DISCUSSION TAG AUDIT MEETING ON TUMOUR MARKERS 02/06/201

PRESENTATION OF AUDIT QUESTIONNAIRE FINDINGS
MR PETER WEST, NORTH MIDDLESEX HOSPITAL

Discussion on audit findings

1. There is a lack of guidelines.
2. If vetting is carried out it is taking place against unclear guidelines.
3. Evidence based guidelines are needed.
4. These tests are costly and should be used appropriately.
5. Incorrect use of tumour markers can give wrong/ missed diagnosis.

LOCAL AUDIT OF TUMOUR MARKERS AT BARNET/ CHASE FARM
IAN HUTTON, GRADE A TRAINEE, KINGS COLLEGE HOPSITAL

Discussion

1. The repetition of PSAs by GP and hospital care may be that they are not tied together by the computer system accessed for results.
2. A way to improve it may be to flag up one has been done recently when the test is ordered by the clinician.
3. Intelligent IT would be useful for PSA and Ca-125.
4. The Whittington Hospital has got Oncology buy in to appropriate testing and inappropriate requesting has gone down. It is taken more seriously when guidelines come from the Oncologists and lab together. The requesting by Oncology improved the most.
5. Patients go to the GP and ask for the tests and GPs are put in a difficult position.
6. Screening is done on unwell in-patients, looking for a primary.
7. One of the problems labs have is that these tests are recommended in guidelines that labs do not agree with. The Government encouraged PSA testing in men over 50 and the NICE guidelines are recommending Ca-125.
8. With 2,000 PSAs per month from GPs there is no time to properly vet all these requests and it is easier to do them. There is often a lack of information on the request form which makes it difficult to vet requests.
9. The audience felt 50% of tumour marker requests are not useful.
10. Income to labs is important and we are all selling our service so vetting requests is not good as it drives down income. The Royal London use demand management on in-patients but not on GPs as this is seen as income. Vetting could be seen as an additional service as we are saving the users money.
11. How many tumours do we pick up early and what is the cost of the treatment of these? There is no evidence that picking up prostate cancer early does any good and causes unnecessary anxiety and biopsy. NICE guidelines for Ca-125 is all aimed at early detection to improve outcomes.
12. NHS money could be spent on something else.
13. If inappropriate request the results could be interpreted wrongly without taking other factors into consideration.

14. Panel requests
    a. Women's' services Ca-125 and Ca19-9
    b. Gastroenterologists CEA, AFP and Ca 19-9
15. How to get the information out to the clinicians is a problem. Grand Rounds, seminars are useful. Pop-ups to educate on the ordering screen are not useful as requestors ignore them.

Dr Philip Savage, Imperial College

Discussion

1. Are the hCH assays used in labs for obstetric use suitable for measuring tumour markers? A lot of labs assay their won hCG but send tumour marker requests to the Charing Cross. The Charing Cross use the Abbott analyser and use the Immulite as a reserve. The RIA using polyclonal rabbit serum detects all species of hCG and can give false positives at low levels.
2. If the result does not make sense check it on another analyser.
3. No assays are validated for use in cancer so no need to refer to Charing Cross.
4. If you think is choriocarcinoma the patient should be referred to Trophoblastic unit, not the blood sample.
5. There is a drive across the NHS to stop unnecessary tests and labs are under pressure to reduce workload and need a proper protocol with the Oncologists.

Biomarkers in Clinical Practice
Dr John Bridgewater UCLH and North Middlesex

Discussion

No questions were asked

Standard setting discussion

1. In pancreatic cancer says hCG, it should be Ca 19-9
2. Is it the labs role to let GPs know the guidelines or should it be the Oncologists?
3. Add diagnosis to uses of AFP and hCG.
4. Should be add a negative result does not exclude disease.
5. Ca 125 guidelines, emphasise this and if symptoms persist should refer even though tumour marker is not raised.
6. Methods used on the report: reference ranges do not differ much but may be looking for small changes.
7. Pathology Harmony are bringing out guidelines from Cathy Sturgeon at the end of the year which will cover common presenting symptoms, cancers they can be used for and benign conditions in which they are raised.