



North Glasgow Sector

Audit of CEA requesting in primary care in NHSGGC (2017)

Introduction

An audit of primary CEA requesting was carried out over a period of 1 year across all practices in NHSGGC. CEA measurement is only recommended for monitoring of patients with known colorectal cancer (CRC) following treatment. This is largely due to its lack of specificity and sensitivity:

- CEA may be elevated for a variety of reasons – the test is not specific for CRC – leading to diagnostic confusion and unnecessary further investigation.
- CEA lacks sensitivity for early stage CRC – potentially leading to false reassurance of the patient.

Aim

The aim of the audit was to determine the frequency of CEA requesting in primary care and whether these requests are made in line with recommended guidelines.

Main findings

- 1634 CEA requests were received from 200 GP practices across NHSGGC in 1 year.
- There was significant variation in the number of CEA requests made by each practice, ranging from 1 to 121 (see figure 1).
- In addition, there was significant variation in CEA requesting between GPs within individual practices (see figure 2).
- The majority of requests (92.6%) were not based on valid reasons for CEA testing. Most patients did not have a previous diagnosis of CRC. A variety of other reasons were given for requesting including “screening” and investigating changes in bowel habit.
- Cost implications – cost of CEA request = £3-50. There were 1513 inappropriate requests in period studied suggesting a potential cost saving of £5296 per annum.

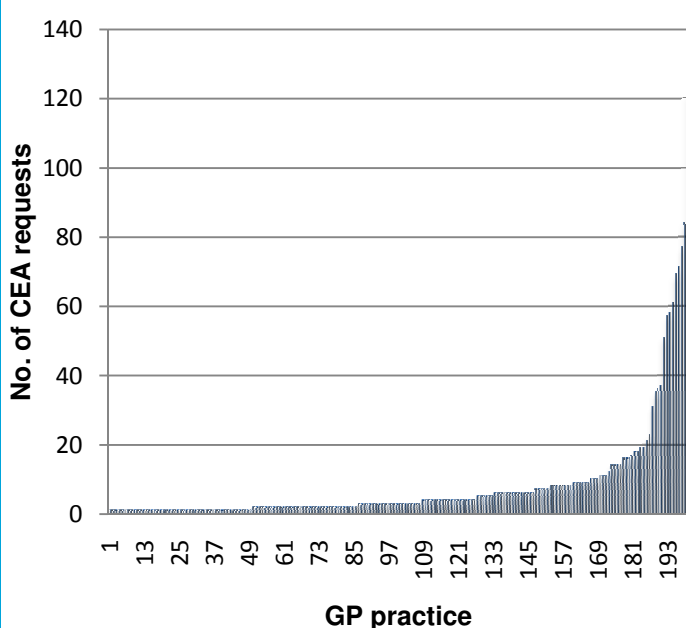


Figure 1. Variation in CEA requesting by GP practice across NHSGGC

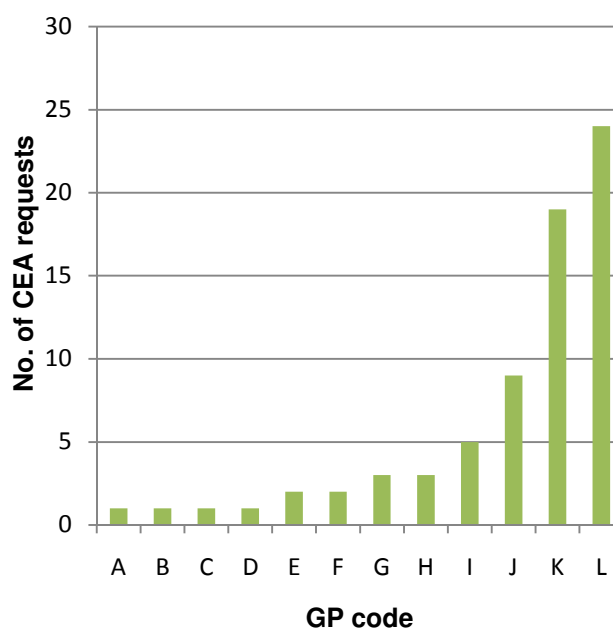


Figure 2. Variation in CEA requesting by GP within a single GP practice



The full audit report can be accessed on the NHSGGC Biochemistry website:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/nhsggc-specialist-endocrine-laboratory/tumour-markers/>

Related Guidelines

- Scottish Cancer Referral Guidelines website: <http://www.cancerreferral.scot.nhs.uk/>
- SIGN 126: Diagnosis and management of colorectal cancer (2011; revised Aug 2016)
- NICE clinical guideline CG131. Colorectal cancer: diagnosis and management (2011; updated Dec 2014)
- NICE guideline NG12. Suspected cancer: recognition and referral (2015; updated Jul 2017)

Tumour Marker Requesting Bookmark

A bookmark "Tumour Marker Requesting - Guidance for Primary Care" has been developed by the Scottish Clinical Biochemistry Managed Diagnostic Network (SCBMDN). Incorporating published evidence-based guidance, it has the support of NHS Scotland, the Scottish Realistic Medicine programme, the Royal College of Pathologists and the Scottish Primary Care Cancer Group.

The bookmark can be accessed via the NHSGGC Biochemistry website, which also has information on a selection of other tumour markers.

<http://www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/nhsggc-specialist-endocrine-laboratory/tumour-markers/>

Hard copies of the bookmark are also available. If you would like to receive a copy, please contact Dr Janet Horner: janet.horner@ggc.scot.nhs.uk

QFIT service

As part of the revised colorectal patient pathway, the QFIT test can be ordered through ICE from 3rd September 2018. A copy of the "QFit - Laboratory Guidance for GPs" is available on the NHSGGC Biochemistry website: www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/north-glasgow-biochemistry/laboratory-newsletter-north-glasgow/

A QFIT website will be available soon with links to the referral pathway, information for users, FAQs, etc.

ANA, rheumatoid factor, liver & gastric parietal cell antibodies – request intervention

A review of ANA, rheumatoid factor, liver (smooth muscle & mitochondrial) and gastric parietal cell antibodies showed no significant change within a year in > 97% of patients. Accordingly the request intervention interval has been increased to 1 year. However we do recognise that a few patients may need earlier re-testing. This can be organised simply by writing a brief explanation on the request form e.g. 'repeat ANA needed because.....' or by phoning 0141 347 8872. Samples are generally kept for 2-3 weeks.

Change to automatic follow on tests for new positive ANA samples

All new positive ANAs with titre of at least 1/160 will have both dsDNA abs and ENA abs added by the laboratory irrespective of pattern.

Rheumatoid factor normal ranges.

A weak positive range of 30-90 is now included on reports in line with the latest EULAR guidelines.

Immunology laboratory web page

<http://www.nhsggc.org.uk/about-us/professional-support-sites/immunology/>

We would be delighted with your feedback on issues that you would like us to address in the newsletter. We are also keen to reach as large an audience in primary care as possible. Do you have suggestions how we can widen distribution?
Comments or suggestions can be sent to:

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