

CASE SELECTION

Case selection is important – a case that requires significant reflection and is likely to generate learning or change to practice is recommended. Avoid cases that are unlikely to provoke new learning, such as a patient with a breast lump appropriately referred on first presentation. Cases involving external problems (e.g. secondary care delays) should be discussed with the CCG cancer lead and/or hospitalists involved for escalation where appropriate to remedy the external problem. The following are suitable for Cancer SEAs.

- Emergency presentation of cancer
- Delayed diagnosis
- Cancers diagnosed at a late stage (Stage 3 or 4)

In order to track a practice's cancer activity, the [Cancer Diagnosis Audit Tool](#) developed by Durham University and RCGP, allows each new cancer diagnosis to be logged. Using this template practice teams can identify potential cases for SEA as a continuum rather than waiting for the opportunistic case. Colorectal, lung, ovarian, pancreatic and neurological cancers (amongst others) are known to present at a late stage or as an emergency and therefore present opportunities for learning.