PRACTICE OBSERVED

Practice Research

Diagnosing cancer in general practice: when is cancer suspected?

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Introduction

There is general agreement that cancer should be diagnoued as early as possible and treatment started promptly, and thereby, it is hoped, improve the prognosis. "The general practitioner is usually the physician of first contact for the patient and represents the portal of entry to the health care system for most patients. He or she will be responsible for the early detection of cancer, and a short delay in recognising neoplastic disease has even been used as a criterion for measuring quality of care in general practice." Medical diagnosis is a matter of probability, even for cancer two distinct processes: thinking of the diagnosis, possibilities and working through them to see which first the clinical facts bear. Clinicians normally generate a few diagnostic hypothesis, rarely more than five, at an early stage, and these hypotheses guide further inquiry." One or more of the hypotheses will be tested by clinical examination and further investigations.

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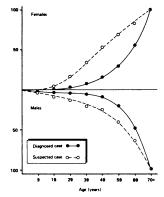
When cancer is among the possible diagnoses investigations after the encounter between doctor and patient are usually initiated. The crucial question for the doctor is whether to follow up with an investigation for cancer or not.

The aim of this study was to describe and analyse the extent and pattern of suspicion of cancer in general practice.

influence the general practitioner's behaviour during the study. This was monitored by indiacret means which showed that the effect of the study stide was mail.

WHO Reason for Ecounter Classification, "which was used in a simplified version." This is a two dimensional classification system in which the patient's reason for the encounter was related to the study stide version." This is a two dimensional classification system in which the patient's reason for the encounter is classified secretage to the type of problem and according to the body system associated with this problem. The general practitioner also recorded whether the patient sepressed fear of cancer, rother openity or indirectly, and whether the patient stepsess of task of such as the proposal cancer in the patient state of the state of

0:05<p<0:01). There was a tendency to suspect cancer more strongly in patients who expressed a fear than in others, but this difference was not



As expected, the suspicion of cancer increased with the age of the patient. Malignant diseases occur mainly among the elderly people; of all new cases of cancer in Norway in 1983 only 6.4% were reported in patients under 40, whereas three quarters were in patients over 60.

The sex difference, with a suspicion rate one and a half times as high in women than in men, as striking and contrasts with the overall incidence of cancer in Norway, which in fact is slightly higher for men than women. "This sex difference and the known difference in men than women." This sex difference and the known difference in

A total of 10.278 encounters (59% women and 41% men) were recorded, of which 429 (4·2%) were classified as resulting in a follow up for suspected

TABLE 1-Number (%) of patients suspected or not suspected of having cancer according to their fear of cancer. First contacts only

No fear of cancer Fear of cancer unterpreted by	Patients suspected of hering cancer	Patients not suspected of having concer	
	90 (39-8)	4701 (95:3)	
the doctor	65 (28-8)	104 (2.1)	
Fear of cancer openly expressed	69 (30:5)	113 (2:3)	
Unknown	2 (0-91	13 (0-3)	
Total	226 (100)	4931 (100)	

TABLE II—Frequency of doctor's suspicion of cancer according to the patient's reason for encounter (type of problem). First contacts only

Remon for encounter	No of encounters	No of encounters for suspected cancer	Percentage suspected of having cancer
Symptomatic			
Palpable lumo or rumour	92	37	40 2
Paun	1884	42	2 2
Fatague	54	6	11.1
Changes in bowel habit	23	9	39 1
Changes in bladder habit	61	9	14 \$
Skin changes	267	16	6.0
Bierding	115	22	19 1
Other, unspecified symptoms*	1741	53	3.0
Non-responder			
Duagnostic, preventive procedure	369	24	6.5
Treatment	158	3	1.9
Test results	7		
Administrative procedure	280	2	0.7
Other, unspecified	11	1	9-1
Dungnous, disease control	95	2	2 1
Total	5157	226	44

By analyzing the different factors thought to be important for the doctor's stadication of suspected cancer the contributed value of each factor was insteed. Taking all body systems together the most important factor was either the patient expressed a fear of cancer or not. This factor was given value of 10, and the contribution of the other factors is shown in table This was based on a discriminant function which classified the patient. In a nappierite error rate of 84 (490 n de patients suspected of having acre were classified as not suspected and 4% of those not suspected were satied as suspected.

Remon for encounter	No of encounters	No of encounters for suspected cancer	Percentage suspected of having cance
General and unspecified	648	18	2.8
Blood, bloud forming organs	33	3	9-1
Digestive	312	47	15-1
Eye	248	1	0.4
Ear	311	1	0.3
Circulatory	206	3	14
Musculoukeietal	1125	•	0.5
Neurological	128	2	16
Psychological	114	•	5-3
Respuratory	626	12	19
Skin	593	37	6-2
Endocrine, metabolic, and nutritional	31	2	6.5
Urology	170	13	7.7
Female genetal system (and breast	532		13.0
Male genital system			9.1
Social problems	14		
Unknown	20	2	10-0
Total	5157	226	44

Factor or variable	Findings that indicate suspicion of cancer	Estimated value	
Fear of cancer	Openly expressed	1:0	
Age Ser	Old	0.6	
Sex	Female	0.4	
Symptomatic v non-symptomatic reasons for encounter	Symptom or complaint	0-2	

TABLE V—Number of cancers suspected by general practite October 1983 compared tinth number diagnosed in 1978-82

Diagnosis (ICD No.	Females		Males	
	Suspected	Diagnosed	Suspected	Diagnoses
Boccal cavity, pharynx (140-148)	2	1	- 1	7
Digestive organs (150-159)	48	67	50	20
colon, rectum (153-154):	-22	- 37	24	40
Respiratory system : 160-164	11	- 11	12	26
Breast and genetal organs (170-179	111	91	25	67
breast only (170)	-26	- 57		
prostate only (177.			.20	64
Uniquery tract [180-181]	5	15	9	27
Other and unspecified sites: 190-199:	71	47	30	42
Lymphatic and harmopoetic tissues				
200-2071	•	18	6	24
Total	252	250	133	273

ne relative contribution of the different factors varied with the body
m. For patients whose reason for the encounter was associated with the
ountestinal tract, age was the most important factor, and men were more
suspected of having cancer than women.
ne interdoctor variation of suspicion of cancer ranged from 0 to 8 7%.

1 Eddy DM. Finding cancer in asymptomatic people. Concer 1983;51 2440-5