnosis-primarycare@nhs.net](mailto:Gmcancer.earlydiagnosis-primarycare@nhs.net); [Alison.Jones8@nhs.net](mailto:Alison.Jones8@nhs.net); [SLTaylor@nhs.net](mailto:SLTaylor@nhs.net)