A two week wait rule -
A surprising experience

Simon Cawthorn
Consultant Onco-plastic Breast Surgeon,
Associate Medical Director,
Frenchay Hospital, Bristol, UK
Senior Lecturer, University of Bristol
National Lead Cancer Service Improvement Programme

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Frenchay Hospital Bristol
Breast Care Centre

- Serves population of 500,000
- >4000 new patients/year
- Approximately 400 new cancers/year
John Cabot: Giovanni Caboto; fl. 1450-1499
Isambard Kingdom Brunel 1806-59
Conservation Breast surgery with cosmesis as a priority wherever possible
Blue nodes and tracts
Blue nodes and tracts
Mastectomy with immediate reconstruction when appropriate
1996 One stop clinic

- All tests done on same day
- Patients all seen by the breast care nurse
- We were given our own clinic!
- Rapidly re-named the non-stop clinic!
- Aim: see all patients as soon as possible
Is the “one-stop clinic” good for you?

- Randomised trial of same-day results versus 1 week later (one vvs two stop)
- One stop patients with cancer were more anxious and depressed than the two-stop patients
- Those with benign disease were happier!

A need for change UK cancer treatment

- ‘Poor man of Europe’
  - Mortality rates unacceptably high
- ‘disgracefully’ long waiting lists
  - Delayed diagnosis and treatment

"Age? You mean now or when we first sat down?"
An optimistic beginning “let's get all suspected cancer patients seen in 2 weeks”

- 1998 - HSC 1998/242
  - Cancer waiting times – achieving the 2 week target
  - Improved access to services
  - All patients suspected Breast Ca seen in 2 weeks
Fast track
two weeks

• Suspicious Breast lump
• >30 years persisting after period
• Post-menopausal lump
• Ulceration
• Blood stained nipple discharge over 50 years
• Male breast lump over 50

Slow track
routine

• Nipple discharge
• Pain
• Lump under 30
Cancer Plan - a plan for investment; a plan for reform 2000
- Waiting Times Targets

• 62 days from decision to refer “Fast Track urgent Cancer referral” to treatment

• 31 days from date cancer treatment accepted by patient for “Slow track - not suspected cancer referral” to start treatment
A flawed plan?

- No evidence that GP’s could use the criteria for referral
- Poor prognostic value of referral criteria
- Inappropriate referrals
- Low malignant yield
Methods

• Primary Care Referrals (1999-2005)
  – Number
  – Route
  – Outcome
  – Waiting times
Results (1) – Numbers of Referrals

Figure 1: Trends in Primary Care referrals to Breast Clinic
1999-2005

Figure 1: Trends in Primary Care referrals to Breast Clinic
1999-2005
Results (2) – Numbers of Cancers

Figure 2: Number of cancers diagnosed from Primary Care referrals by route 1999-2005

- **Routine**
- **2WW**
Results (3) – Outcome of referrals

Figure 3: Percentage of Primary Care referrals diagnosed with cancer by group, 1999-2005
Results (4) – Waiting Times

Figure 4: Waiting times for 'Routine' and '2 Week Wait' appointments 1999-2005
Why has this happened in Bristol?

- We are in competition with another Hospital - our waiting times are less - increase referrals
- Younger women are more demanding (urgent)
- Some older women underplay their symptoms (non-urgent) (only 70% accept invitation for mammographic screening in UK)
- The rapid access has de-skilled the GP’s
Justified Concerns (1)

- Low *and decreasing* malignant yield in 2 week wait group
  - Initially 12.8% in 1999, 7.7% in 2005
Justified Concerns (2)

- The 2 week wait produces a 2 tier system
- Create a fast track, get a slow track too
- In some areas in the Uk the non-urgent patients were waiting up to 3 months to be seen
Breast Cancer: Cancer Waiting Times data for England

<table>
<thead>
<tr>
<th>National Breast Targets:</th>
<th>TWW</th>
<th>31 Day</th>
<th>62 Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct'06 to Sep'07</td>
<td>144,312</td>
<td>35,763</td>
<td>17,565</td>
</tr>
<tr>
<td>Oct'05 to Sep'06</td>
<td>141,504</td>
<td>35,807</td>
<td>16,924</td>
</tr>
<tr>
<td>Oct'04 to Sep'05</td>
<td>138,138</td>
<td>33,057</td>
<td>15,868</td>
</tr>
<tr>
<td>3 Year Total</td>
<td>423,954</td>
<td>104,627</td>
<td>50,357</td>
</tr>
</tbody>
</table>

TWW = Two Week Wait referrals
31 Day = Newly diagnosed cancers
62 Day = New cancers referred via the TWW

Source: Department of Health
The relationship between Two Week Wait referrals and New Cancers (3 years data)

All Two Week Wait referrals = 423,954

New cancers that were Two Week Wait referrals = 49% of all new cancers

All new cancers first treated (all referral routes) = 104,627

Two Week Wait referrals that were confirmed new cancers = 12% of all Two Week Waits

50,357 cancers via TWW
Did the cancer plan work?

• 99% of all cancers (not just breast) referred as urgent via the two week wait get first treatment within 62 days from the date of referral
• 95% of all cancers diagnosed from the non-urgent referral route get first treatment within 31 days of “decision to treat”
• Only 49% of cancers Nationally referred as Urgent
• Many “non-urgent “ referrals turn out to be cancer and wait longer
Possible solutions?

- Better guidelines for GPs
- Improved support for primary care
- Specialist prioritisation of referrals
- Health Education
The only safe solution

A 2 week wait for all
References

  http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4004290&chk=Mvye/Y
- Sauven P. Impact of the ‘2 week wait’ on referrals to breast units in the UK. Breast 2002; 11(3): 262-4
- Sauven P. Specialists, not GPs may be best qualified to assess urgency. BMJ 2001; 323: 864-5
- Dodds W, Morgan M, Wolfe C, Raju KS. Implementing the 2-week rule for cancer referral in the UK: General practitioners’ views and practices. European Journal of Cancer Care 2004; 13, 82-7
Specific recommendations

1.6.5 A woman’s first suspicion that she may have breast cancer is often when she finds a lump in her breast. The primary healthcare professional should examine the lump with the patient’s consent. The features of a lump that should make the primary healthcare professional strongly suspect cancer are a discrete, hard lump with fixation, with or without skin tethering. In patients presenting in this way an urgent referral should be made, irrespective of age. C

1.6.6 In a woman aged 30 years and older with a discrete lump that persists after her next period, or presents after menopause, an urgent referral should be made. C

1.6.7 Breast cancer in women aged younger than 30 years is rare, but does occur. Benign lumps (for example, fibroadenoma) are common, however, and a policy of referring these women urgently would not be appropriate; instead, non-urgent referral should be considered. However, in women aged younger than 30 years:

• with a lump that enlarges, C or

• with a lump that has other features associated with cancer (fixed and hard), C or

• in whom there are other reasons for concern such as family history D

An urgent referral should be made.