# Undiagnosed malignancy presenting to same day emergency care: a single unit experience

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### Introduction

Routes to diagnosis of malignancy include twoweek-wait referrals from primary care, secondary care referrals and emergency presentations to secondary care.

Understanding the phenotypical presentations of malignancy to same day emergency care (SDEC) units informs resource allocation and pathway development.

We hypothesised that malignancies with less specific symptoms would more commonly present as emergencies.

## **Methods**

At a single SDEC unit in the UK, we identified patients admitted between April 2018 and July 2020 and newly diagnosed with a malignancy in the 30 days following admission.

We extracted demographics and malignancy diagnosis from the electronic patient record and examined the clerking documentation to determine presenting symptoms, and whether the patient was already being investigated for cancer.

All presenting symptoms were recorded verbatim and classified by group (respiratory, cardiac, gastrointestinal, constitutional, neurological etc.).

## Results



Newly diagnosed malignancies following presentation to a same day emergency care unit (April 2018 - July 2020). Total patients in the period were 18952. 199 had a new malignancy with 139 not already under investigation (0.7% of total patients).



#### Discussion

Pancreatic, liver and oesophageal cancers were overrepresented compared to the UK rank of incidence.

Many of these patients presented with non-specific constitutional or gastro-intestinal symptoms not easily identified by existing pathways.

It is likely that malignancy presentations to SDECs will

increase with increasing throughput of patients.

It is important that the design of SDEC services include appropriate systems and adequate resources to ensure timely work-up and follow-up of patients with newly diagnosed malignancy.

The limitations of this study are that it was performed at a single unit with a relatively small sample size. Further studies are required to confirm the findings.