Cancer of Unknown Primary

Progress in the search for improved Diagnosis, Management and Treatment

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Managing the Patient Pathway

• Where are we now?

• Where do we need to get to next?

• How are we going to get there?
Managing the Patient Pathway

• Where are we now?
  – Latest developments in CUP Clinical Services

• Where do we need to get to next?
  – Outcome of CUP Measures process

• How are we going to get there?
  – Practical suggestions, identifying barriers
Where are we now?
Latest developments in CUP Clinical Services

• What did the CUP Guideline recommend?

• What is happening in practice, in 2012
Key Recommendations from the Guideline

• New definitions
• CUP Teams and MDTs at all hospitals
• CUP Specialist Nurses
• Rapid inpatient review of MUO patients
• Delivery of advice, symptom control, support
• Fast track referral of OP’s to MUO clinics
• CUP Specialist MDTs
• CUP NSSG, CUP data collection
• Appropriate tests, treatment, research
Good progress since 2010

• New definitions are now embedded
• CUP Teams and MDTs at some hospitals
  – “86% of Trusts have a pathway in place for MUO”
• CUP Specialist Nurses appearing
• Rapid review of MUO patients as part of AO
• Advice, symptom control, support emerging
• MUO clinics: a rarity
• CUP NSSGs – AO linked - ? desirable
• CUP data collection: aided by Somerset CR
Where do we need to get to next?
Outcome of the CUP Measures process

• Final Draft - 20/4/12
• CUP Teams confirmed
• Weekly CUP MDT confirmed
  – Probably as part of single other MDT
• CUP NSSG confirmed
  – May be integrated with AO SSG – needs care!
  – Important to address whole clinical course
• No CUP Specialist MDT
  – SSG will need to foster “specialist” activities
Why the CUP SSG should be distinct from the Acute Oncology SSG

**KNOWN SITE**
- Non-acute presentation of known site cancer
  - Routine diagnostic testing and subsequent management
  - Nurturing specialism and service development
- Known site cancer presenting acutely

**ACUTE ONCOLOGY**
- Management of multiple other AO presentations and conditions*

**MUO / CUP**
- Non-acute presentation of MUO
  - Routine diagnostic tests and subsequent management
  - Nurturing Specialism and Service development

*eg: MSCC, treatment toxicity, symptom control, complications of known cancer, admission avoidance
Where do we need to get to next?
Outcome of the CUP Measures process

- Final Measures are a reasonable outcome
- Properly implemented they **will** improve care
How are we going to get there?
Ideas for Implementation, Identifying Barriers

• Identify drivers of change:
  – Acute Oncology developments
    • AO / CUP Consultants!
  – NCIN / MDT Coordinators / Somerset Registry
  – NICE referral guideline update
  – NHS QIPP / Reform strategy / Efficiency
How are we going to get there?
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  – Learn from working examples
How are we going to get there?
Ideas for Implementation, Identifying Barriers

• Identify risks and barriers:
  – Compromise on CUP NSSGs
    • Must have distinct identity, alongside the AO SSG
  – Compromise on CUP Specialist MDT working
    • Where will the reference centres be?
    • What will drive progress in cCUP treatment?
  – Loss of momentum awaiting Measures
  – CUP Teams: a very different way of working
  – Development during a double-dip recession…
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1) A demonstration of how to implement CUP services, and the benefits this brings

2) Evidence to support the need for efficient services, based on the size of the problem

3) Sharing ideas, experience and suggestions
Managing the Patient Pathway Discussion on routes forward

• Ideas

• Experience

• Suggestions

• Setting the future agenda for progress