ABSTRACT
The objective of this study was to assess the correlation between patient signs, symptoms and risk factors and their relationship with clinical suspicion. A prospective study was carried out in the outpatient setting to evaluate this. Our study demonstrates a statistically significant correlation between clinical suspicion and cancer diagnosis. The number of symptoms a patient presented with did not correlate with a diagnosis of neoplasia.

INTRODUCTION
It is generally accepted that with experience clinicians develop an ability to identify patients who present with neoplasia prior to any diagnostic procedure or investigation. However, this cannot be quantified nor is it a plausible substitute to investigation. We aim to evaluate the association between gut instincts and diagnosis of cancer.

METHODS
A prospective study of patients presenting to the outpatient department between August - December 2010 was performed. Patients requiring urgent diagnostic endoscopy for suspected cancer were included. Risk factors, symptoms, signs and the clinicians’ impression were recorded. This was graded on a linear scale from 1 (very unlikely) to 10 (very likely), and subsequently correlated with histology.

RESULTS
Twenty seven patients underwent a diagnostic endoscopy. The mean age was 62.2 years, and 29.6% of the patients were referred under the two week rule. Patients who met certain criteria in the primary care setting are referred by general practitioners under this pathway. 18.5% patients had a previous history of head and neck cancer. The number of patients presenting with one symptom was 40.7%, with two 40.7%, with three 11.1%, and four 7.4% respectively. (Figure 2)

37% of patients had a cancer diagnosis. The procedure was cancelled for one patient due to illness. There was a positive correlation between clinical suspicion and cancer diagnosis (Kendall’s tau b = 0.648749). However, the number of symptoms did not correlate with abnormal histology (Kendall’s tau = -0.333333).

DISCUSSION
There are various theories describing the clinical decision making process. [1,2] Although this is a small study the findings are significant. They are reinforced further by a larger study demonstrating that clinical suspicion was more accurate than PET scans in patients presenting with suspicion of thoracic malignancy. [3]

CONCLUSIONS
This study highlights the importance of clinical suspicion in the diagnosis of cancer. Reliance on presence or absence of clinical signs alone may lead to missing a diagnosis. Although clinical suspicion cannot be quantified it should be regarded as an integral factor in patient assessment.

Date of Completion: Name: DOB: Hospital No:

Grade of clinician completing form:
Patient referred under 2 week rule:
Smoker Alcohol excess
Dysphonia Dysphagia
Otalgia Persistent throat pain
Weight loss Neck lump
Visible lesion Vocal cord palsy
History of same site cancer Other
Other Details
Clinical suspicion of cancer

Figure 1. Data collection form

Figure 2: Percentage of signs or symptoms patient presented with

Number of signs/symptoms

1
2
3
4

References: