

## Cancer care – Candidate instructions

You are the FY1 on the oncology admissions unit and you have been asked to speak to assess this patient.

Matthew Davis has been referred with a Headache. They have a previous diagnosis of Right-sided Lung Adenocarcinoma.

**A copy of the oncology letter and observation chart will be provided in your reading time.**

You will have 20 minutes for this station and will be required to:

- Take a history (8 minutes)
- Answer examiners questions relating to findings (2 mins)

10-20 mins

- Discuss the patient's recent investigation results with them
- Share the management
- Answer any questions the patient has

## Oncology letter

1/1/24

Oncology department

Matthew Davis  
22 Fleet Street, Brighton, BN3 1EW

Dear Dr,  
Diagnosis: Right-sided lung adenocarcinoma

I have reviewed Matthew Davis in clinic today, after 6 months of localised radiotherapy. Progression is as expected with minimal symptoms and reduced lesion size on CT Chest-Abdomen-Pelvis. There are no signs of extra-pulmonary or metastatic spread. I recommend continuing radiotherapy, with follow-up in 3 months. Any metastatic spread in this time is to be treated via radiotherapy or chemotherapy, as appropriate.

Yours sincerely,  
Dr McCarthy

## Cancer care – Patient instructions

Age: 59

Presenting complaint: Headache

History of presenting complaint:

- Frontal headache, no spread
- Dull in nature, 6/10 severity
- First noticed 3 weeks ago, constant, increased in severity
- History of headaches, but those felt different- mostly at end of day when stressed
- Worse when bending over or sneezing
- Nothing makes headache better, paracetamol doesn't provide relief
- Other symptoms: Increased shortness of breath and coughing

Systems Review

- Intermittent nausea, No changes to vision, No seizures
- No behavioural changes, No speech disturbances

ICE:

- Ideas: Could this be a migraine?
- Concerns: Worried the cancer has spread
- Expectations: Hoping to be told it's a migraine and be treated

PMH: Lung adenocarcinoma

Drug Hx: No allergies

Family Hx: None

Social Hx:

- Stopped smoking when diagnosed, used to be pack a day
- Glass of wine on weekend evenings
- No recreational drugs

Patient questions:

- If not given enough time, interrupt candidate to ask for a "minute to process"
- Ask about what will happen to you?
- Ask about being able to drive. This is very important to you as it allows you to get out of the house and travel without feeling fatigued

## Cancer care – Examiner marksheet

Introduces themselves and confirms patient details	
Puts patient at ease and shows empathy	
Open questions and then narrows down	
History of presenting complaint	
Address ICE	
Asks about PMHx and Drug Hx	
Asks about Family and Social Hx, and other history if relevant	
Summaries and clarifies	
Correctly answers examiners questions	
Summarises and clarifies	

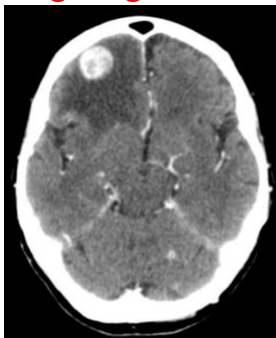
Examiner Q1: What is your most likely diagnosis and why?

**Cerebral metastatic spread of adenocarcinoma**

**Signs of Raised ICP headache, likely progression of Lung cancer**

Examiner Q2: Interpret the Head CT

**Single right-sided metastasis**



**Image taken from Radiopedia**

Examiner Q3: How would you manage this patient?

**Localised Radiotherapy**

Correctly interprets all clinical information	
Explains investigations results accurately to patient	
Clarifies understanding	
Has a clear structure such as SPIKES	
Chunks down information and checks understanding	
Skilled in breaking bad news	
Holistic approach demonstrated	
Explains next steps within levels of competence (Acute and long-term)	
Summarises and allows time for questions	
Competently addresses questions and concerns correctly	

**Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

**Patient Impression/comments:**