Snabbspår för alarmsymtom och tidig upptäckt av symtomgivande cancer – en uppdatering av SBU:s rapport från 2014

[Alarms symptoms and fast-track access services
– an update of SBU report 2014:222]

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Bindningar och jäv

Samtliga författare och granskare rapporterar avsaknad av jäv i relation till rapportens innehåll.

Översikt HTA-metod

- ✓ PICO
- ✓ Systematisk litteratursökning
- ✓ Sökmall redovisas
- ✓ Flödesschema
  Relevansgranskning SÖ
- ✓ Relevansgranskning primärstudier
- ✓ Redovisning av studier exkluderade på fulltextnivå
  Kvalitetsgranskning SÖ
  Kvalitetsgranskning primärstudier
- ✓ Tabellering av extraherade data
- ✓ Narrativ analys
  Metaanalys
  GRADE
  Kunskapsluckor identifierade
  Etik
  Hälsoekonomi
  Pågående studier
- ✓ Expertmedverkan
- ✓ Intern granskning
  Extern granskning

Förkortningar

NICE – National Institute for Health and Care Excellence

SBU – Statens beredning för medicinsk och social utvärdering

SVF – standardiserade vårdförlopp

SÖ – systematisk översikt

2WW – two weeks wait (snabbspår)

Innehåll

Abstract

Background

Standardized cancer care pathways were introduced in Sweden in 2015 with the purpose of increasing patient satisfaction, promoting equity in healthcare and reducing unfounded delay. The identification of "alarm symptoms" is crucial to trigger the initiation of such standardized cancer care pathways or "fast-track solutions" for specific symptoms.

In 2014, the Swedish Council on Health Technology Assessment (SBU) published a report on early detection of symptomatic cancer and it was concluded there was insufficient evidence regarding the effects of various fast-track solutions. The aim of this undertaking was to provide an update of the SBU report from 2014.

Methods

The same search strategies as for the SBU report were used for literature search for specific cancer type separately in PubMed and Cochrane Library from 2013 and onwards. Two independent reviewers selected relevant studies by titles and abstract, and in a second step, by reading full-text articles. Any disagreement at this stage was resolved in consensus. Data from included studies were tabulated, including any bias and a short summary for each cancer type. A narrative analysis was planned from the outset.

Results

In all, the search identified 11,836 initial hits for 22 cancer types, 356 studies were read in full-text and finally 21 unique studies included. In all, only four of them involved a control group, including one RCT, and the remaining were descriptive studies. The level of evidence is generally low.

A few studies reported a modest reduction of various lead times, but notably, no long-term results were available. There was no effect on stage distribution for melanoma, lung or ovarian cancer. No study reported on patient satisfaction or equity in healthcare.

Conclusion

A surprisingly limited number of well-performed studies on fast-track solutions have been published during the last five-six years. The state of knowledge has not changed. Based on the studies identified, we were unable to draw any firm conclusions concerning the effects of fast-track solutions on various lead times or any possible prognostic advantages.

Populärvetenskaplig sammanfattning

Sedan 2015 har "standardiserade vårdförlopp" successivt införts inom cancervården i Sverige. Det innebär att när patienter söker med symtom ska bedömning och utredning ske på ett standardiserat sätt. Exakta hålltider har satts upp för olika steg i utredningen. Syftet är att öka patientnöjdhet och jämlikhet samt undvika onödig tidsfördröjning. Förekomst av s k alarmsymtom är avgörande för att trigga igång ett standardiserat vårdförlopp för cancer.

År 2014 publicerades en rapport från den statliga myndigheten SBU (Statens beredning för medicinsk och social utvärdering) med titeln "Tidig upptäckt av symtomgivande cancer". En av slutsatserna i rapporten var att det saknades vetenskapliga studier kring olika former av snabbspår för patienter med cancermisstänkta symtom och att värdet av snabbspår var oklart. Syftet med detta projekt var därför att komplettera den kartläggning SBU gjorde för fem år sedan i syfte att redovisa nytillkommen forskning.

Vetenskapliga studier eftersöktes i två databaser från 2013 och framåt med samma söksträng som använts i SBU-rapporten. Totalt påträffades 11 836 träffar fördelade på 22 olika cancerformer. Två oberoende forskare valde sammanlagt ut 356 artiklar som lästes i sin helhet. Av dessa bedömdes slutligen 21 unika studier vara av intresse.

Av de 21 studierna var endast fyra genomförda med en adekvat kontrollgrupp, så att snabbspåret kunde jämföras med något annat sätt att ta om hand om patienten. Det vetenskapliga bevisvärdet i de flesta studier är därför mycket lågt.

Några av studierna rapporterade att snabbspår kan minska olika ledtider vid cancerutredning något men det saknades långtidsuppföljningar. Det påträffades inga belägg för att cancern påträffas i ett tidigare, mer begränsat stadium. Ingen av studierna beskrev effekten på patientnöjdhet eller jämlik sjukvård.

Sammanfattningsvis har det tillkommit förvånansvärt få studier kring värdet av snabbspår vid cancer sedan SBU:s kartläggning och i princip är kunskapsläget oförändrat. Utifrån de studier som påträffats är det omöjligt att dra några säkra slutsatser om effekten på olika ledtider och det påträffades inga belägg för att snabbspår påverkar själva sjukdomsförloppet vid cancer.

Introduktion

I SBU:s litteraturöversikt "Tidig upptäckt av symtomgivande cancer" 2014:222 drogs slutsatsen att inrättandet av snabbspår och särskilda mottagningar för misstänkta cancersymtom medför en tidsvinst om några veckor. Fler och bättre studier efterlystes för att kunna bedöma effekterna av snabbspår då det inte gick att bedöma förhållandet mellan nytta och kostnad i den litteratur som identifierades då. Litteratursökningen i rapporten sträckte sig fram till 2013-08-31. Standardiserade vårdförlopp (SVF) är infört i Sverige sedan 2015 och berör numera fler aspekter av vården utöver själva diagnostiken av cancer.

Syfte

Syftet är att fem år efter SBU:s rapport uppdatera kunskapsläget kring standardiserade vårdförlopp i betydelsen snabbspår fram till diagnos för organspecifika cancerformer.

Material och metoder

Arbetet planerades som en systematisk översikt med separata sökningar, artikelgenomgångar och sammanfattningar för varje cancerform (malign sjukdom) för sig..

PICO

- ■ Population   Patienter som insjuknar i cancersuspekta symtom
- ■ Intervention   Cancer diagnosticeras via SVF (snabbspår)
- ■ Comparison   Cancer diagnosticeras inte via SVF (snabbspår)
- ■ Outcome
  - • Tid till diagnos från första besök på grund av symtom till diagnos
  - • Stadiefördelning vid diagnos
  - • Överlevnad
  - • Oro, ångest
  - • Depression
  - • Patientnöjdhet
  - • Kostnadseffektivitet

Inklusionskriterier

Endast primärstudier. Endast studier där symtom triggar igång en klinisk utredning. Endast studier där det finns en adekvat kontrollgrupp.

Exklusionskriterier

Systematiska översiktsartiklar, metaanalyser, andra översiktsartiklar, abstract, ledare, kommentarer. Andra språk än engelska. Studier angående screening exkluderades.

Litteratursökning

Litteratursökning utfördes av informationsspecialist separat för olika tumörtyper i databaserna PubMed och Cochrane Library. Den omnämnda SBU-rapporten bevakade nytillkomna studier fram till 2013-08-31. I syfte att minska riskerna att någon studie skulle undgå att fångas upp omfattade litteratursökningen i detta projekt därför alla studier publicerade under hela 2013 och framåt. Sökdatum varierar något mellan de olika cancerformerna.. Se Appendix 2 för detaljer.

För varje cancerform läste två granskare samtliga titlar och artikelsammanfattningar oberoende av varandra. Alla artiklar som minst en granskare ansåg möjlig för inklusion valdes ut för läsning i fulltext. Efter oberoende läsning av artiklarna i fulltext selekterades de artiklar som uppfyllde inklusionskriterierna. Olikheter i bedömningen löstes i konsensus inom varje läspar.

Kvalitetsgranskning

Ingen kvalitetsgranskning enligt specifika formulär gjordes då materialet blev mycket heterogent och inte lämpade sig för metaanalys. Studiedesign och confounders redovisas i tabeller med data från de inkluderade studierna.

Resultat

Litteratursökningen genererade totalt 11836 träffar fördelade på 22 olika tumörtyper. Urvalsförloppet redovisas för varje tumörtyp under respektive kapitel. Totalt lästes 356 artiklar i fulltext. Efter selektion återstod sammanlagt 25 utvalda artiklar (21 unika studier) som redovisas i respektive kapitel. I Appendix 1 finns en gemensam sammanställning över de 21 artiklar som inkluderats av respektive läspar. Resultat för respektive cancerform redovisas nedan i separata kapitel.

Bröstcancer

Rune Sjödahl och Elvar Theodorsson

Introduktion

Bröstcancer är - efter prostatacancer - näst vanligast bland alla cancerformer och vanligast hos kvinnor. I Sverige diagnostiseras 160/100 000 kvinnor varje år med bröstcancer och under 2017 var mortaliteten 28/100 000. Den höga 5-årsöverlevnaden på cirka 85 % är en effekt av screening och kombinerad behandling av kirurgi och strålbehandling samt medicinsk behandling med cytostatika, antikroppar och hormonterapi. I en del länder används strukturerade processer för utredning och behandling (clinical pathways) men ofta uppfattas tiden som lång mellan första besöket på sjukhus och start av behandling. De två utvalda studierna som redovisas här illustrerar fördelar med "clinical pathways" för bröstcancer.

Resultat

I en studie av bröstcancer i Nederländerna (van Hoeve 2014) jämfördes kvaliteten på omhändertagandet av patienter i en grupp (n=366) före införandet av en "care/clinical pathway" (1 juli 2006 – 30 juni 2007) med en grupp (n=427) efter införandet (1 januari-31 december 2009). För medicinsk information och information om väntetider till första besök och tiden mellan första besök och besked av specialist om diagnosen användes följande indikatorer: remissdatum, första besök på sjukhuset, typ av utredning, första multidisciplinära konferens, resultat av utredningen, behandlingsplan, typ av behandling, efterföljande multidisciplinär konferens, adjuvant behandling, uppföljning och palliation. Vissa förbättringar sågs efter kirurgi avseende start av kemoterapi (45 % vs 33 %) och start av strålning 59 % vs 55 %) inom fyra veckor. Operation inom 5 veckor efter det första besöket på sjukhus förekom hos 90 % av patienterna.

En annan studie (van Harten 2018) avsåg att minska antalet sjukhusbesök innan diagnosen fastställdes genom att använda "fast track" metoder vid 18 olika cancerformer, inklusive bröstcancer. Avsikten var att öka tillgängligheten och minska tiden mellan första besöket på sjukhus och tidpunkten för muntligt besked om diagnosen (throughput time) för att därigenom minska tiden för oro och osäkerhet för patienterna – helst till en enda dag. En strukturerad plan för diagnostiken vid varje tumörform användes. Hos patienterna med bröstcancer (n=125) uppgick tiden mellan första besök och diagnosbesked före införandet av fast track till 3,0 dagar och antalet besök på sjukhus var 1,4. Tre till sex månader efter att fast track införts var medelvärdet för 244 patienter med bröstcancer 1 dag, d.v.s. en "one stop shop". Förvånande nog var endast 27 % av det totala antalet patienter i studien nöjda med att få använda fast track.

Ingen av studierna rapporterade hälsoekonomiska effekter.

Diskussion

Resultaten i van Hoeves studie visade förbättrad följsamhet med de nationella riktlinjerna men det berodde inte enbart på införande av det strukturerade vårdförloppet eftersom de nationella riktlinjerna reviderades 2008, d.v.s. mellan de båda tidsperioderna som studien genomfördes. Man kan inte utesluta att det skapade ökad uppmärksamhet och följsamhet till riktlinjerna i sig men man kan heller inte utesluta att införandet av det strukturerade vårdförloppet i sig underlättade tillämpningen av de nya riktlinjerna. Van Hartens studie visade att det var möjligt att inom ett år förändra och införa fast track diagnostik. En avgörande förutsättning var att läkarna var engagerade och beredda att ändra sina arbetsrutiner. För 18 cancerformer minskade väntetiden från nästan 9 dagar till drygt 3 dagar.

Sammanfattning

Införande av ett strukturerat vårdförlopp för bröstcancer medförde bättre följsamhet till nationella riktlinjer och förbättrade utfall. Relativt enkla åtgärder kan förkorta väntetiderna för de vanligaste cancerformerna, inklusive bröstcancer. Fast track kunde tillämpas vid sju olika cancertyper som en "one stop shop", d.v.s. diagnos kunde ställas när patienten vistades endast en dag på sjukhuset. Tyvärr saknas uppgifter om hälsoekonomiska effekter och patienternas nöjdhet för strukturerade vårdförlopp.

Referenser

- van Hoeve J, de Munck L, Otter R, de Vries J, Siesling S. Quality improvement by implementing an integrated oncological care pathway for breast cancer patients. Breast (Edinburgh, Scotland). 2014;23(4):364-70.
- van Harten WH, Goedbloed N, Boekhout AH, Heintzbergen S. Implementing large scale fast track diagnostics in a comprehensive cancer center, pre- and post-measurement data. BMC health services research. 2018;18(1):85.
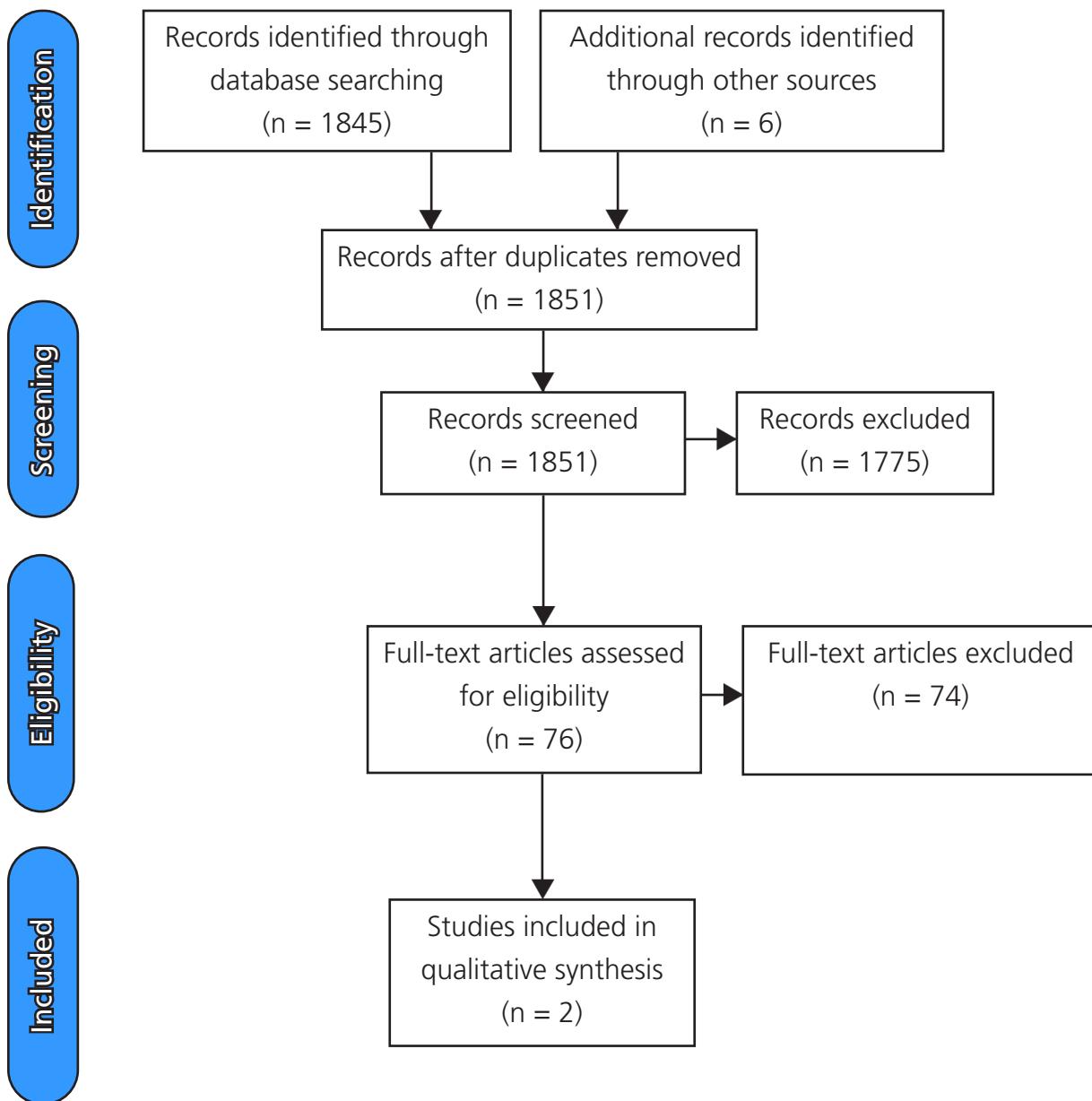
Figure 1 Flow chart breast cancer

Table 1 Included studies breast cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
van Harten, the Netherlands	2018	The retrospective control group consisted of 167 patients (5 colon/rectum, 125 breast, 16 head/neck, 9 bladder, 12 prostate) in the Netherlands Cancer Institute (NKI) and the after implementation group was studied from October to December 2011 a group of 679 patients with 13 different types of suspected cancers	New fast-track diagnostics for 18 cancer types implemented in 2006.	Re-design of the processes of diagnosing cancer for 18 cancer types.	Throughput- and access time were substantially and significantly shortened after the implementation. The access- and throughput times before the implementation were 13 and 6 days, respectively, before implementation and 9 and 3 days efter.The effects on economy and patient satisfaction were not elucidated.	The criteria for selecting the retrospective control group treated before 2006 are far from clear and their number is reported as 175 in the text and 167 in table 1. The time between the control group (before 2006) and the treated group is at least in the order of 5 years, thus running the risk of confounding when evaluating the effects of fast-track diagnostics as such.
van Hoeve, the Netherlands	2014	366 patients from three hospitals in Northern Netherlands diagnosed with primary breast cancer from 1 July 2006 to 30 June 2007 were compared with 427 patients diagnosed in the time period 1 January to 31 December 2009 after the introduction of a breast cancer pathway in the year 2008	Retrospective study using the national cancer registry of The Netherlands	The introduction of a breast cancer pathway in the year 2008	Seven out of eight structure indicators and four out of five process indicators improved significaltly, but the absolute and relative pre-post differences were in most instances small.	Substantial risk of bias due to the pre-post design. It cannot be excluded that other factors than the introduction of the breast cancer pathway may have influenced the results from year 2007 to 2009. Only the factors registered in the national cancer registry of The Netherlands were available for study, and they did not include patient satisfaction.

Esofagus- och ventrikelcancer

Antonios Valachis och Mei Li

Introduktion

Incidensen av esofaguscancer har långsamt ökat de senaste 30 åren (cirka 500 fall per år i Sverige), sannolikt på grund av rökvanor samt ökat antal personer med fetma och gastroesofageal reflux medan incidensen av ventrikelcancer (cirka 800 fall per år i Sverige) minskat tack vare ändrade kostvanor och minskad förekomst av Helicobacter pylori. Prognosen av båda cancersjukdomarna påverkas till stor del av tumörstadium vid diagnosen med möjlighet till botande behandling vid tidiga stadier och begränsad överlevnad vid sena stadier.

Resultat

Totalt tre studier uppfyllde inklusionskriterierna och inkluderades i översikten. Två studier presenterade separata resultat om esofagus respektive ventrikelcancer medan en studie presenterade sammanslagna resultat. Två studier undersökte samma intervention dvs. implementering av nationella riktlinjer om snabbspår för remittering av patienter med symtom som tyder på cancer. I en studie kunde man se att tiden från symtom till diagnos för både esofagus och ventrikelcancer blev kortare efter implementering av riktlinjer och i den andra studien såg man en signifikant fördröjning på diagnosen vid initiering av utredning i primärvården i jämförelse med direkt remittering till specialistklinik (enligt nationella rikt-linjer). Tredje studien undersökte nyttan av ett direkt remitteringssystem till undersökning för patienter med gastrointestinala symtom som ingav misstanke om cancer och man såg en kortare tid till diagnos och till start av behandling med direkt remittering i jämförelse till traditionell remittering. Ingen studie presenterade data om överlevnad.

Diskussion

Ett fåtal studier om SVF-process för esofagus- eller ventrikelcancer kunde identifieras. Alla tre studier som identifierades visade liknande resultat avseende en potentiell nytta av en SVF-process i tiden till diagnos av dessa cancersjukdomar. Det finns dock ingen evidens om en SVF-process kan påverka pa-tienternas överlevnad.

Konklusion

Det finns begränsad evidens avseende SVF-process och esofagus eller ventrikelcancer. Befintliga studier pekar på en kortare tid till diagnos med SVF-process men de använder surrogateffektmått i stället för kliniska relevanta effektmått som överlevnad vilket gör att den potentiella nyttan av en SVF-process inte kan värderas ur ett kliniskt perspektiv.

Referenser

- Jones JA, Catton J, Howard G, Leeder P, Brewer L, Hatton J, et al. Impact of straight to test pathways on time to diagnosis in oesophageal and gastric cancer. BMJ Open Qual 2018;7(3):e000328.
- Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer 2014;110(3):584-92.
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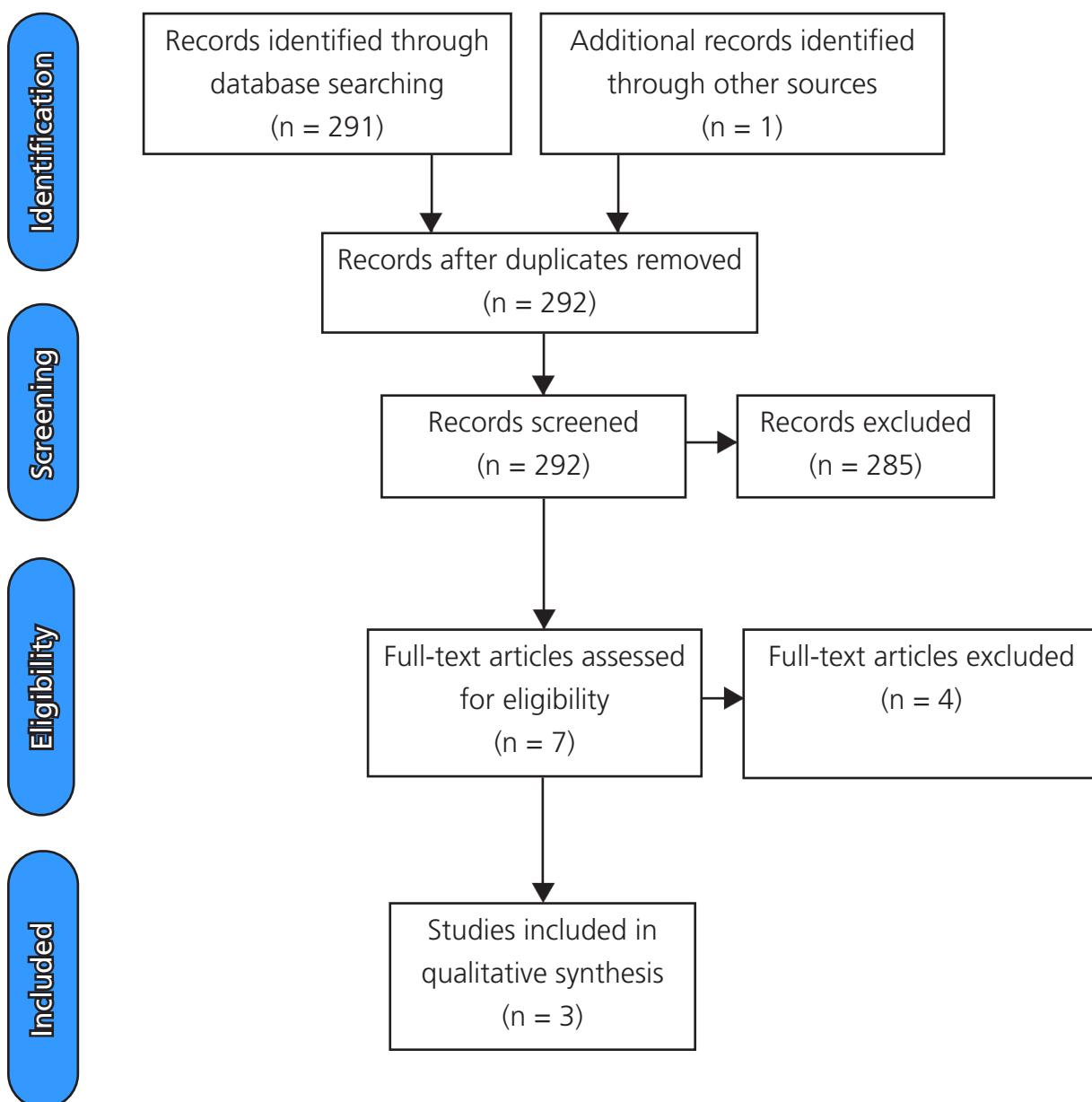
Figure 2 Flow chart esophageal-gastric cancer

Table 2 Included studies esophageal-gastric cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Jones, UK	2018	340 patients with suspected upper GI cancer referred directly to investigation (a straight to test pathway (STTP)) compared to 495 patients that followed the traditional route	Retrospective cohort study	Straight to test pathway (STTP) for patients with suspected upper GI cancer	Mean days from referral to diagnosis was 18 in STTP route compared to 34 in traditional route (p-value < 0.001) whereas mean days from referral to treatment was 46 in STTP route compared to 53 in traditional route (p-value = 0.008)	No data on survival Selection bias: No information about the method that patients were stratified in two pathways.
Rubin, UK	2015	513 patients with esophageal cancer, 293 with direct referral to specialist and 220 with referral after work-up at primary care; 246 patients with gastric cancer, 98 with direct referral and 148 with referral after work-up at primary care	Retrospective cohort study using patients diagnosed with cancer after the implementation of NICE guidelines	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean additional delay due to primary-care work-up was 22.3 days (p-value < 0.001) in esophageal cancer and 29.3 days (p-value < 0.001) in gastric cancer	No data on survival
Neal, UK	2014	992 patients with esophageal cancer between 2001-2002 and 1236 between 2007-2008; 972 patients with gastric cancer between 2001-2002 and 1341 between 2007-2008	Retrospective cohort study using patients diagnosed with cancer in two different time periods (2001-2002 vs. 2007-2008)	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean days from symptoms to diagnosis 116.9 in first period vs. 103.7 in second period after the implementation of NICE guidelines (p-value = 0.006) in esophageal cancer; Mean days from symptoms to diagnosis 135,5 in first period vs. 129.5 in second period after the implementation of NICE guidelines (p-value = 0.33) in gastric cancer	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).

Gynekologiska tumörer

Andrei Chiliau och Mei Li

Introduktion

De fyra vanligaste formerna av gynekologisk cancer är livmoderkroppscancer, äggstockscancer, livmoderhalscancer och vulvacancer. För dessa diagnoser har SVF-förlopp införts våren 2017, våren 2016, våren 2017 och respektive våren 2018.

Livmoderkroppscancer är vanligare bland äldre kvinnor och varje år diagnostiseras cirka 1400 nya fall i Sverige med svagt ökande trend. Det vanligaste symtomet är vaginala blödningar efter menopaus. Cancern upptäcks ofta i ett tidigt skede då möjligheten för bot är stor. De flesta fall behandlas med kirurgi. Den relativa femårsöverlevnaden är förhållandevis god, cirka 85 %.

Äggstockscancer kan drabba kvinnor i alla åldrar men är vanligast hos kvinnor efter menopaus. År 2016 diagnostiserades i Sverige cirka 550 nya fall. Symtomen är ofta diffusa, till exempel svullen mage, diffusa buksmärtor, tyngdkänsla, illamående eller ökade urinträngningar. Behandlingen består ofta av kirurgi med efterföljande cytostatika. Prognosen varierar stort beroende på histologin och i vilket stadium upptäckts. De flesta med tidigt stadium botas men eftersom diagnosen ofta ställs i ett avancerat stadium har äggstockscancern den sämsta prognosen bland de gynekologiska cancrarna. Den relativa femårsöverlevnaden för hela gruppen har gradvis ökat och är i dag cirka 55 %, sannolikt beroende på centraliserade operationer och nya onkologiska behandlingar.

Fallen av livmoderhalscancer har mer än halverats i Sverige sedan screening med gynekologisk cellprovtagning infördes i slutet av 1960-talet. År 2016 diagnostiserades cirka 550 kvinnor med livmoderhalscancer och medianåldern vid insjuknandet var 45 år. I stort sett alla fall orsakas av persisterande infektion med humant papillomavirus (HPV) och sjukdomen utvecklas ofta långsamt under flera år. Det vanligaste symptomet är coitusblödning eller ansträngningsblödning. Smärtorna och övriga symtom är i allmänhet sena symtom. Tidiga stadier behandlas vanligtvis kirurgiskt. I de senare stadierna används en kombination av strålbehandlingmetoder och cytostatika. Prognosen är generellt god, med en total femårsöverlevnad på 76 % rapporterad 2016.

Vulvacancer drabbar främst kvinnor över 65 år och årligen diagnostiseras cirka 150 nya fall i Sverige. Symtomen kan vara långvarig klåda i vulva, sveda, blödning, sår som inte läker eller tumörutveckling. Primär behandling är nästan uteslutande kirurgisk men strålbehandling eller cytostatika ges dock till vissa patienter. Den relativa femårsöverlevnaden är ca 70 %. Återfallen är många särskild inom de första åren.

Resultat

Litteratursökningen omfattade 1328 artiklar, 16 studier som lästes i fulltext men endast en studie bedömdes slutligen som relevant. Det rör sig en kartläggning i Storbritannien före och efter införandet

(2011) av NICE rekommendationer om snabbutredning vid misstanke om äggstockscancer. Patienter med symtom och/eller avvikande tumörmarkör CA 125 eller avvikande ultraljudsfynd hänvisades skyndsamt från primärvården till cancercentra för specialistbedömning via ett "2 weeks wait" system mellan januari 2012 och mars 2013. Där prioriterades patienterna för planerade utredningar för att snabbt komma till diagnos och för att få snar behandling vid cancer. Man jämförde med en liknande kohort som remitterades 2011. Efter införandet av riktlinjen ökade prevalensen av äggstockscancer bland patienterna som remitterades via snabbspår med 21 äggstockscancerfall av 217 patienter remitterade via snabbspår 2012-2013 jämfört med endast 11 av 243 patienter som remitterades 2011 (p=0,04). När man jämförde alla remissvägarna inklusive de som hänvisades via snabbspår noterades att i kohorten 2012-2013 diagnostiserades 67 patienter med äggstockscancer jämfört med 69 fall år 2011. Således åren 2012-2013 diagnostiserades nästan dubbelt så många äggstockcancerfall (21/67, 31,3%) genom snabb remittering jämfört med 2011 (11/69, 15,9%), (p=0,03). Andelen som hade ett avancerat stadium av äggstockscancer var dock oförändrad mellan de bägge grupperna (perioderna) (64 respektive 62 %).

Konklusion

Endast en studie kunde påträffas avseende SVF för samtliga gynekologiska cancrar. Införandet av en strukturerad remitteringsrutin medförde att flera patienter med äggstockscancer blev diagnostiserade via ett sådant snabbspår. Studien är intressant men utvärderar inte snabbspår i sig utan fokuserar på hur tillgången till utredningsresurser för primärvården kan påverka andelen patienter som diagnostiseras med äggstockscancer i ett snabbspår. Författarna drar slutsatsen att det är oklart om det påverkar överlevnaden.

Fördelarna med SVF kan eventuellt vara en snabbare utredning och fastställande av diagnos och det finns enighet om att tidsintervallen mellan remiss, diagnos och behandling bör minimeras för att minska ångest som patienterna upplever medan de väntar.

Emellertid leder dessa snabbspår inte till att cancern upptäcks i ett tidigt stadium och medför troligen inte någon signifikant förbättring av canceröverlevnaden. För närvarande är effekten av rutinerna med snabbspår för att förbättra prognos och mortalitet vid äggstockscancer i klinisk praxis oklar.

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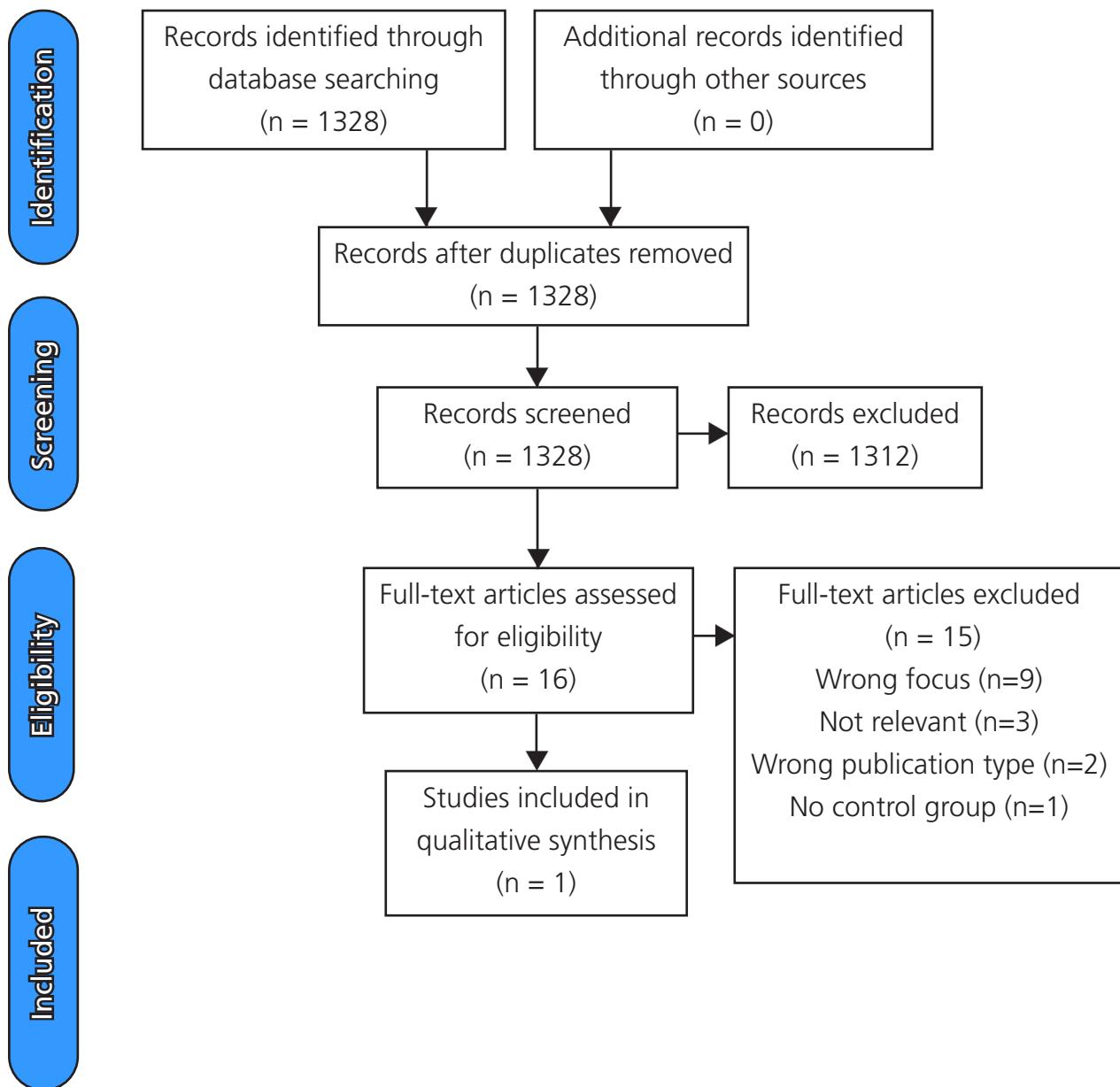
Figure 3 Flow chart gynecological cancer

Table 3 Included studies gynecological cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Rai, UK	2015	217 women referred from primary care for suspected ovarian cancer to two cancer units in secondary care in post-guideline cohort	Before-after introduction of guidelines	2WW referral for suspected ovarian cancer because of symptoms or palpable mass and symptom triggered testing in primary care (previously only accessible via secondary care).	"Post: 21/67 (31%) of urgent referrals had OC, 62% advanced stage Pre: 11/69 (16%) of urgent referrals had OC, 64% advanced stage "	Pre-intervention in 2011; post-intervention Jan 2012 to March 2013, ie low risk of bias

Hjärntumörer
Magnus Olivecrona och Mei Li

Bakgrund

Standardiserat vårdförlopp (SVF) för primära maligna hjärntumörer infördes 2016. Vårdförloppet gäller vuxna patienter och grundar sig på Vårdprogrammet för hjärntumörer (www.cancercentrum.se).

Enligt Sveriges Kommuner och Landsting är syftet med ett SVF: "att öka jämlikheten, effektiviteten och kvaliteten i vården. Syftet är också att cancerpatienter ska uppleva en mer välorganiserad, helhetsorienterad och professionell process utan onödig väntetid i samband med utredning och behandling. På så sätt ska patienternas livskvalitet och nöjdhet med vården förbättras och vården ska bli mer jämlik" (Standardiserade vårdförlopp – Jämlik och effektiv vård med god kvalitet – Överenskommelse mellan staten och Sveriges Kommuner och Landsting 2019).

Förebilden för SVF kommer från Danmark (pakkeforlöb). Ett SVF beskriver hur patienten skall handläggas från välgrundad misstanke till första behandling. För olika steg i detta ges tidsgränser. Tidsgränserna varierar mellan olika diagnoser. Således är SVF till för att få en person med en misstänkt diagnos så smidigt och snabbt genom systemet som möjligt.

De olika stegen och den föreslagna behandlingen som ingår i SVF får anses vara grundat i vetenskap och beprövad erfarenhet. När det gäller hjärntumörer bygger det på det flöde som en person med misstänkt och eller nyupptäckt malign hjärntumör skall genomgå för att nå bästa möjliga behandlingsresultat.

De tidsgränser som anges i SVF för primära maligna hjärntumörer är arbiträrt satta och får man anta i alla fall till viss del grundade på kännedom om tumörens biologiska natur. Tidsgränserna är snäva, men så är tillväxttakten hos maligna primära hjärntumörer hög.

I underlagen för införandet av SVF hänvisas inte till några vetenskapliga studier, som visar att omhändertagandet av en patient med en specifik diagnos, om man inför ett SVF, blir bättre, ej heller hänvisas till några studier som visar att införandet av SVF leder till längre överlevnad i tumörsjukdomen.

Avsikten är att genom en litteraturgenomgång se om det finns litteraturstöd för införandet av SVF, och om införandet av SVF påverkar överlevnaden.

Resultat

Det påträffades 242 träffar i litteratursökningen, varav totalt 49 artiklar valdes ut för läsning i fulltext (Figur 1). Vid närmare genomgång visade sig dock ingen av studierna vara relevant

för frågeställningen om SVF påverkar utfallet vid hjärntumörer. Exkluderade studier redovisas i Appendix.

Diskussion

Vår genomgång visar att det finns inga studier som stöder antagandet om att införandet av ett SVF för primära maligna hjärntumörer påskyndar diagnosen av tumören eller påverkar överlevnaden i densamma.

Intuitivt, med tanke på den maligna hjärntumörens biologi, som innebär mycket snabb tillväxt, är en tidig diagnos och tidig behandling av vikt. Vi vet att kirurgins radikalitet påverkar överlevnadstiden för personer med malign hjärntumör. Med den utgångspunkten är det sannolikt så att det är av vikt att hitta tumören när den är så liten som möjligt och på det sättet spelar tid mellan diagnos och behandling en roll.

Litteraturgenomgången har ej heller kunnat finna några studier som retrospektivt försöker utvärdera om det skett en förändring i omhändertagandet eller överlevnaden i primär malign hjärntumör efter införandet av SVF.

När det gäller ledtiden från välgrundad misstanke till kirurgisk primärbehandling av en misstänkt malign primär hjärntumör är denna satt till 17 veckodagar, eller från CT diagnos till kirurgi 16 veckodagar. Indikationer finns från professionen att dessa korta ledtider inte fullt ut är till gagn för patienten, som inte hinner med i förloppet. Ej heller finns detta studerat i litteraturen. Medan det intuitivt när det gäller primär malign hjärntumör är rimligt att anta att kortare tid mellan misstanke/diagnos och primär kirurgisk behandling, skulle kunna påverka överlevnaden i positiv riktning.

Det kan invändas mot ovanstående resonemang, att införandet av SVF inte är gjort för att förbättra överlevnaden hos patienter som insjuknar med en primär malign hjärntumör utan med syftet att likrikta utredning och handläggning så att man når en ökad jämlikhet, effektivitet och kvalitet i sjukvården. Det finns inget stöd i vetenskapliga publikationer för att SVF skulle medföra dessa önskade effekter, ej heller har det studerats huruvida införandet av SVF lett till de önskade förändringarna.

Konklusion

Det saknas vetenskapligt stöd för införandet av SVF för maligna hjärntumörer. Intuitivt kan ett snabbare förlopp från misstanke / diagnos till primär kirurgisk behandling påverka sjukdomsförloppet med avseende på överlevnad positivt. Det finns ej heller vetenskapligt stöd för att önskade andra effekter såsom ökad jämlikhet, uppnås vid införandet av SVF. Studier behövs för att konfirmera dessa antaganden.
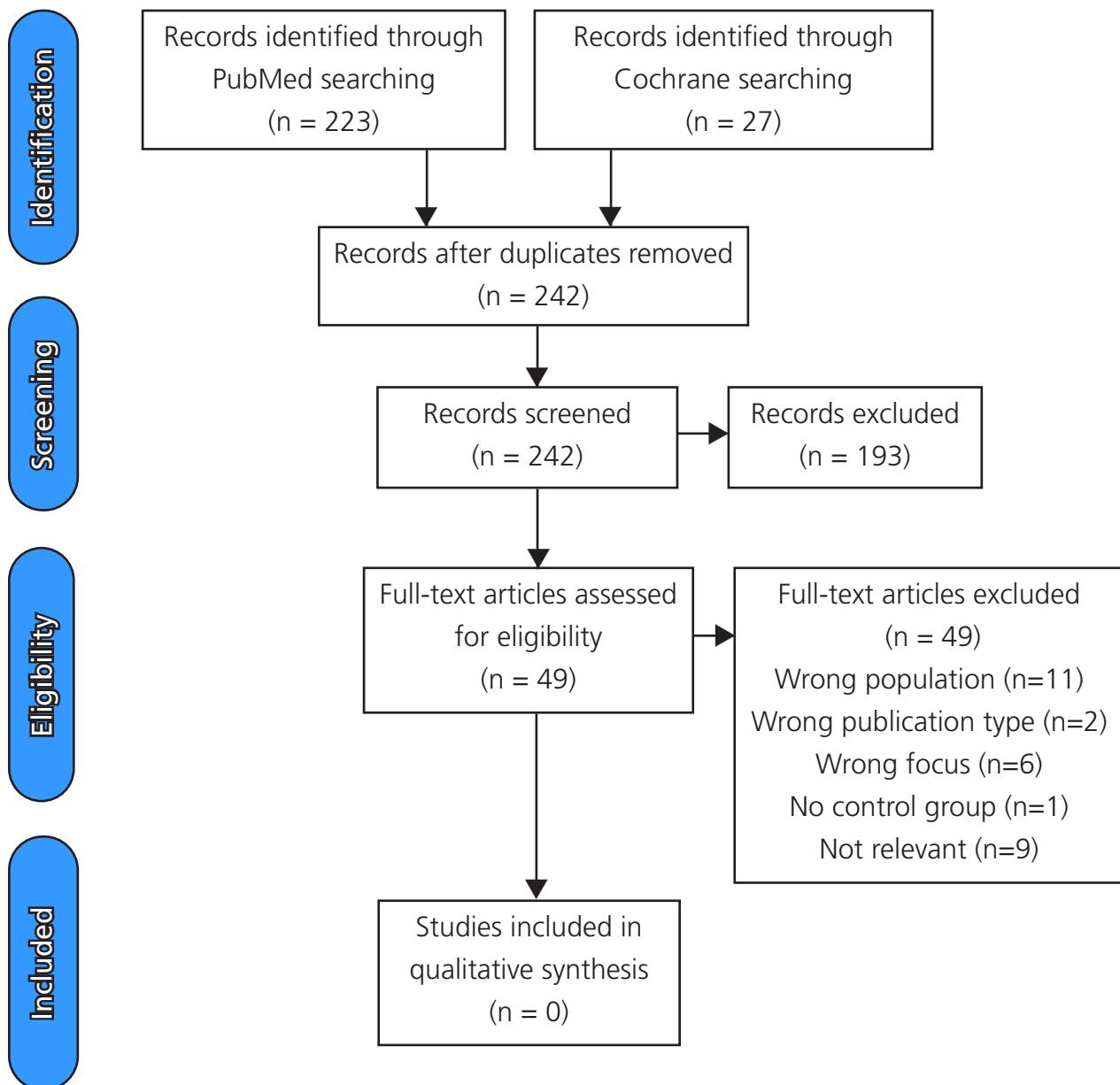
Figure 4 Flow chart brain tumours

Huvud-och halscancer

Håkan Geijer och Louise Olsson

Introduktion

År 2010 rapporterades 1 270 nya fall av huvud-halscancer vilket utgjorde 2,3 % av den totala cancerincidensen. I Sverige liksom i övriga Norden är huvud-halscancer en relativt ovanlig cancerform men globalt sett är den en mycket betydande sjukdomsgrupp. I västvärlden är huvud-halscancer den 5–6:e vanligaste cancertypen och i utvecklingsländerna den 2–3:e vanligaste.

Resultat

Litteratursökningen fann endast en artikel av intresse. Denna jämförde antalet remisser i snabbspår för misstänkt huvud-halscancer till ett stort sjukhus mellan 2002 och 2012. Antalet remisser ökade med över 450% under en tioårsperiod, från 149 st under hela 2002 till 357 st under halva 2012. Frekvensen cancerdiagnoser föll från 9 till 5% (Williams 2014).

Diskussion

Den funna evidensen om snabbspår visade sig vara tunn med bara en påträffad artikel. Andra faktorer än enbart snabbspår kan ha bidragit till det ökade antalet remisser med uppföljning först efter tio år. Inga säkra slutsatser kan dras.

Konklusion

Systemet förefaller suboptimalt med ökat antal onödiga remisser.

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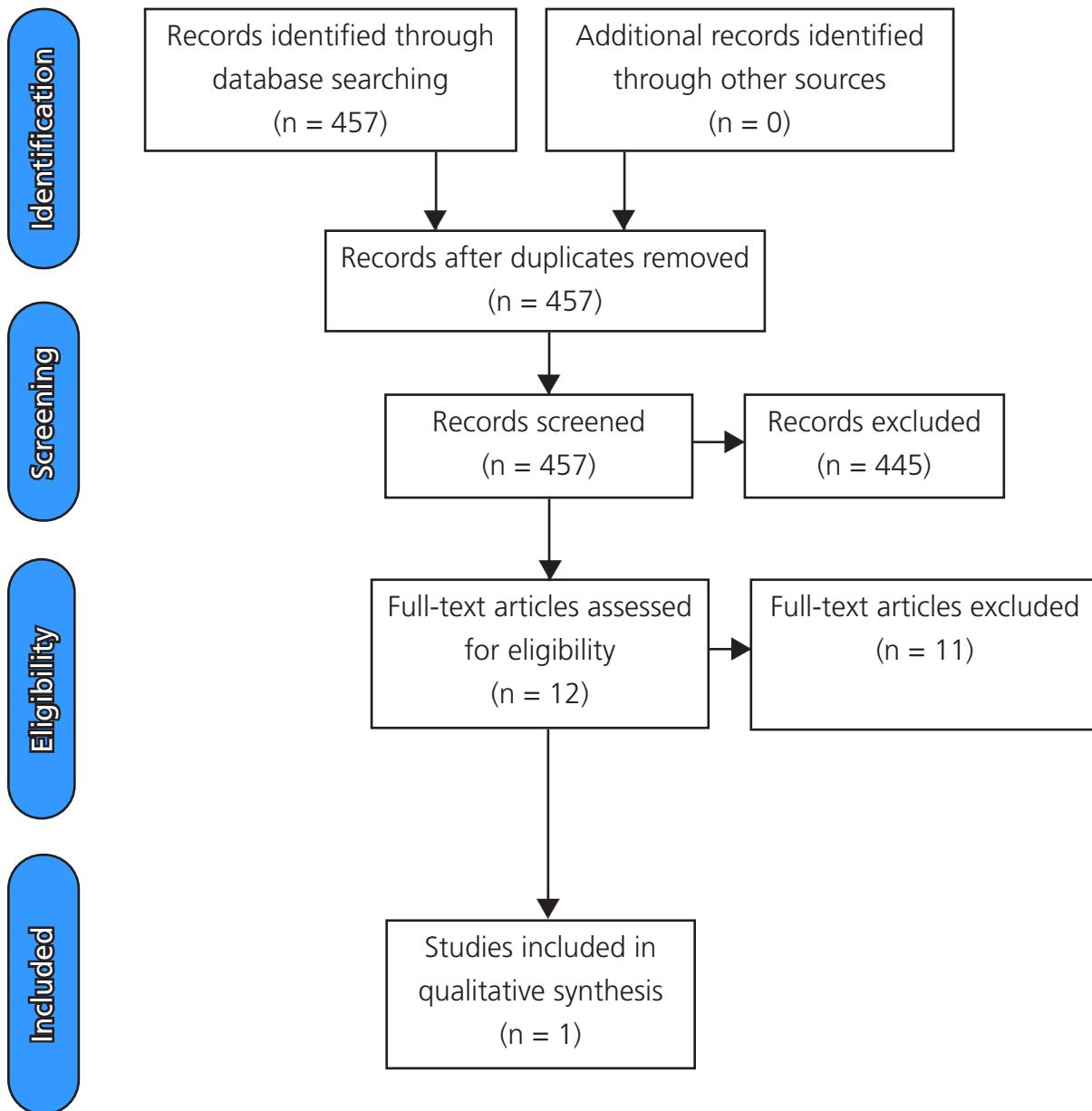
Figure 5 Flow chart head-and-neck cancer

Table 4 Included studies head-and-neck cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Williams, UK	2014	149 patients referred via 2WW for head.neck cancer in 2002 compared to 357 during first 6 months in 2012	Retrospective cohort study	2WW referral for suspected head-neck cancer	Cancer pick-up rates were 9 per cent and 5 per cent respectively	Comparison of situation more than 5 years apart; high risk of bias

Kolorektal cancer

Rune Sjödahl och Louise Olsson

Introduktion

Kolorektal cancer är en av de vanligaste cancerformerna i Sverige, efter prostata-, bröst- och hudcancer. Varje år diagnosticeras drygt 6000 individer och färre än 2000 avlider i diagnosen. Färsk blödning per rektum, anemi och viktnedgång är viktiga symtom associerade med kolorektal cancer. Det prediktiva värdet av ändrad tarmfunktion är lågt. Ålder är viktigaste riskfaktor. Var femte patient med koloncancer insjuknar i ett akut förlopp (obstruktion).

Resultat

Av drygt 1600 träffar för kolorektal cancer valdes 74 artiklar ut för närmare granskning i fulltext. Totalt tretton studier uppfattades vara mer angelägna än övriga men ingen av dem uppfyllde kriterierna för inklusion. Nedan följer en kort presentation:

Av störst intresse var en studie från Storbritannien publicerad år 2014 som jämfört patienter diagnostiserade med kolorektal cancer före (2001-02) och efter implementering (2007-08) av NICE Referral Guidelines for Suspected Cancer (Neal 2014). Den genomsnittliga diagnostiska fördröjningen från symtomdebut såsom den registrerats i den stora engelska databasen (General Practice Research Database) minskade med 9 (3.2-14.8; p=0.002) dagar mellan de bägge perioderna. Alla patienter hade dock inte inkluderats inom en tidsrymd av totalt fem år och i enlighet med de kriterier som ställts upp för denna systematiska översikt varför studien exkluderades. (Camtö 2019: 33).
Ett flertal studier handlade om 2WW-systemet och även möjligheter att förbättra det, antingen genom att remittera patienter direkt till koloskopi utan föregående specialistbedömning (Banerjea 2017), eller direkt till sigmoideoskopi (Couch 2015). Flera studier pekar på det låga prediktiva värdet av de symtom som anges via 2WW (Padwick 2013, Patel 2014). Andelen patienter som diagnosticeras med cancer tenderar att sjunka när distriktsläkare uppmuntras remittera fler via snabbspår (Vulliamy 2016). En studie pekade på mycket stor variation i andelen akutopererade patienter (8-57%) och att det var associerat med lägre andel 2WW-remitterade patienter (Borowski 2016). En studie handlade om möjligheterna till triagering inför remittering direkt till koloskopi via särskilda telefonmottagningar (Gregory 2018).

En studie från Teneriffa visade att patienter som remitterades till tidig koloskopi baserat på NICE kriterier hade kortare tid till diagnos (median 22 vs 151 dagar), lägre andel stadium IV (13.5% vs 27.8%; OR 2.5 95 % CI 1.2-4.9) och bättre överlevnad efter 12 och 60 månader (p<0.001) (Alonso-Abreu 2017). I vilken utsträckning själva fördröjningen påverkat utfallet eller om patienterna i och med triageringen baserat på NICE kriterier hamnat i olika prognostiska grupper är omöjligt att veta.

Preoperativa väntetider noterades vara längre bland äldre och på sjukhus på landsbygden i en studie från Toronto (Gillis 2014). En kvalitativ studie visade på ett samband mellan ett negativt utfall av en halvakut cancerutredning och senare fördröjning till att söka hjälp vid förnyade eller återkommande symtom (Renzi 2016). Två studier, som bägge baserar sig på brittiska data, visade inte någon association mellan diagnostisk fördröjning vid kolorektal cancer och överlevnad (Dregan 2013, Redaniel 2015).

Konklusion

En studie pekade på kortare diagnostiskt intervall för kolorektal cancer med NICE riktlinjer men andra bakomliggande faktorer kan ha bidragit. Evidensläget för effekten av olika former av snabbspår eller standardiserade vårdförlopp för diagnos av kolorektal cancer är därmed oklart.

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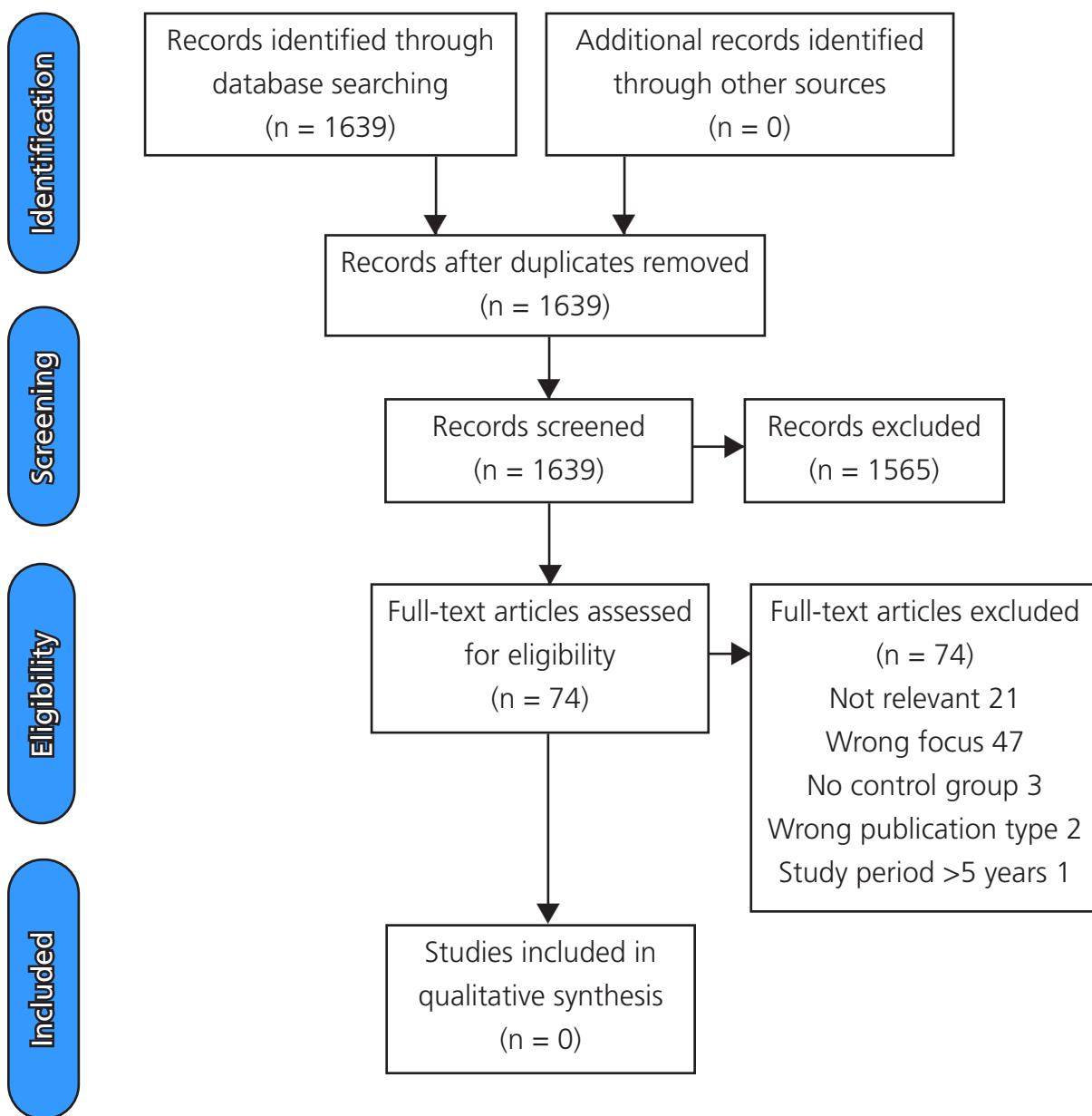
Figure 6 Flow chart colorectal cancer

Akut leukemi hos vuxna

Bertil Uggla och Lars Berggren

Introduktion

Akut leukemi förekommer som akut myeloisk leukemi (AML) ca 350 fall/år i Sverige och akut lymfatisk leukemi ca 100 fall/år. Resultaten för behandling har under de senaste 20-30 åren förbättrats något, främst för yngre patienter, som resultat av allogen stamcellstransplantation och förbättrad understödjande behandling. Fortfarande dör dock en majoritet av patienterna i sin sjukdom.

Sjukdomsförloppet är vanligen snabbt och utredning och behandling måste initieras omgående vid misstanke om akut leukemi. Debutsymtom är vanligen ospecifika, men vanligt blodstatus, med fynd av brister på normala blodkroppar och eventuell förekomst av omogna celler, blaster, leder i allmänhet till akut kontakt med hematologisk enhet, där man startar utredning inom något eller ett par dygn, beroende på den kliniska bilden.

Behandling med kurativ intention baseras på intensiv cellgiftsbehandling, eventuellt efterföljd av allogen stamcellstransplantation. Båda behandlingsformerna innebär påtagliga risker för behandlingsrelaterad morbiditet och mortalitet. Frekvensen liksom mortaliteten ökar med ökande ålder. Därmed ökar också risken för komorbiditet som kan påverka behandlingsmöjligheter och -resultat.
Klinisk erfarenhet talar för att handläggningen ska ske mycket skyndsamt, även om det vid stillsammare förlopp, särskilt hos äldre, kan vara befogat med något långsammare handläggning för att ge utrymme för noggrannare kartläggning av leukemisjukdomens prognosmarkörer och eventuell komorbiditet, för att bättre kunna ta ställning till om intensiv cellgiftsbehandling ska ges eller ej. Det är, särskilt för äldre och multisjuka patienter, oklart hur tid till diagnos och behandling påverkar behandlingsresultat och överlevnad.

Resultat

I vår litteratursökning påträffades 327 artiklar varav 18 utvaldes för genomläsning på fulltextnivå.
De artiklar som hade någon relevans för ämnet redovisade främst deskriptiva studier av diagnostiska intervall (tid från symtomdebut till diagnos) och tid från diagnos till behandlingsstart, men vi fann inga interventionsstudier som motsvarade de uppställda inklusionskriterierna. Exklusionsorsaker redovisas i Appendix 3.

Diskussion

En studie (Neal 2014) påträffades vid genomläsning av referenslistor och kan vara intressant att ta upp till diskussion. Det rör sig om en databasstudie (General Practice Research Database, GPRD) i Storbritannien före och efter införandet av NICE Referral Guidelines for Suspected Cancer 2001-2002 respektive 2007-2008. Eftersom studieperioden omfattade mer än fem år uppfyllde den inte de inklusionskri-

terier som uppställts för detta projekt.

Efter införandet av NICE Referral Guidelines ökade det diagnostiska intervallet (tiden mellan första gången ett symtom registrerades i GPRD och till diagnos) för leukemi från 88 till 92 dagar (mean difference 3 dagar; 95 % CI -20.0 – 25.6; p=0.80), således ingen signifikant ökning. I studien studeras "leukemi" som en entitet, och det framgår inte huruvida både akuta och kroniska leukemier ingår och i vilka proportioner.

Ett problem som påtalas i studien är skillnader i definition av "diagnostiskt intervall" mellan olika studier samt avsaknaden av litteratur på området. Dessutom saknas studier av effekter på överlevnad kopplade till förlängda diagnostiska intervall. Särskilt cancerformer med okaraktäristiska initialsymtom kan ha långa och svårdefinierade diagnostiska intervall.

Konklusion

Några studier som direkt jämför diagnostik med hjälp av snabbspår (SVF) med avsaknad av SVF för leukemi kunde inte identifieras i vår sökning. I den kohortstudie med kartläggning av diagnostiskt intervall före och efter införande av NICE guidelines för remittering vid cancersuspekta symtom finns risk för confounding på grund av lång studieperiod men någon påverkan på det diagnostiska intervallet kunde inte påvisas.

Referenser

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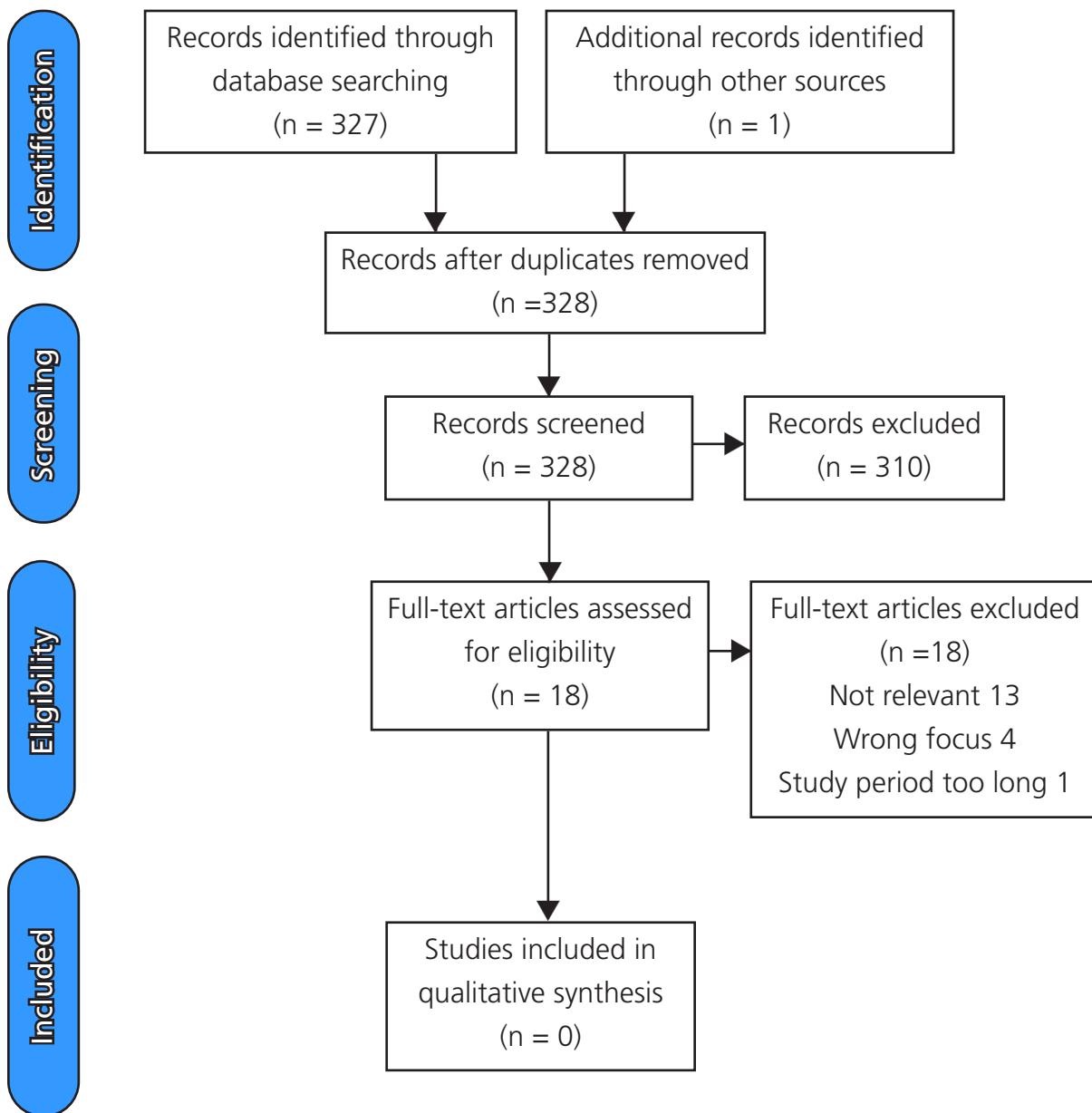
Figure 7 Flow chart leukemia

Lungcancer

Håkan Geijer och Antonios Valachis

Introduktion

Lungcancer är hos både män och kvinnor den fjärde vanligaste cancerformen med en incidens på knappt 40/100 000. År 2015 rapporterades drygt 3600 dödsfall till följd av lungcancer. Prognosen vid lungcancer är generellt dålig. Den förväntade relativa 5-årsöverlevnaden efter diagnos är idag ca 16,5 % i Sverige, vilket gör lungcancer till den vanligaste cancerrelaterade dödsorsaken hos män och kvinnor sammantagna, såväl i Sverige som i större delen av övriga västvärlden. Incidensen av lungcancer ökar med stigande ålder och medianålder vid insjuknade ligger kring 69 år.

Prognosen vid lungcancer beror på en rad kliniska och tumörrelaterade faktorer. Två av de viktigaste kliniska prognosfaktorerna vid lungcancer är tumörstadium och patientens performance status, men även kön, ålder, tumörtyp, val av behandling och en rad tumörbiologiska egenskaper har prognostisk betydelse.

Resultat

Litteratursökningen fann 1130 titlar som efter granskning reducerades till nio utvalda artiklar, nästan alla studier av retrospektiv design.

Fyra artiklar studerade olika typer av snabbspår där samtliga minskade väntetiden; till biopsi från 64,5 till 36 dagar (Common 2018), väntetid till såväl specialistbesök som diagnos (15 till 0 dagar) och behandling (37 till 24 dagar) (Williams 2018), väntetid till behandling från 78 till 65 dagar (Ezer 2017) samt väntetid från 126 till 101 dagar (Alsamarai 2013). Inga data om överlevnad rapporterades.

I två stora retrospektiva registerstudier granskade man väntetider för lungcancerpatienter; i England under fem år fann man inte förbättrad ettårsöverlevnad för de patienter som behandlades inom gällande tidsramar (di Girolamo 2018). I Storbritannien fann man ingen förkortning av tid till diagnos för lungcancer efter införandet av NICE Referral Guidelines for Suspected Cancer (Neal 2014).

I ett arbete studerade man om primärvårdens karaktär påverkade tiden till diagnos. De enheter som utnyttjade two-weeks-wait-systemet hade en lägre andel avancerad cancer medan enheter med fler patienter per läkare hade en högre andel (Maclean 2015). I ett danskt avhandlingsprojekt studerades remittering för lungcancerpatienter i en randomiserad studie. Direktaccess till DT-undersökningar hade liten påverkan på tid till diagnos och ändrade inte stadiefördelningen (Guldbrandt 2015a). Lungcancerpatienter följde flera olika spår till diagnos, och de som inte hade alarmsymtom hade generellt längre tid till diagnos (Guldbrandt 2015b).

Diskussion

Flera relativt begränsade studier påvisar kortade tider till diagnos och behandling vid snabbspår för lungcancerpatienter. Detta kunde dock inte påvisas i ett par stora registerstudier som inte heller kunde visa någon påverkan på överlevnaden.

Konklusion

Införandet av snabbspår kan eventuellt förkorta det diagnostiska intervallet för lungcancerpatienter. Effekten av detta i form av sjuklighet och överlevnad är oklar.

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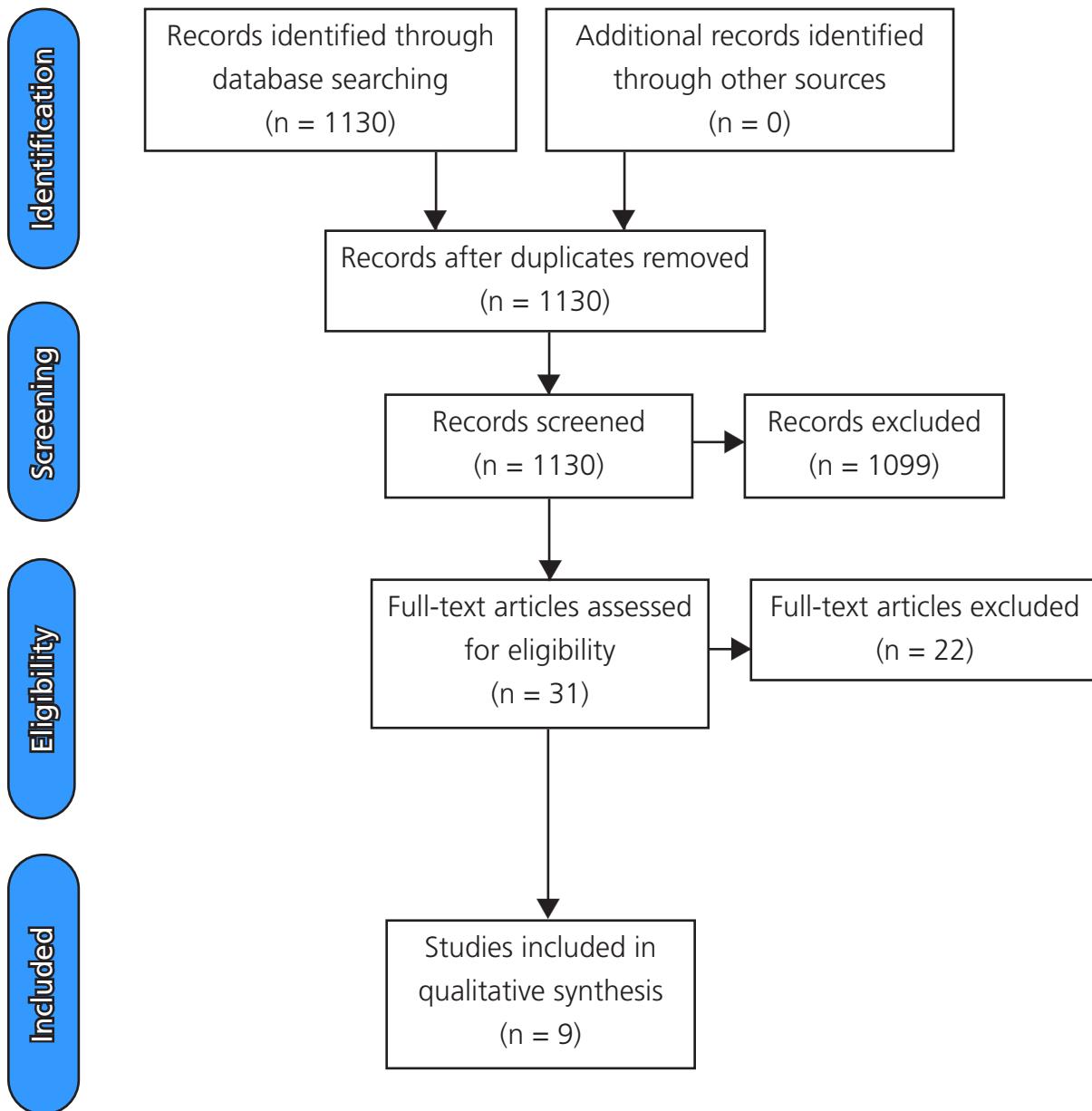
Figure 8 Flow chart lung cancer

Table 5 Included studies lung cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Common JL, Canada	2018	133 patients referred to 2 tertiary Cancer Centres concering for lung cancer within 1 year (54 patients in traditional referral system vs. 79 patients in Thoracic Triage Panel)	Retrospective cohort study	Centralised referral program called Thoracic Triage Panel (TTP)	Waiting times (median); time from imaging to biopsy (61.5 vs. 36 days, p < 0.001); time from biopsy to treatment (41 vs. 39 days, p = 0.54); time from imaging to treatment (118 vs. 80 days, p = 0.007)	Limited number of patients, only 2 hospitals, no data on survival
Di Girolamo, UK	2018	171 208 patients with lung cancer between 2009 - 2013 in UK	Retrospective population-based cohort study	Cancer Waiting Time targets including maximum two-week wait (TWW) from GP to specialist, 62-day target from referral to treatment, 31-day target from treatment decision to treatment start	1-year survival for patients who met TWW vs. not met (43.5 % vs. 42.5%), for those who met 62-day target vs. not met (51.3% vs. 69.3%), for those who met 31-day target (54.4% vs. 85.6%)	No data on treatment given, no data on treatment intention, 1-year survival not adequate outcome
Williams S, New Zealand	2018	212 patients with suspected lung cancer before and after implementation of Fast Track Clinic	Retrospective cohort study	Respiratory Fast Track Clinic	Median time from referral to specialist (8 vs 6 days, p = 0.005), median time from specialist to diagnosis (15 vs 0 days, p < 0.001), median time from specialist to treatment (37 vs 24 days, p = 0.004)	No data on survival, limited number of patients
Ezer N, Canada	2017	327 patients with suspected lung cancer between Febr 2010 and Dec 2011	Retrospective cohort study of prospectively collected data	Rapid Investigation Clinic (RIC)	Median time to 1st treatment (78 vs. 65 days, p < 0.01), median time to pathologic diagnosis (40 vs. 26 days, p < 0.01); indicators of guidelines-concordance: PET-scan in stage I/II lung cancer (82% vs. 94%, p = 0.05), brain imaging in stage IIIA NSCLC (28% vs. 51%, p = 0.22), brain imaging in SCLC (72% vs. 92%, p = 0.13), multidisciplinary tumor board (55% vs. 74%, p < 0.01)	Single-center study, no survival data,

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Guldbrandt LM, Denmark	2015	119 general practices including 331 patients with lung cancer	Cluster randomized trial	"Direct access to low-dose CT from primary care combined with a 1 h lung cancer update meeting"	Primary care interval (median 18 vs. 14 days, p = ns), median diagnostic interval (44 vs 36 days, p = 0.299). Stage distribution (localised lung cancer 37.5% vs. 40.4 %, p = 0.595	Underpowered study, no survival data
Guldbrandt LM, Denmark	2015	971 consecutive incident lung cancer patients in 2010	Retrospective population-based cohort study	Fast-track diagnostic pathway for suspected cancer cases (within 3 days from referral)	Primary care interval (median 9 vs 7 days, p = 0.783), diagnostic interval (median 34 vs 23 days, p = 0.019)	Risk for recall bias, no survival data
McLean R, UK	2015	28 479 lung cancer patients diagnosed at 2010	Retrospective population-based cohort study	Cancer Waiting Time target including maximum two-week wait (TWW)	"Being at practices with higher TWW referral rates was associated with lower proportion advanced stage lung cancer"	Missing data including potential confounding factors
Neal RD, UK	2014	2963 lung cancer patients diagnosed between 2001-2002 and 4384 lung cancer patients diagnosed between 2007-2008	Retrospective population-based cohort study	2005 NICE Referral Guidelines for Suspected Cancer	Diagnostic interval (median 114 vs 112 days, p = 0.47)	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).
Alsamarai S, USA	2013	352 Veterans diagnosed with lungcancer in 2 different periods (n = 163 at 2005-2007 vs n = 189 at 2007-2010)	Retrospective cohort study	Cancer Care Coordination Program (CCCP)	Stage at diagnosis (st I-II 32% vs. 48% p = 0.006); mean time from image to diagnosis 76 vs 53 days p = 0.016; mean time from image to treatment 126 vs 101 p = 0.015	Only veterans, single-center study, multiple interventions within CCCP, no data on survival
Alsamarai S, USA	2013	352 Veterans diagnosed with lungcancer in 2 different periods (n = 163 at 2005-2007 vs n = 189 at 2007-2010)	Retrospective cohort study	Cancer Care Coordination Program (CCCP)	Stage at diagnosis (st I-II 32% vs. 48% p = 0.006); mean time from image to diagnosis 76 vs 53 days p = 0.016; mean time from image to treatment 126 vs 101 p = 0.015	Only veterans, single-center study, multiple interventions within CCCP, no data on survival

Melanom

Antonios Valachis och Sara Prosén

Introduktion

Malignt melanom drabbar ca 4000 individer per år i Sverige och det gör den till den sjätte vanligaste cancern för män och den femte vanligaste för kvinnor. Varje år registreras dessutom cirka 3000 förstadier till malignt melanom, så kallade in situ melanom. Den åldersstandardiserade incidensen beräknat på de senaste 10 åren har ökat årligen med cirka 5%. Dödligheten har inte ökat på samma sätt utan ligger likt tidigare på ca 5%. I Europa är Sverige ett av de länder med högst incidens av malignt melanom.

Resultat

Tre studier uppfyllde kriterier och inkluderades i rapporten. Alla tre studier var retrospektiva kohortstudier varav två undersökte stadieindelning av melanom före och efter en specifik intervention (utbildning till allmänläkare resp. implementering av mottagning för pigmenterade lesioner) medan en undersökte nyttan av teledermatologi i jämförelse med besök hos dermatolog. Två studier utvärderade interventionen i en region och inte på nationell nivå och en studie i en specifik population dvs. veteraner. Utbildningen till allmänläkare var relaterad till flera patienter med tunna melanom medan implementering av mottagning för pigmenterade lesioner inte påverkade melanomtjocklek. Användning av teledermatologi visade sig vara sämre avseende melanomtjocklek än besök till dermatolog. Ingen studie presenterade data om överlevnaden.

Diskussion

I SBU:s rapport om tidig upptäckt om symptomgivande cancer fann man att det fanns ett måttligt starkt underlag för att remiss med foto (så kallad teledermatologi) förkortade tiden till omhändertagande och diagnosbesked samt bättre planering av vården. I denna nya artikelsökning fanns det enbart en studie där man studerat teledermatologi och där man också hade en kontrollgrupp. I denna studie från veteransjukvården i USA visade det sig att patienterna som handlagts via teledermatologi-remissvägen hade tjockare melanom, Artikelförfattarnas slutsats var att det troligtvis berodde på att denna remissväg var mycket underutnyttjad. De flesta som hade tillgång till teledermatologi via sin närsjukvård utnyttjade inte det upparbetade systemet utan remitterade på vanligt sätt ändå. Således blir det därför mycket svårt att tolka resultaten i studien. Många artiklar saknade vid informationssökningen kontrollgrupp. Även om man har gjort intressanta förändringar i arbetssättet så går det inte att utvärdera ordentligt så länge det inte finns en jämförelse med hur man gjort tidigare eller jämfört med någon annan kontrollgrupp. Ytterligare en del artiklar är speciellt inriktade mot speciella högriskgrupper av patienter, till exempel de som redan haft ett melanom. Det kan ha en viktig klinisk betydelse men går inte att applicera på en hel befolkning som underlag. Det fanns också artiklar om nya tekniker och nya algoritmer för att bedöma dermatoskopibilder, för att öka den diagnostiska säkerheten. De är dock fortfarande enbart prövade i konstgjorda situationer och inte i den kliniska vardagen. Det kommer att bli intressant att följa utveckling för flera av dessa metoder för att se om de också är applicerbara i den kliniska vardagen.

Konklusion

Sammanfattningsvis fanns generellt bara en låg evidens för kunskapsläget i denna systematiska litteraturöversikt om malignt melanom. Framförallt beror detta på grund av bristande studiedesign vilket gör det svårt att dra några slutsatser. Det finns publicerade studier gällande utökad utbildning till distriktsläkare och ökad täthet av hudläkarkliniker som båda gett tunnare melanom som resultat. Även en artikel där man undersökt melanom hittade via teledermatologi passade in på sökkriterierna. I denna artikel var melanomen som hittades via teledermatologi tjockare än de som upptäcktes via läkarbesök på dermatologiklinik men författarens slutsats är att resultaten till stor del beror på ett underanvändande av teledermatologiska möjligheter i det undersöka området.

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Identification

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Screening

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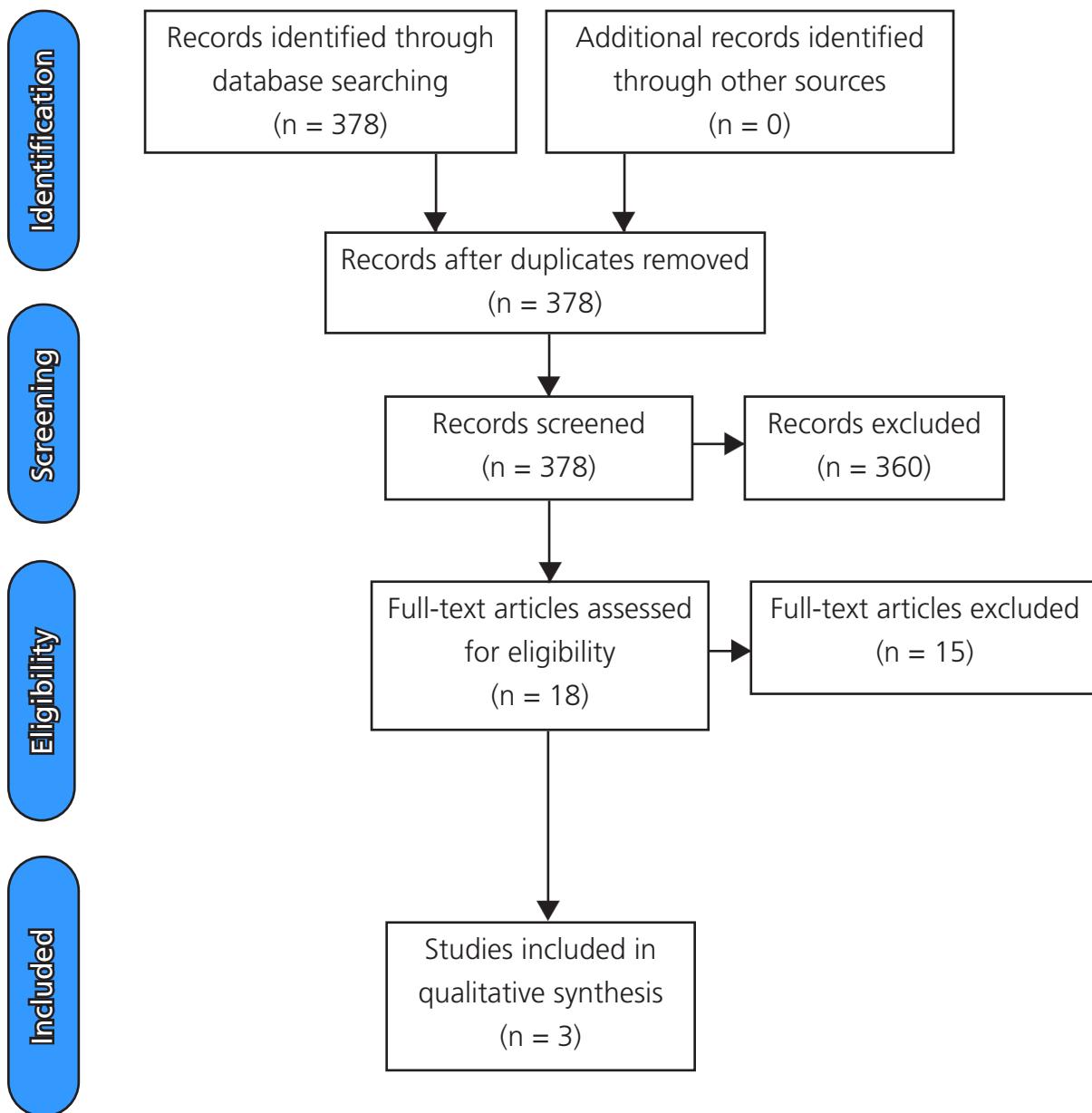
Figure 9 Flow chart melanoma

Table 6 Included studies melanoma

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Lynch, Ireland	2017	Invasive melanomas excised in the Mid-West of Ireland over a 2-year period	Retrospective cohort study, prior to (2010-2011) and after (2013-2014) the introduction of a pigmented lesion clinic (PLC)	A PLC was introduced in Limerick University Hospital with the aim of reviewing suspicious lesions within 2 weeks of referral	The number of melanomas almost doubled between the two periods, from 54 to 107. There was a decrease in the median Breslow thickness of melanomas from 1.3 to 1.0 (p=0.48)	The study was not randomized. No data on survival.
Grange, France	2014	1241 GPs in Champagne-Ardenne in 2008	The pre-campaign period (2005-07) was compared to the post-campaing period (2009-11)	All received awareness postal mailings on early diagnosis of melanoma and 398 (32%) attended training sessions	The incidence of very thick melanomas (VTM) decreased from 1.07 to 0.71 / 100,000 inhabitants. The proportion of VTM decreased from 19.2% to 12.8%	Seven years between first to last intervention, increased risk of bias
Karavan, USA	2014	250,000 patients connected to Veterans Integrated Service Network.	Comparison of pathology-confirmed primary melanoma in Veterans who had at least one encounter at a VA facility ruing a 3-year study period	About half (53%) had access to tele-dermatology (TD)	Age-adjusted incidence in TD veterans was 15/100,000 compared to 57/100,000 in non-TD Veterans. The average Breslow depth among TD melanomas was 0.77 greater than non-TD melanomas (p=0.03)	The study was not randomized, confounding associated with access to TD

Myelom

Bertil Uggla och Lars Berggren

Introduktion

Myelom har i Sverige en incidens på ca 6/100 000 per år, vilket innebär ca 600 nya fall per år i landet. Sjukdomen är inte botbar i dagsläget, men behandlingsresultaten har förbättrats avsevärt under de senaste 15-20 åren på grund av tillgång till nya läkemedel, med en tydligt ökande prevalens som följd. Medianålder vid diagnos är drygt 70 år och sjukdomen är ovanlig före 40 års ålder.

Sjukdomsförloppet är mycket varierande, från symtomfrihet, där gränsdragningen mot det preneoplastiska tillståndet MGUS (monoklonal gammopati av oklar signifikans) är arbiträr, till svåra symtom med t ex omfattande skelettdestruktioner, njursvikt och blodbrist. Även initiala symtom varierar i omfattning och intensitet och är ofta ospecifika såsom trötthet och värk. Det som leder till misstanke om myelom är ofta påvisande av s k M-komponent i blod eller urin eller radiologiskt påvisande av skelettdestruktioner. I en del fall kan diagnosen ställas hos helt symtomfria individer. Dessa ska då inte behandlas utan följas upp avseende eventuell symtomutveckling.

Patienter med symtomgivande sjukdom behandlas omgående, med kombinationer av läkemedel och, för patienter yngre än 65-70 år, även med autolog stamcellstransplantation. Förekomsten och variationen avseende symtom gör att kraven på snabbhet i diagnostik och behandlingsstart måste bedömas individuellt. En symtomfri patient med enbart fynd av M-komponent kan handläggas i lugn takt polikliniskt, medan en patient med hyperkalcemi och njursvikt måste handläggas akut, i sluten vård.

Resultat

Totalt 79 träffar i litteratursökningen, varav 16 valdes ut för fulltextläsning. De artiklar som hade någon relevans för ämnet redovisade främst deskriptiva studier av diagnostiska intervall (tid från symtomdebut till diagnos) och tid från diagnos till behandlingsstart, men vi fann inga interventionsstudier som motsvarade de uppställda inklusionskriterierna.

Diskussion

En studie (Neal 2014) påträffades vid genomläsning av referenslistor och kan vara intressant att ta upp till diskussion. Det rör sig om en databasstudie (General Practice Research Database, GPRD) i Storbritannien före och efter införandet av NICE Referral Guidelines for Suspected Cancer 2001-2002 respektive 2007-2008. Eftersom studieperioden omfattade mer än fem år uppfyllde den inte de inklusionskriterier som uppställts för detta projekt.

Efter införandet av NICE Referral Guidelines ökade det diagnostiska intervallet (tiden mellan första gången ett symtom registrerades i GPRD och till diagnos) för myelom från 144 till 156 dagar (mean difference 6,8 dagar; 95 % CI -12,4 – 26,4; p=0.50), således ingen signifikant ökning. Ett problem som påtalas i studien är skillnader i definition av "diagnostiskt intervall" mellan olika studier samt avsakna-

den av litteratur på området. Dessutom saknas studier av effekter på överlevnad kopplade till förlängda diagnostiska intervall. Särskilt cancerformer med okaraktäristiska initialsymtom kan ha långa och svår-definierade diagnostiska intervall.

Konklusion

Några studier som direkt jämför diagnostik med hjälp av snabbspår (SVF) med avsaknad av SVF för myelom kunde inte identifieras i vår sökning. I den kohortstudie med kartläggning av diagnostiskt intervall före och införande av NICE guidelines för remittering vid cancersuspekta symtom finns risk för confounding pga lång studieperiod men någon påverkan på det diagnostiska intervallet kunde inte påvisas.

Referenser

- Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley, Rubin G. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer 2014;110:584-592.
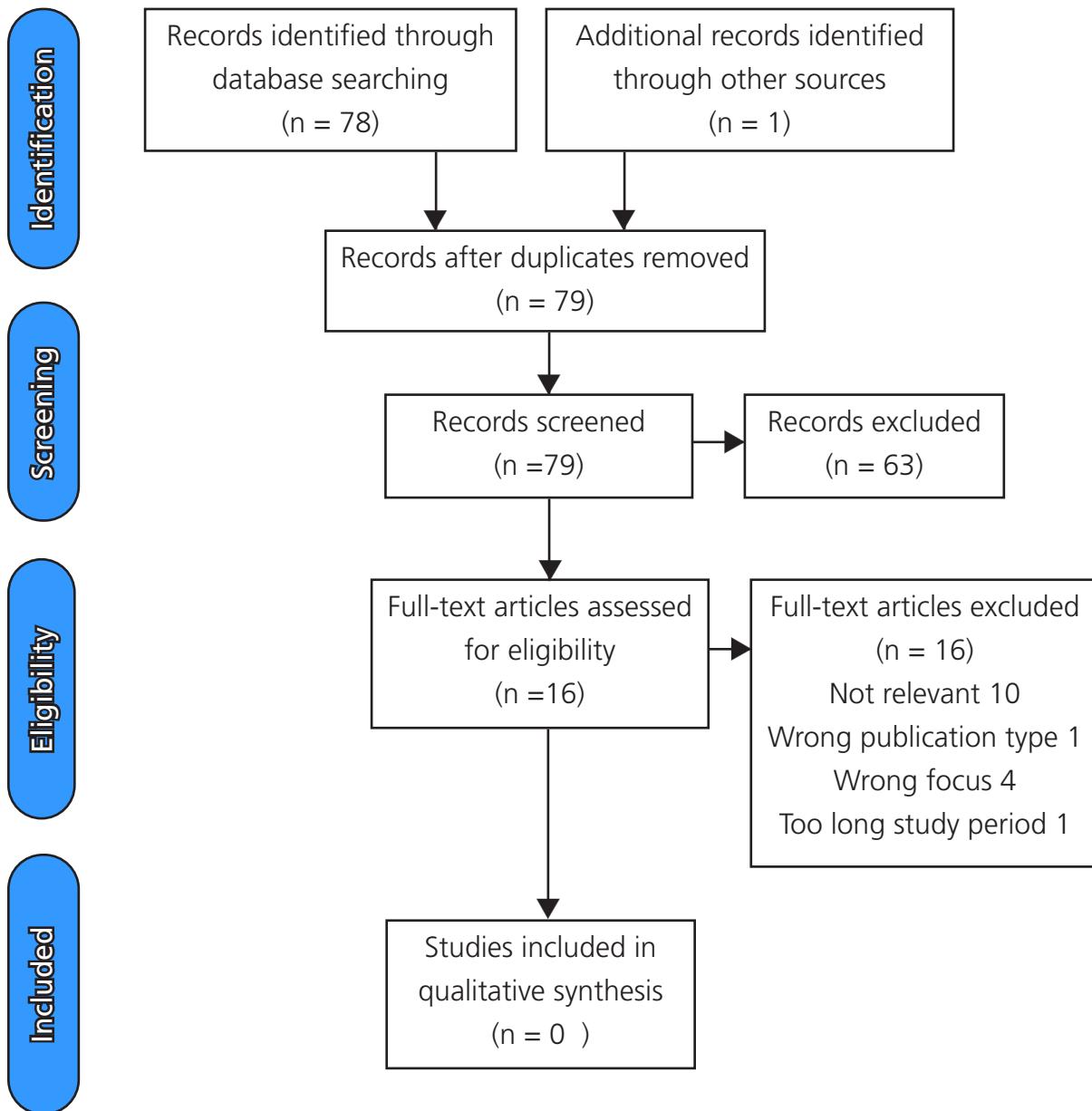
Figure 10 Flow chart myeloma

Pancreascancer och primär levercancer

Antonios Valachis och Mei Li

Introduktion

Pancreascancer är en relativt vanlig cancertyp i Sverige, cirka 1500 nya cancerfall per år, med mycket hög dödlighet. Sjukdomen är ett stort diagnostiskt och terapeutiskt problem eftersom de flesta patienterna (cirka 80%) har redan en avancerad sjukdom vid diagnos och överlevnaden är begränsad (5-års överlevnad < 10%) även vid tidiga stadier.

Primär levercancer har lägre incidens än pancreascancer med cirka 700 nya cancerfall per år i Sverige. Femårs överlevnaden är cirka 20% och prognosen beror mycket på tumörstadium och möjlighet till kirurgisk behandling.

Resultat

Två studier som inkluderade patienter med pancreascancer uppfyllde kriterier och inkluderades i översikten medan ingen studie som undersökte primär levercancer uppfyllde kriterier. Båda studierna undersökte samma intervention dvs. implementering av nationella riktlinjer om snabbspår för remittering av patienter med symtom som tyder på cancer. I en studie kunde man se att tiden från symtom till diagnos blev kortare efter implementering av riktlinjer medan i den andra studien såg man en icke signifikant fördröjning på diagnosen vid initiering av utredning i primärvården i jämförelse med direkt remittering till specialistklinik (enligt nationella riktlinjer). Ingen studie presenterade data om överlevnad.

Diskussion

Ett fåtal studier om SVF-process och pancreascancer kunde identifieras. Några studier hade som mål att identifiera klinisk-baserade algoritmer för att urskilja patienter som söker vård för specifika symtom och har hög risk för pancreascancer. Dessa algoritmer kan vara av värde i framtiden men nuvarande studier saknade en kontrollgrupp för att kunna se hur dess implementering kan förbättra patienternas prognos. Det saknas helt studier avseende primär levercancer vilket understryker behovet av framtida studier för den cancersjukdomen.

Konklusion

Det finns väldigt begränsad evidens avseende SVF-process och pancreascancer och ingen evidens alls för primär levercancer. Befintliga studier använder surrogateffektmått i stället för kliniska relevanta effektmått som överlevnad vilket gör att den potentiella nytta av en SVF-process kan inte värderas ur ett kliniskt perspektiv.

Referenser

- Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer 2014;110(3):584-92.
- Rubin GP, Saunders CL, Abel GA, McPhail S, Lyratzopoulos G, Neal RD. Impact of investigations in general practice on timeliness of referral for patients subsequently diagnosed with cancer: analysis of national primary care audit data. Br J Cancer 2015;112(4):676-87.

Identification

Records identified through database searching
(n = 605)

Additional records identified through other sources
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Screening

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Eligibility

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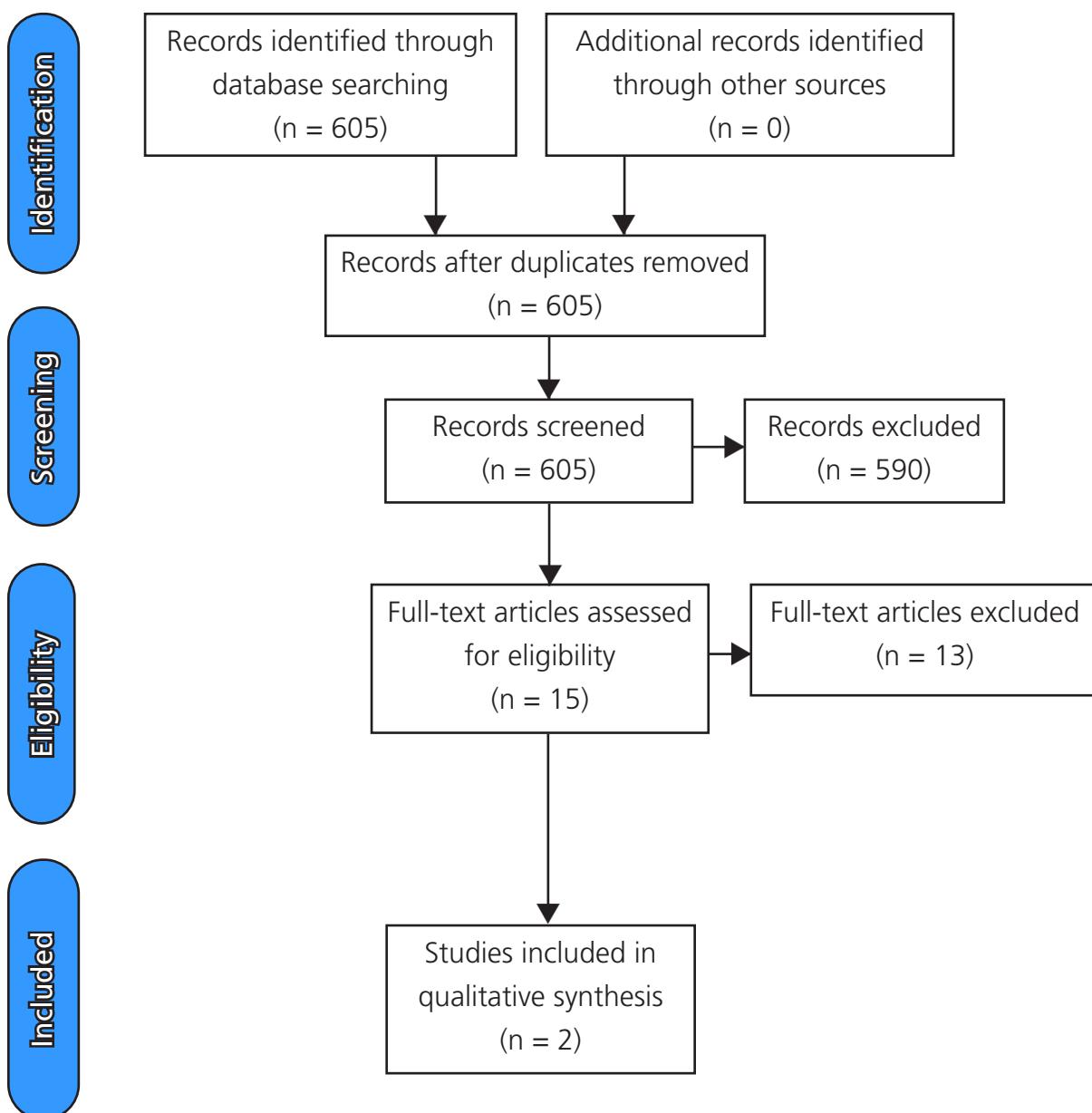
Figure 11 Flow chart pancreas and primary hepatic cancer

Table 7 Included studies pancreas and primary hepatic cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Rubin, UK	2015	327 patients with pancreatic cancer, 81 with direct referral to specialist and 246 with referral after work-up at primary care	Retrospective cohort study using patients diagnosed with cancer after the implementation of NICE guidelines	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean additional delay due to primary-care work-up was 17.1 days (p-value > 0.05)	No data on survival
Neal, UK	2014	623 patients with pancreatic cancer between 2001-2002 and 789 between 2007-2008.	Retrospective cohort study using patients diagnosed with cancer in two different time periods (2001-2002 vs. 2007-2008)	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean days from symptoms to diagnosis 108.3 in first period vs. 95.7 in second period after the implementation of NICE guidelines (p-value = 0.04)	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).

Tyreoideacancer

Göran Wallin

Introduktion

Från de flesta håll i världen, inklusive Sverige, rapporteras en ökad incidens av tyreoideacancer de senaste åren. Den årliga incidensen i Sverige år 2015 var 7,80 fall per 100 000 invånare för kvinnor och 2,74 fall för män. Årligen insjuknar cirka 550 patienter. Medelålder vid insjuknande är 55 år för män och 51 för kvinnor. Sjukdomen förekommer i alla åldrar, även hos barn. Prognosen för de allra flesta formerna är god, även vid återfall. Den relativa femårsöverlevnaden är 82 procent för män och 89 procent för kvinnor.

Resultat

Litteratursökningen fann 168 titlar som där ingen studie motsvarade inklusions- och exklusionskriterierna.

Diskussion

Det är bra om alla patienter i Sverige kan starta behandling inom 4 veckor efter diagnos, oavsett benign, malign, allvarlig eller mindre allvarlig sjukdom. Livskvaliteten torde bli förhöjd hos patienterna. Detta återstår dock att bevisa för sjukdomar generellt och för specifika diagnoser där det sannolikt förekommer skillnader mellan olika slags diagnoser.

För SVF Tyreoideacancer finns ingen evidens, vetenskap, publikation som visar eller styrker att SVF har bidragit till ökad överlevnad för patienter med tyreoideacancer i Sverige. Det finns ej heller någon visad evidens, vetenskap, publikation som visar eller styrker att SVF har bidragit till ökad livskvalitet för patienter med tyreoideacancer. Det finns idag i Sverige ingen pågående studie som försöker visa nyttan av SVF för patienter med tyreoideacancer. Det finns inget specifikt Vårdprogram för Tyreoideacancer som har visat att Vårdprogrammet i sig har bidragit till ökad överlevnad för patienter med tyreoideacancer.

Det fanns vid start SVF Tyreoideacancer ingen förhoppning att snabbare handläggning för tyreoideacancer (som ju sammanslaget har en relativ 10-årsöverlevnad >90%) redan efter 3 år skulle ha slagit igenom i en förbättrad prognos. Kliniskt upplever patienter med differentierad tumörsjukdom (papillär, malign/ benign follikulär tumör) att det innebär kraftigt nedsatt livskvalitet att vänta på besked och åtgärd, oavsett malignitetsgrad på tumören. SVF:s stora styrka är att vi får en systematiserad utredning, rätt så lika över landet, där rimliga ställtider är definierade. Det har dock under de senaste decennierna skett stora förbättringar i utredning, diagnostik och behandling där många faktorer gemensamt bidragit till successiv förbättring, utan att man kan visa att detta är beroende av ett specifikt vårdprogram eller en enskild åtgärd.

De fåtaliga mycket allvarliga tyreoideacancrarna, anaplastisk tyreoideacancer och vissa lågt differentiera-de papillära / follikulära cancrar, som identifieras i Sverige tas i regel om hand akut / subakut inom 1 – 3 dagar sedan mer än 25 år tillbaka. Huvuddelen av cancer i sköldkörteln är högt differentierad papillär och follikulär cancer. De flesta av dessa har mycket lång överlevnad, och detta även med ibland mycket sparsam behandling. Att bevisa ökad överlevnad för dessa patienter bedömes som statistiskt och prak-tiskt ej möjligt. Danmark införde Pakkeforlöb 2008. Sverige införde SVF Tyreoidea 2016. I Danmark har man kunnat påvisa ökad överlevnad för patienter med kolorektal ca, lungca, malignt melanom, ÖNH ca (tyreoidea inkluderat), övre gastrointestinal ca, gynekologisk ca och ca i urinvägarna (Jensen 2017).

Jensen och Vedsted visade också att 1-årsöverlevnaden ökade från 68.5% till 69.4% för cancerpatienter upptäckta inom primärvården i Danmark efter att Pakkeforlöb infördes jämfört med tiden före infö-randet (Jensen & Vedsted 2017). Dahl, Vedsted och Jensen har också visat att patienter med malignitet upplevde högre livskvalité 2010 jämfört med 2004/2005 innan Pakkeförloppet infördes (Dahl 2017). I Sverige har vi inte kunnat visa denna positiva utveckling. Vid diskussion med prof Mef Nilbert, Lund / forskningschef i Kræftens Bekæmpelse Danmark beskriver M Nilbert att i Danmark är det tydligt att överlevnaden i cancer stigit rejält i det tidsintervall pakkeförloppen kom in. Vid flera diagnoser har DK som land flyttat sig längre än andra länder vad gäller överlevnad. Men vad är orsaken? Konsensus är att det lyft överlevnaden, men de skiljer sig mellan tumörformer och prognostiska undergrupper. För de flesta cancerformer (några svåra undantagna) ser man 1% ökad 5-års överlevnad årligen - sannolikt oaktat SVF. SVF/pakkeforlöb har lett till en medvetenhet omkring symtom, väntetider och standardi-serade utredningar. Prof Nilbert råder oss att "försöka studera SVF på tyreoidea med undergruppering i relation till symtom och undertyp av tumör. Det finns viss evidens för att tiden inte är viktig för de högt differentierade tumörerna - jmfr lågrisk prostatacancer. Om ni får data via kvalitetsregistret och dubbelkollar mot journal så kan denna studie också ge ett kvitto på er 'diagnostiska tratt'".

En del paradoxala effekter kan uppstå. Det är tydligt tex vid lungcancer - om man ser på dem som kommer in i SVF, pga symtom (hosta, hemoptys, smärta), så är de som grupp mer avancerade än tex de symtomfria individer som upptäckts en passant. Här får alltså SVF-patienter en sämre överlevnad, men det beror ju selection bias. Sen kan ju ändå SVF vara bra för att de avancerade patienterna snabbare får access till behandling och palliativ vård. I Danmark har alla Head & Neck och Tyreoideacancer slagits samman. Antalet tyreoideacancer var för få för att kunna särredovisas. De flesta elakartade tyreoideacan-crarna, anaplastisk och lågt diff skulle kunna bli förbättrade på snabbt omhändertagande, men de är 1. mycket få och 2. redan idag omhändertagna akut / subakut inom 1 – 3 dagar.

De högt differentierade tyreoideacancrarna är många och de lever länge, även med fördröjd behandling. Denna grupp borde kunna må bättre om de får snabbt omhändertagande. Samtidigt kommer de kanske att till och med minska vinsten med Pakkeförloppet för Head & Neck i Danmark då de ej får bättre

överlevnad trots tidigt omhändertagande. De skulle då späda ut resultatet för de aggressiva Head & Neck-tumörerna.

En möjlig väg för att studera SVF och tyreoideacancer skulle vara att identifiera patienter med tyreoideacancer i Kval Reg Tyr Ca från och med 2016, etablera denna patientgrupp och selektera de som ingick i SVF liksom den grupp som ej kom att ingå i SVF (av olika anledningar). Detta skulle vara ett projekt ur Kvalitetsregistren och möjligen kunna svara på om det finns någon skillnad mellan dessa båda patientgrupper i t ex livskvalitet. Möjligen skulle man till exempel vad gäller tyreoideacancer kunna visa att kostnader för uppföljning minskat eftersom vi nu i enlighet med VP tidigare kan avsluta kontrollerna för patienter med differentierad tyreoideacancer.

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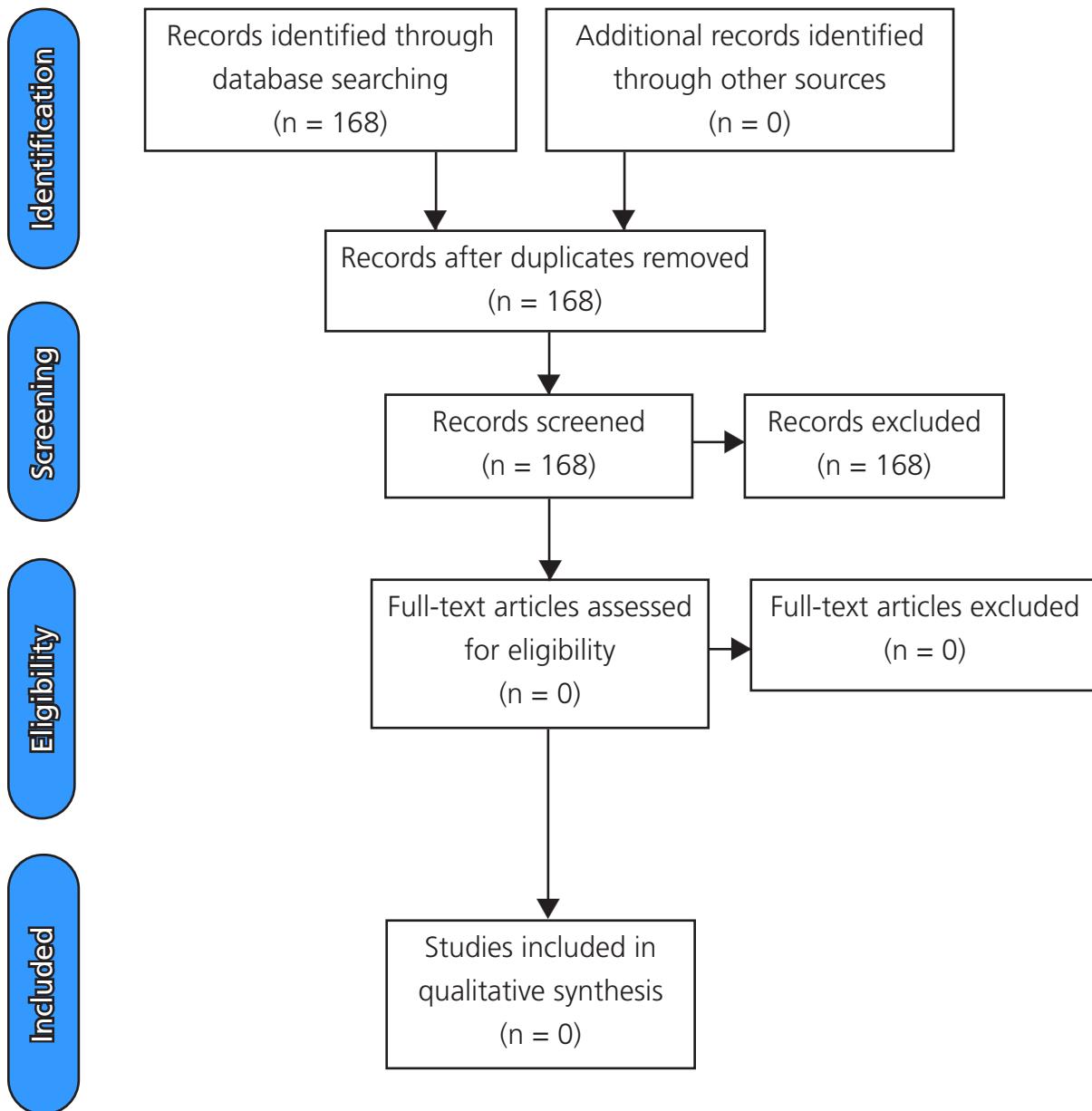
**Figure 12** Flow chart thyroid cancer

Urinblåsecancer
Håkan Geijer och Louise Olsson

Introduktion
I Sverige inträffar ca 2 800 fall per år och varje år dör 700 individer till följd av urinblåsecancer. Under senare delen av 1900-talet hade vi en ökande incidens, och i Cancerfondsrapporten 2017 är cancer i urinblåsa och urinvägar den tredje vanligaste cancerformen hos män i Sverige. Könsfördelningen mellan män och kvinnor är ungefär 3:1. Medelåldern vid insjuknande i Sverige är 73 år, även om blåscancer också förekommer i yngre åldrar.

Resultat
Litteratursökningen fann 1674 artiklar varav slutligen fyra artiklar selekterades. Zhou et al fann att fast-track stod för ungefär hälften av remitteringarna vid urinblåsecancer (Zhou 2018). En retrospektiv registerstudie bedömde tiden från symtom till diagnos och kom fram till att patienterna med längst intervall (över ett år) hade högre dödlighet än de med kortare intervall (Dregan 2013). I en svensk prospektiv studie fann man att direkt telefonkontakt med urologklinik förkortade tid till diagnos (29 mot 50 dagar) och sänkte kostnaderna, till stor del på grund av färre kontakter med sjukvården före diagnos (Liedberg 2016). I UK infördes 2005 NICE guidelines för remittering vid misstänkt cancer. Efter införandet sjönk ledtiderna till diagnos signifikant från median 107 dagar till 81 dagar (Neal 2014).

Konklusion
Två studier visade positiva effekter av snabbspår i form av kortare tid mellan symtom och diagnos. Inga resultat framkom för tid till färdig behandling eller övriga parametrar.

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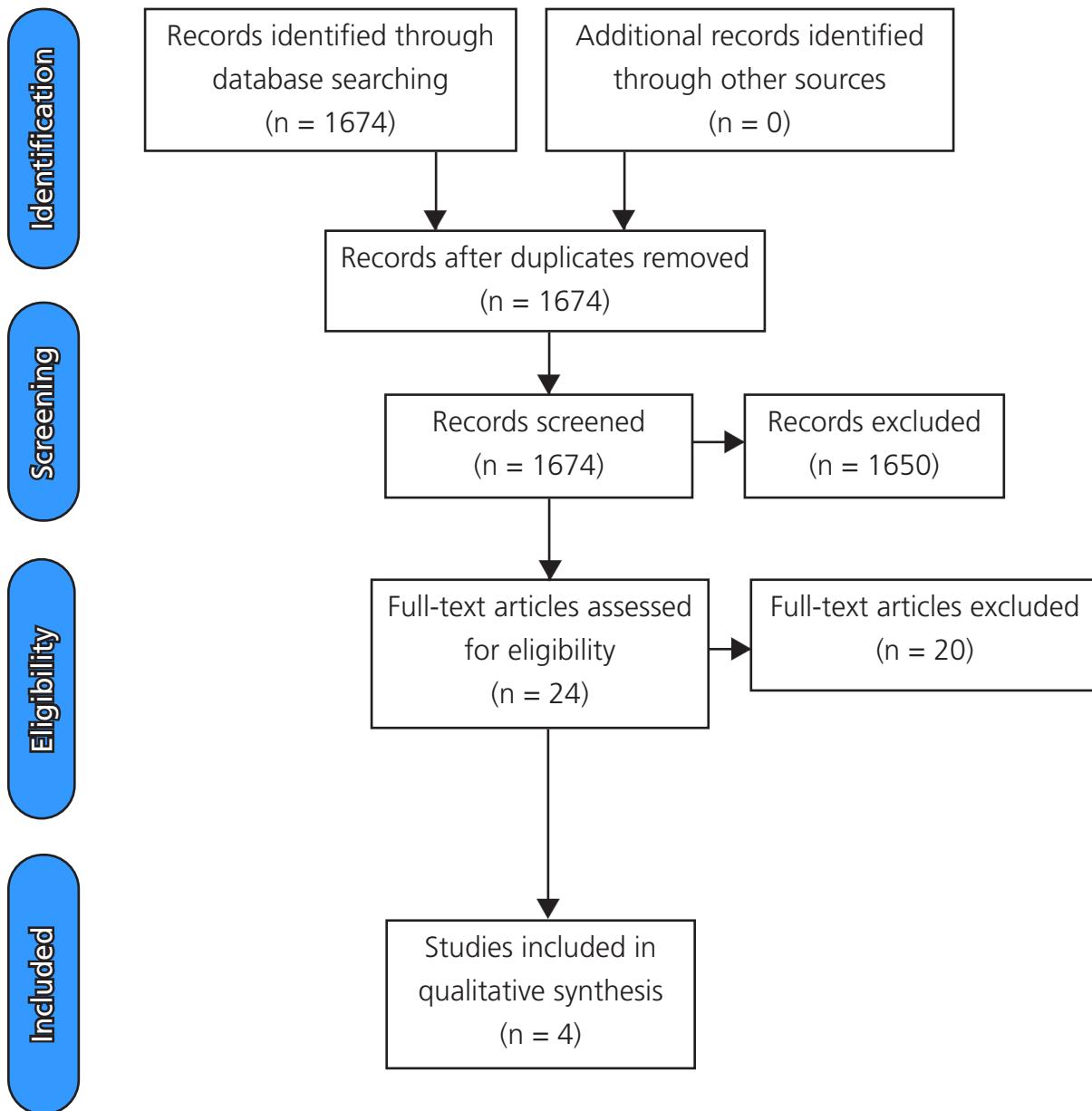
**Figure 13** Flow chart bladder cancer

Table 8 Included studies bladder cancer

Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Zhou, UK	2018	13471 fast-track out of 25820 in total	Retrospective, data from the National Cancer Data Repository (NCDR) containing information on the diagnostic 'route' of cancer patients	Fast-track according to national clinical guidelines	52% of all referrals were fast-track, about average for a range of cancer types	
Liedberg, Sweden	2016	275 patients aged ≥50 years with macroscopic haematuria (36 bladder cancer), 101 controls with bladder cancer	Prospective	Telephone hotline for fast-track diagnosis of haematuria, compared with conventional diagnosis process	Median time from patient-reported haematuria to diagnosis was 29 days in intervention and 50 in control group. Healthcare costs lower in intervention group (655 vs 767 EUR)	
Neal, UK	2014	1018 intervention, 664 controls	Retrospective, data from the General Practice Research Database	Implementation of the 2005 NICE referral guidelines for suspected cancer in the UK	Median 107 days diagnostic interval before and 81 days after implementation of guidelines. Mean difference 16.4 days, 95% CI = 6.6 to 26.5 days	
Dregan, UK	2013	The UK Clinical Practice Research Database (CPRD) with linked Cancer Registry (CR) data	Retrospective registry study	Time from the first recorded consultation with the relevant alarm symptom to the first diagnosis of the corresponding cancer of interest (interval to diagnosis)	Patients with the longest interval (>365 days) from first haematuria presentation to cancer diagnosis had the highest mortality (HR = 2.22, 95% CI = 1.35 to 3.69)	

Urologiska tumörer

Anna Messing Eriksson och Ove Andrén

Prostatacancer

I Sverige diagnostiseras cirka 11 000 män varje år och incidensen är 173/100 000 invånare. Prostatacancer är den vanligaste cancersjukdomen hos män (33 procent av all cancer hos män) och sjukdomen drabbar framför allt äldre män – cirka hälften är över 70 år och sjukdomen är mycket ovanlig före 50 års ålder (enligt Nationellt vårdprogram prostatacancer). Cirka 2350 personer avlider årligen med angiven dödsorsak malign tumör i prostata.

Prostatacancer indelas i lågrisk-, mellanrisk-, högrisk- och metastaserad cancer. Grupperna fördelades år 2018 på cirka 24 procent, 37 procent 20 procent respektive 17 procent enligt Nationella prostatacancerregistret. Risken att avlida av prostatacancer är starkt beroende på cancerns utbredning och hur aggressiv den är. Den relativa 5-årsöverlevnaden är drygt 90 procent.

Testikelcancer

Testikelcancer är en fåtalsdiagnos och utgör en liten del av manlig cancer, cirka 1 procent. Sjukdomen drabbar unga män och är den vanligaste cancerformen hos män mellan 25-40 år, med cirka 340 fall/år i Sverige. Cirka 9 personer avlider årligen (2017) med angiven dödsorsak malign tumör i testikel. Det finns två typer av testikelcancer. Den ena, seminom, utgör cirka 60 procent och drabbar framför allt män i åldrarna 30–45 år. Cancern upptäcks ofta innan den har spridit sig (bildat metastaser). Den andra typen, non-seminom, drabbar oftast yngre män mellan 20 och 35 år. Denna typ kan växa snabbt och är i hälften av fallen spridd när den upptäcks.

Trots avsevärd andel av spridd sjukdom vid diagnos är prognosen för testikelcancer mycket god med en överlevnad på 97 procent i Sverige.

Peniscancer

Peniscancer är en ovanlig tumörform. Med undantag av primär uretracancer är det den minst vanliga av maligna tumörer inom urinvägarna. Under åren 2012-2017 rapporterades 1018 nya fall till det nationella peniscancerregistret (täckningsgrad 98 procent).

Incidensen var år 2017 enligt Cancerregistret 3,3 nya fall per 100 000 män och tenderar att öka. Peniscancer är vanligast i högre åldrar med flest fall i åldern 60-85 år, men även yngre män drabbas. Lokaliserad sjukdom dominerar (81 procent) och mer än hälften av tumörerna är invasiva (55 procent). Cirka 25 personer avlider årligen (2017) med angiven dödsorsak malign tumör i penis.

Njurcancer

Njurcancer utgör drygt 2 procent av all cancer hos vuxna i Sverige. Det är den nionde respektive fjor-tonde vanligaste tumören bland män och kvinnor. Det upptäcks cirka 1 100 nya fall av njurcancer per år i Sverige och 2017 var den åldersstandardiserade incidensen 16/100 000 bland män och 8/100 000 bland kvinnor. Cirka 590 personer avlider årligen (2017) med angiven dödsorsak malign tumör i njure inklusive njurbäcken. Majoriteten av patienter som diagnosticeras med njurcancer är mellan 60 och 80 år och druga 60 procent (2017) av alla njurcancerfall upptäcks vid undersökningar/utvärderingar av andra tillstånd eller symtom som inte direkt kopplas till njurcancer (incidentell upptäckt).

Resultat

Vid sökningen för att kartlägga evidensen för SVF vid prostata-, testikel-, njur- och peniscancer fann vi vid vår sökning 1674 artiklar som uppfyllde sökkriterierna. Av dessa avfärdades 1665 artiklar på abstractnivå som inte relevanta. De kvarvarande nio lästes i fulltext. Av dessa nio studerade sex en-bart prostatacancer, en enbart testikelcancer, en alla de fyra cancerformerna och en njur-, testikel- och prostatacancer. Ingen studie var randomiserad. Fyra studier hade en retrospektiv studiedesign och fem var prospektiva. Av dessa uteslöts två då de studerade fel studiepopulation, fyra då de saknade kontroll-grupp och övriga tre på grund av att de vid fulltextläsning visade sig inte vara relevanta.

Konklusion

Sammantaget hittade vi inga artiklar som vare sig stödjer eller talar emot vinster för patienter eller vården vad det gäller Standardiserade vårdförlopp (SVF), och måste konstatera att frågan runt SVF är otillräckligt beforskad för cancer i prostata-, testikel-, penis- och njurcancer.
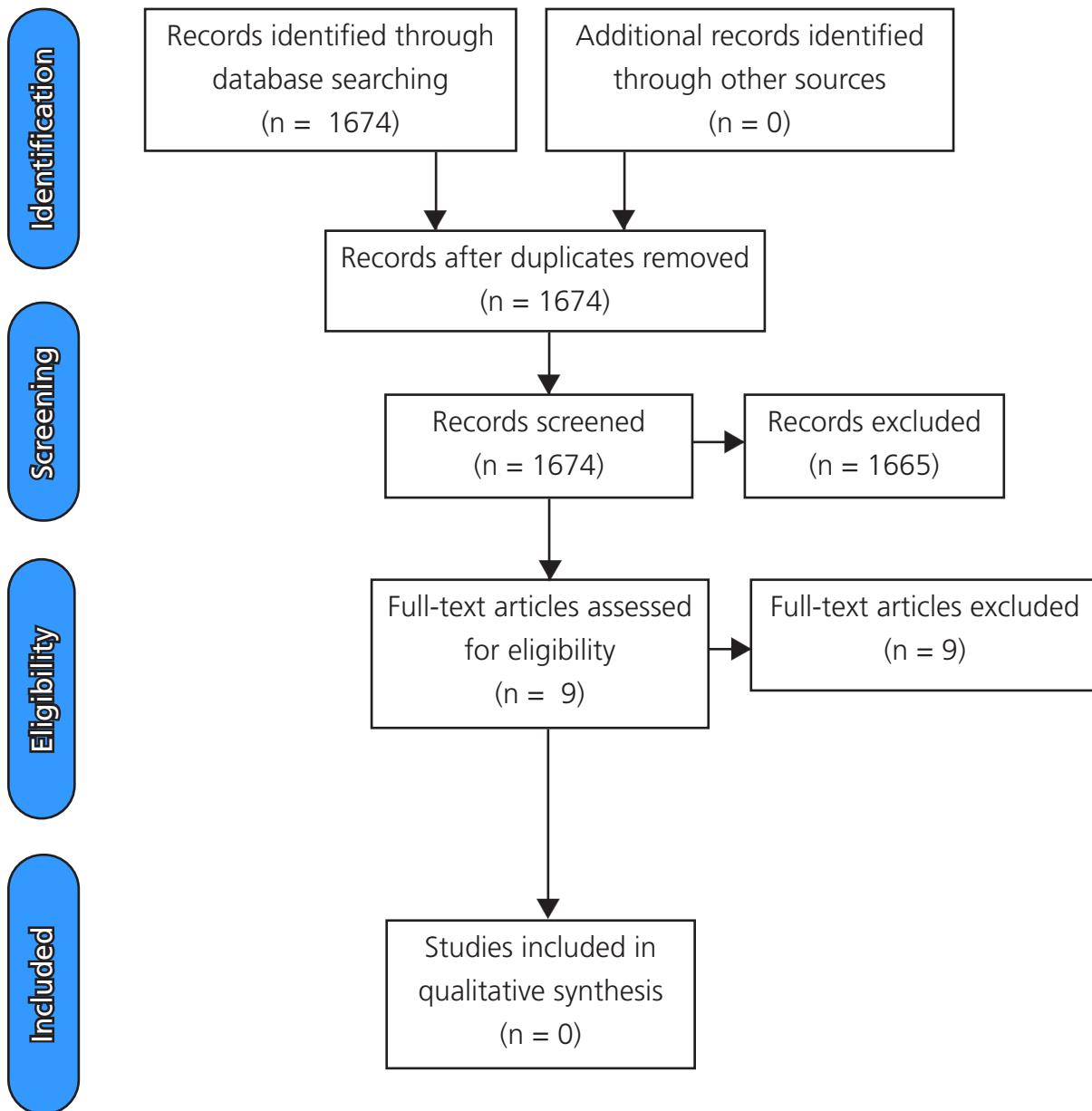
Figure 14 Flow chart urologic cancers

Resultat sammanfattning

Sammanlagt bedömdes således 21 unika studier vara av intresse (se Appendix 1A). De värderades ytterligare en gång (AV, ET, LO) avseende kontrollgrupp enligt kriterier som använts i närliggande projekt (HTA-rapport Standardiserade vårdförlopp vid misstanke om cancer 2020:33) för patienter med misstänkt eller diagnosticerad cancer. Det innefattade bland annat kravet på att en historisk kontrollgrupp inte fick ligga mer än högst fem år tillbaka i tiden och vidare att patienter som i ett system med snabbspår inte uppfyllt kriterierna för detta, inte kan utgöra kontrollgrupp. Otydlighet kring detta gjorde att studien av Neal et al ömsom inkluderades, ömsom exkluderades.

Totalt bedömdes fyra studier ha en kontrollgrupp enligt dessa kriterier. Endast en randomiserad kontrollerad studie (RCT) påträffades (Guldbrandt 2015) och i övriga tre studier användes en före-efter design (se Appendix 1B).

Tre av studierna visade på kortare ledtider med olika former av snabbspår (van Harten 2018, Williams 2018, Guldbrandt 2015). Det rörde sig om enstaka dagar till upp till ett par veckor beroende på vilken tidsperiod som avsågs. I två studier, inklusive den enda RCT om lungcancer, påträffades oförändrad stadiefördelning vid snabbspår i jämförelse med sedvanlig handläggning (Guldbrandt 2015, Lynch 2017).

Ingen av de fyra studierna rapporterade om överlevnad, patientnöjdhet eller jämlik vård.

Diskussion

SBU:s tidigare kartläggning avseende tidig upptäckt av symtomgivande cancer har med detta projekt uppdaterats efter drygt fem år. Samma söksträng som byggdes upp då har använts ånyo. Ett stort antal träffar har relevansgranskats, 356 studier lästs i fulltext och slutligen 21 unika studier inkluderats. Med tanke på att cancer är en så stor sjukdomsgrupp bedöms det som ett oväntat litet antal studier.

Studierna är sinsemellan mycket olika. De flesta har en svag design och det påträffades endast en RCT (Guldbrandt 2015). Några studier rapporterar om en förkortning av olika ledtider men det måste värderas i ljuset av det vetenskapliga bevisvärdet av studierna generellt är lågt och att det saknas långtidsuppföljningar. Det påträffades inga studier som visar en säker association mellan snabbspår i olika form och bättre stadiefördelning eller överlevnad.

Inga studier som använt utfallsmåtten patientnöjdhet eller jämlikhet påträffades. Möjliga risker med snabbspår, exempelvis undanträngningseffekter, fanns inte närmare kartlagda.

En svårighet med detta stora projekt har varit att hålla samman de olika läsparen, i synnerhet kring kriteriet att det ska finnas en kontrollgrupp med i studien för att den ska vara möjlig att inkludera. Det har inte gjorts någon överprövning avseende inkludering och redovisning av resultaten i de organspecifika kapitlen. När de inkluderade studierna gicks igenom ytterligare en gång med samma krav på kontrollgrupp som uppställts i ett närliggande projekt med en generell sökning för standardiserade vårdförlopp, befanns totalt fyra studier uppfylla dessa kriterier. Det ändrar inte de övergripande slutsatserna.

En annan begränsande faktor kan vara själva sökstrategin. Det kan inte uteslutas att viktiga studier inte kommit med. Kartläggningen är vidare begränsad till 22 cancerformer som i nuläget omfattas av organspecifika SVF och omfattar inte SVF för analcancer, neuroendokrina tumörer, maligna lymfom och KLL, buksarkom eller skelett- och mjukdelssarkom.

Sammanfattande slutord

Det har tillkommit ett mycket måttligt antal nya studier kring effekten av snabbspår för cancer under de senaste fem åren och kunskapsläget bedöms oförändrat. Utifrån de studier som påträffats finns inga vetenskapliga belägg för att inrättande av särskilda snabbspår baserade på predefinierade alarmsymtom i ett längre perspektiv minskar olika ledtider eller påverkar utfallet vid cancer.

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Appendix 1   Aggregated results table

Appendix 1A. Included studies

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Brain tumours	--- none ---						
Breast cancer	van Harten, the Netherlands	2018	The retrospective control group consisted of 167 patients (5 colon/rectum, 125 breast, 16 head/neck, 9 bladder, 12 prostate) in the Netherlands Cancer Institute (NKI) and the after implementation group was studied from October to December 2011 a group of 679 patients with 13 different types of suspected cancers	New fast-track diagnostics for 18 cancer types implemented in 2006.	Re-design of the processes of diagnosing cancer for 18 cancer types.	Throughput- and access time were substantially and significantly shortened after the implementation. The access- and throughput times before the implementation were 13 and 6 days, respectively, before implementation and 9 and 3 days efter. The effects on economy and patient satisfaction were not elucidated.	The criteria for selecting the retrospective control group treated before 2006 are far from clear and their number is reported as 175 in the text and 167 in table 1. The time between the control group (before 2006) and the treated group is at least in the order of 5 years, thus running the risk of confounding when evaluating the effects of fast-track diagnostics as such.
Breast cancer	van Hoeve, the Netherlands	2014	366 patients from three hospitals in Northern Netherlands diagnosed with primary breast cancer from 1 July 2006 to 30 June 2007 were compared with 427 patients diagnosed in the time period 1 January to 31 December 2009 after the introduction of a breast cancer pathway in the year 2008	Retrospective study using the national cancer registry of The Netherlands	The introduction of a breast cancer pathway in the year 2008	Seven out of eight structure indicators and four out of five process indicators improved significaltly, but the absolute and relative pre-post differences were in most instances small.	Substantial risk of bias due to the pre-post design. It cannot be excluded that other factors than the introduction of the breast cancer pathway may have influenced the results from year 2007 to 2009. Only the factors registered in the national cancer registry of The Netherlands were available for study, and they did not include patient satisfaction.
Colorectal cancer	--- none ---						

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Esophagus and gastric cancer	Jones, UK	2018	340 patients with suspected upper GI cancer referred directly to investigation (a straight to test pathway (STTP)) compared to 495 patients that followed the traditional route	Retrospective cohort study, control group included	Straight to test pathway (STTP) for patients with suspected upper GI cancer	Mean days from referral to diagnosis was 18 in STTP route compared to 34 in traditional route (p-value < 0.001) whereas mean days from referral to treatment was 46 in STTP route compared to 53 in traditional route (p-value = 0.008)	"No data on survival Selection bias: No information about the method that patients were stratified in two pathways. According to which criteria? "
Esophagus and gastric cancer	Rubin◆, UK	2015	513 patients with esophageal cancer, 293 with direct referral to specialist and 220 with referral after work-up at primary care; 246 patients with gastric cancer, 98 with direct referral and 148 with referral after work-up at primary care	Retrospective cohort study using patients diagnosed with cancer after the implementation of NICE guidelines. No control group	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean additional delay due to primary-care work-up was 22.3 days (p-value < 0.001) in esophageal cancer and 29.3 days (p-value < 0.001) in gastric cancer	No data on survival
Esophagus and gastric cancer	Neal*, UK	2014	"992 patients with esophageal cancer between 2001-2002 and 1236 between 2007-2008; 972 patients with gastric cancer between 2001-2002 and 1341 between 2007-2008"	Retrospective cohort study using patients diagnosed with cancer in two different time periods (2001-2002 vs. 2007-2008).	2005 NICE Guideline for Urgent Referral of Suspected Cancer	"Mean days from symptoms to diagnosis 116.9 in first period vs. 103.7 in second period after the implementation of NICE guidelines (p-value = 0.006) in esophageal cancer; Mean days from symptoms to diagnosis 135,5 in first period vs. 129.5 in second period after the implementation of NICE guidelines (p-value = 0.33) in gastric cancer"	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Gynae-cological cancer	Rai, UK	2015	217 women referred from primary care for suspected ovarian cancer to two cancer units in secondary care in post-guideline cohort	Before-after introduction of guidelines, control group included	All patients were referred accoring to 2WW for suspected ovarian cancer because of symptoms or palpable mass. The intervention involved symptom triggered testing in primary care	"Post: 21/67 (31%) of urgent referrals had OC, 62% advanced stage Pre: 11/69 (16%) of urgent referrals had OC, 64% advanced stage "	Preintervention in 2011; post intervention Jan 2012 to March 2013, ie low risk of bias from this perspective
Head-neck cancer	Williams, UK	2014	149 patients referred via 2WW for head.neck cancer in 2002 compared to 357 during first 6 months in 2012	Retrospective cohort study	2WW referral for suspected head-neck cancer	Cancer pick-up rates were 9 per cent and 5 per cent respectively	Comparison of situation more than 5 years apart; high risk of bias
Leukaemia	--- none ---						
Lung cancer	Common JL, Canada	2018	133 patients referred to 2 tertiary Cancer Centres concering for lung cancer within 1 year (54 patients in traditional referral system vs. 79 patients in Thoracic Triage Panel)	Retrospective cohort study, control group included	Centralised referral program called Thoracic Triage Panel (TTP)	Waiting times (median); time from imaging to biopsy (61.5 vs. 36 days, $p < 0.001$); time from biopsy to treatment (41 vs. 39 days, $p = 0.54$); time from imaging to treatment (118 vs. 80 days, $p = 0.007$)	Limited number of patients, only 2 hospitals, no data on survival

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Lung cancer	Di Girolamo, UK	2018	171 208 patients with lung cancer between 2009 - 2013 in UK	Retrospective population-based cohort study, control group included	Cancer Waiting Time targets including maximum two-week wait (TWW) from GP to specialist, 62-day target from referral to treatment, 31-day target from treatment decision to treatment start	1-year survival for patients who met TWW vs. not met (43.5 % vs. 42.5%), for those who met 62-day target vs. not met (51.3% vs. 69.3%), for those who met 31-day target (54.4% vs. 85.6%)	No data on treatment given, no data on treatment intention, 1-year survival not adequate outcome
Lung cancer	Williams S, New Zealand	2018	212 patients with suspected lung cancer before and after implementation of Fast Track Clinic	Retrospective cohort study, control group included	Respiratory Fast Track Clinic	Median time from referral to specialist (8 vs 6 days, p = 0.005), median time from specialist to diagnosis (15 vs 0 days, p < 0.001), median time from specialist to treatment (37 vs 24 days, p = 0.004)	No data on survival, limited number of patients
Lung cancer	Ezer N, Canada	2017	327 patients with suspected lung cancer between Febr 2010 and Dec 2011	Retrospective cohort study of prospectively collected data, control group included	Rapid Investigation Clinic (RIC)	Median time to 1st treatment (78 vs. 65 days, p < 0.01), median time to pathologic diagnosis (40 vs. 26 days, p < 0.01); indicators of guidelines-concordance: PET-scan in stage I/II lung cancer (82% vs. 94%, p = 0.05), brain imaging in stage IIIA NSCLC (28% vs. 51%, p = 0.22), brain imaging in SCLC (72% vs. 92%, p = 0.13), multidisciplinary tumor board (55% vs. 74%, p < 0.01)	Single-center study, no survival data,

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Lung cancer	Guldbrandt LM, Denmark	2015	119 general practices including 331 patients with lung cancer	Cluster randomized trial, control group included	"Direct access to low-dose CT from primary care combined with a 1 h lung cancer update meeting"	Primary care interval (median 18 vs. 14 days, p = ns), median diagnostic interval (44 vs 36 days, p = 0.299). Stage distribution (localised lung cancer 37.5% vs. 40.4 %, p = 0.595	Underpowered study, no survival data
Lung cancer	Guldbrandt LM, Denmark	2015	971 consecutive incident lung cancer patients in 2010	Retrospective population-based cohort study, control group included	Fast-track diagnostic pathway for suspected cancer cases (within 3 days from referral)	Primary care interval (median 9 vs 7 days, p = 0.783), diagnostic interval (median 34 vs 23 days, p = 0.019)	Risk for recall bias, no survival data
Lung cancer	MacLean R, UK	2015	28 479 lung cancer patients diagnosed at 2010	Retrospective population-based cohort study, control group included	Cancer Waiting Time target including maximum two-week wait (TWW)	"Being at practices with higher TWW referral rates was associated with lower proportion advanced stage lung cancer"	Missing data including for potential confounding factors
Lung cancer	Neal* RD, UK	2014	2963 lung cancer patients diagnosed between 2001-2002 and 4384 lung cancer patients diagnosed between 2007-2008	Retrospective population-based cohort study, no control group	2005 NICE Referral Guidelines for Suspected Cancer	Diagnostic interval (median 114 vs 112 days,p = 0.47)	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).
Lung cancer	Alsamarai S, USA	2013	352 Veterans diagnosed with lungcancer in 2 different periods (n = 163 at 2005-2007 vs n = 189 at 2007-2010)	Retrospective cohort study, no control group	Cancer Care Coordination Program (CCCP)	Stage at diagnosis (st I-II 32% vs. 48% p = 0.006); mean time from image to diagnosis 76 vs 53 days p = 0.016; mean time from image to treatment 126 vs 101 p = 0.015	Only veterans, single-center study, multiple interventions within CCCP, no data on survival

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Melanoma	Lynch, Ireland	2017	Invasive melanomas excised in the Mid-West of Ireland over a 2-year period	Retrospective cohort study, prior to (2010-2011) and after (2013-2014) the introduction of a pigmented lesion clinic (PLC)	A PLC was introduced in Limerick University Hospital with the aim of reviewing suspicious lesions within 2 weeks of referral	The number of melanomas almost doubled between the two periods, from 54 to 107. There was a decrease in the median Breslow thickness of melanomas from 1.3 to 1.0 (p=0.48)	The study was not randomized. No data on survival.
Melanoma	Grange, France	2014	1241 GPs in Champagne-Ardenne in 2008	The pre-campaign period (2005-07) was compared to the post-campaing period (2009-11)	All received awareness postal mailings on early diagnosis of melanoma and 398 (32%) attended training sessions	The incidence of very thick melanomas (VTM) decreased from 1.07 to 0.71 / 100,000 inhabitants. The proportion of VTM decreased from 19.2% to 12.8%	Seven years between first to last intervention, increased risk of bias
Melanoma	Karavan, USA	2014	250,000 patients connected to Veterans Integrated Service Network.	Comparison of pathology-confirmed primary melanoma in Veterans who had at least one encounter at a VA facility ruing a 3-year study period	About half (53%) had access to teledermatology (TD)	Age-adjusted incidence in TD veterans was 15/100,000 compared to 57/100,000 in non-TD Veterans. The average Breslow depth among TD melanomas was 0.77 greater than non-TD melanomas (p=0.03)	The study was not randomized, confounding associated with access to TD
Myeloma	--- none ---						

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Pancreas - liver	Rubin◆, UK	2015	327 patients with pancreatic cancer, 81 with direct referral to specialist and 246 with referral after work-up at primary care	Retrospective cohort study using patients diagnosed with cancer after the implementation of NICE guidelines. No control group	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean additional delay due to primary-care work-up was 17.1 days (p-value > 0.05)	No data on survival
Pancreas - liver	Neal*, UK	2014	623 patients with pancreatic cancer between 2001-2002 and 789 between 2007-2008.	Retrospective cohort study using patients diagnosed with cancer in two different time periods (2001-2002 vs. 2007-2008). No control group	2005 NICE Guideline for Urgent Referral of Suspected Cancer	Mean days from symptoms to diagnosis 108.3 in first period vs. 95.7 in second period after the implementation of NICE guidelines (p-value = 0.04)	No data on influence in survival; the difference in diagnostic intervals can be attributed to other reasons as well (no causality).
Urinary bladder	Zhou, UK	2018	13481 fast-track out of 25820 in total	Retrospective, data from the National Cancer Data Repository (NCDR) containing information on the diagnostic 'route' of cancer patients. No control group	Fast-track according to national clinical guidelines	52% of all referrals were fast-track, about average for a range of cancer types	Fast-track referrals are less likely for cancers characterised by nonspecific presenting symptoms

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Urinary bladder	Liedberg, Sweden	2016	275 patients aged ≥50 years with macroscopic haematuria (36 bladder cancer), 101 controls with bladder cancer	Prospective, no control group	Telephone hotline for fast-track diagnosis of haematuria, compared with conventional diagnosis process	Median time from patient-reported haematuria to diagnosis was 29 days in intervention and 50 in control group. Healthcare costs lower in intervention group (655 vs 767 EUR)	The study was not randomized. Selection bias.
Urinary bladder	Dregan, UK	2013	The UK Clinical Practice Research Database (CPRD) with linked Cancer Registry (CR) data	Retrospective registry study	Time from the first recorded consultation with the relevant alarm symptom to the first diagnosis of the corresponding cancer of interest (interval to diagnosis)	Patients with the longest interval (>365 days) from first haematuria presentation to cancer diagnosis had the highest mortality (HR = 2.22, 95% CI = 1.35 to 3.69)	
Urinary bladder	Neal*, UK	2014	1018 intervention, 664 controls	Retrospective, data from the General Practice Research Database. No control group	Implementation of the 2005 NICE referral guidelines for suspected cancer in the UK	Median 107 days diagnostic interval before and 81 days after implementation of guidelines. Mean difference 16.4 days, 95% CI = 6.6 to 26.5 days	The overall mean diagnostic interval fell by 5.4 days (95% CI: 2.4-8.5; P<0.001) between 2001-2002 and 2007-2008. Risk of bias > 5 years from first to last patient

* samma publikation ◆samma publikation

Appendix 1B. Included studies with a control group

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Breast cancer	van Harten, the Nether-lands	2018	The retrospective control group consisted of 167 patients (5 colon/rectum, 125 breast, 16 head/neck, 9 bladder, 12 prostate) in the Netherlands Cancer Institute (NKI) and the after imple-mentation group was studied from October to December 2011 a group of 679 patients with 13 different types of suspected cancers	New fast-track diagnostics for 18 cancer types implemented in 2006 Pre-post design	Re-design of the processes of diagnosing cancer for 18 cancer types	Throughput- and access time were substantially and signifi-cantly shortehed after the im-plementation. The access- and throughput times before the implementation were 13 and 6 days, respectively, before implementation and 9 and 3 days efter.The effects on eco-nomy and patient satisfaction were not elucidated	The criteria for selecting the retrospec-tive control group treated before 2006 are far from clear and their number is reported as 175 in the text and 167 in table 1. The time between the control group (before 2006) and the treated group is at least in the order of 5 years, thus running the risk of confounding when evaluating the effects of fast-track diagnostics as such
Lung cancer	Williams S, New Zealand	2018	212 patients with suspected lung cancer before and after implementation of Fast Track Clinic	Retrospective cohort study, pre-post inter-vention	Respiratory Fast Track Clinic	Median time from referral to specialist (8 vs 6 days, p = 0.005), median time from specialist to diagnosis (15 vs 0 days, p < 0.001), median time from specialist to treatment (37 vs 24 days, p = 0.004)	Pre- and post intervention groups were treated in the same year. Underpowered study, no survival results
Lung cancer	Guldbrandt LM, Denmark	2015	119 general practices inclu-ding 331 patients with lung cancer	Cluster randomi-zed trial	"Direct access to low-dose CT from primary care combined with a 1 h lung cancer update meeting"	Primary care interval (median 18 vs 14 days, NS), median diagnostic interval (44 vs 36 days, NS). Stage distribution (localised lung cancer 37.5% vs. 40.4 %, NS)	Underpowered study, no survival results

Tumour type	Author, country	Year	Population	Design	Intervention	Outcome	Risk of bias / Comment
Melanoma	Lynch, Ireland	2017	Pigmented lesion clinic set up at University Hospital Limerick (UHL) in October 2012 with the aim of reviewing patients with suspicious lesions within 2 weeks of referral	Before-after retrospective study. The 2013–2014 results were compared to the results obtained 2010–2011	Introduction of a fast track pigmented lesion clinic	"The number of melanomas excised almost doubled from 54 (2010–2011) to 107 (2013–2014). There was no significant increase in the proportion of early histological stage melanomas (B1 mm) diagnosed from 46% (n = 48, 2010–2011) to 52% (n = 97, 2013–2014) (p = 0.52). The proportion of intermediate-thickness melanomas (1.01–4 mm) decreased from 42% (n = 48) to 33% (n = 97) (p = 0.31)"	"Pre-post intervention within 2 years caters for moderate risk of bias due to the passing of time. The risk of selection bias is relatively low since only melanocarcinoma patients were studied. No survival results. No survival results"

Appendix 2 Search strategies

Bröstcancer

PubMed 180416

Söktermer		Antal träffar
Patienter med bröstcancer		
	1.	("Breast Neoplasms"[Mesh]) OR ((((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinoma*[Title/Abstract]))) AND ((breast[Title/Abstract] OR mammary[Title/Abstract] OR lobular[Title/Abstract])))
Intervention		
	2.	(((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh]))) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))

Row values in column *Antal träffar*:

Row	Antal träffar
1.	377691
2.	6651262

Söktermer		Antal träffar
Tidig upptäckt		
3.	(((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2078992
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract]) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1421882
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	2089
Limit: 2013-, engelska,		
5.		1686

Cochrane 180423

Söktermer			Antal träffar
Patienter med bröstcancer10684			
	1	[Breast neoplasms] Mesh	10684
	2	breast* or mammary* or lobular AND tumor* or tumour* or cancer* or neoplasm* or carcinoma*:ti,ab,kw (Word variations have been searched)	29246
	3	1 OR 2	29246
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	159469
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	72336
	6.	4 OR 5	200867
Tidig upptäckt17801			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6760
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	17801
	9.	7 OR 8	23152
Kombinerade set			
	4.	3 AND 6 AND 9	746
Limit: engelska, 2013-, RCT			
	5.	4	228
		Efter dubblettkontroll	159

Esofagus

Pubmed: 181126

Söktermer	Antal träffar
Patienter med esofagus/magcancer	
1. (("Esophageal Neoplasms"[Mesh] OR "Stomach Neoplasms"[Mesh])) OR (((((("Esophagus"[Mesh]) OR (Esophageal [Title/Abstract] OR Esophagus[Title/Abstract]))) OR (("Stomach"[Mesh]) OR (Stomach[Title/Abstract] OR Stomachs[Title/Abstract] OR Gastric[Title/Abstract] OR Esophagogastric[Title/Abstract] OR Pylorus[Title/Abstract] OR Pyloric[Title/Abstract] OR Cardia[Title/Abstract]))) AND ((Neoplasms[MeSH Terms]) OR (neoplasm[Title/Abstract] OR neoplasms[Title/Abstract] OR cancer[Title/Abstract] OR cancers[Title/Abstract] OR tumor[Title/Abstract] OR tumors[Title/Abstract] OR tumour[Title/Abstract] OR tumours[Title/Abstract] OR carcinoma[Title/Abstract] OR carcinomas[Title/Abstract])))	48,790
Intervention	
2. (((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh]))) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	

Söktermer	Antal träffar
Tidig upptäckt	
3. ((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	
Primärvård	
4. ((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract]) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	
Kombinerade set	
5. 1 AND 2 AND 3 AND 4	980
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis	

Cochrane: 181126

Söktermer			Antal träffar
Patienter med esofagus/magcancer			
	1.		
	2.		
	3	1 OR 2	
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	
	6.	4 OR 5	
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postpone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	
	9.	7 OR 8	
Kombinerade set			
	4.	3 AND 6 AND 9	
Limit: engelska, 2013-, RCT			
	5.	4	
		Efter dubblettkontroll	

Gyncancer

Pubmed: 190228

Söktermer	Antal träffar
Patienter med genital cancer	
1. ((((((("Ovarian Neoplasms"[Mesh]) OR "Uterine Neoplasms"[Mesh]) OR "Endometrial Neoplasms"[Mesh]) OR "Uterine Cervical Neoplasms"[Mesh]) OR "Vulvar Neoplasms"[Mesh])) OR ((((((((("Uterus"[Mesh]) OR "Cervix Uteri"[Mesh]) OR "Endometrium"[Mesh]) OR "Vulva"[Mesh]) OR "Ovary"[Mesh])) OR ((uterus[Title/Abstract] OR uterine[Title/Abstract] OR endometrial[Title/Abstract] OR endometrioid[Title/Abstract] OR cervix[Title/Abstract] OR cervical[Title/Abstract] OR vulva[Title/Abstract] OR vulvar[Title/Abstract] OR ovary[Title/Abstract] OR ovaries[Title/Abstract] OR ovarian[Title/Abstract])))) AND (((((Neoplasms[MeSH Terms]) OR (neoplasm[Title/Abstract] OR neoplasms[Title/Abstract] OR cancer[Title/Abstract] OR cancers[Title/Abstract] OR tumor[Title/Abstract] OR tumors[Title/Abstract] OR tumour[Title/Abstract] OR tumours[Title/Abstract] OR carcinoma[Title/Abstract] OR carcinomas[Title/Abstract]))))))))	324356
Intervention	
2. (((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh]))) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	

Söktermer	Antal träffar
Tidig upptäckt	
3. (((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,199466
Primärvård	
4. ((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract]) OR (((((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,491870
Kombinerade set	
5. 1 AND 2 AND 3 AND 4	3519
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis	
5.	1208

Cochrane: 190228

Söktermer			Antal träffar
Patienter med genital cancer			
	1.	MeSH descriptor: explode all trees [Uterine Neoplasms] or [Uterine Cervical Neoplasms] or [Endometrial Neoplasms] or [Vulvar Neoplasms] or [Ovarian Neoplasms]	4543
	2.	MeSH descriptor: explode all trees ([Uterus] or [Cervix Uteri] or [Endometrium] or [Vulva] or [Ovary]) or (uterus or uterine or endometrial or endometrioid or cervix or cervical or vulva or vulvar or ovary or ovaries or ovarian):-ti,ab,kw	37614
	3	tumor* or tumour* or cancer* or neoplasm* or carcinoma*	162757
	4.	2 AND 3	12763
	5.	1 OR 4	12763
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	140189
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	80485
	8.	4 OR 5	188157
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6060
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postpone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	19656
	11.	7 OR 8	23725
Kombinerade set			
	12.	5 AND 8 AND 11	368
Limit: engelska, 2013-, RCT			
	13.		174
		Efter dubblettkontroll	

Hjärntumörer

Totalt antal referenser 250 efter dubblettkontroll: 242

Pubmed: 190619

Söktermer	Antal träffar
Patienter med Brain Neoplasms	
1. ("Brain Neoplasms"[Mesh]) OR (brain neoplasm*[Title/Abstract] OR brain cancer*[Title/Abstract] OR brain tumor*[Title/Abstract] OR intracranial neoplasm*[Title/Abstract] OR cerebral ventricle neoplasms[Title/Abstract] OR choroid plexus neoplasms[Title/Abstract] OR infratentorial neoplasms[Title/Abstract] OR brain stem neoplasms[Title/Abstract] OR cerebellar neoplasms[Title/Abstract] OR neurocytoma[Title/Abstract] OR pinealoma[Title/Abstract] OR supratentorial neoplasms[Title/Abstract] OR hypothalamic neoplasms[Title/Abstract])	157,653
Intervention	
2. (((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	7,112320

Söktermer		Antal träffar
3.	(((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,246709
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,519885
5.	1 AND 2 AND 3 AND 4	635
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		**223**

Cochrane: 190619

Söktermer			Antal träffar
Patienter med Brain Neoplasms			
	1.	MeSH descriptor: [Brain Neoplasms] explode all trees	1805
	2.	brain neoplasm* OR brain cancer* OR brain tumor* OR intracranial ne-oplasm* OR cerebral ventricle neoplasms OR choroid plexus neoplasms OR infratentorial neoplasms OR brain stem neoplasms OR cerebellar neoplasms OR neurocytoma OR pinealoma OR supratentorial neoplasms OR hypotha-lamic neoplasms	6697
	3	1 OR 2	6841
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/educa-tion [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Prac-tice [Mesh] or Disease Management [Mesh] or Medical Informatics Applica-tions [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh]	144, 091
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word varia-tions have been searched)	96,975
	6.	4 OR 5	206,379
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnos-tic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6,219
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	25,558
	9.	7 OR 8	29,523
Kombinerade set			
	4.	3 AND 6 AND 9	46
Limit: engelska, 2013-, RCT			
	5.		27
		Efter dubblettkontroll	19

Huvud- och halscancer

Pubmed: 180416

Söktermer			Antal träffar
Patienter med huvud/hals cancer			
	1.	(("Head and Neck Neoplasms"[Mesh])) OR ((((head OR neck OR upper aero-digestive tract OR facial OR mouth OR otorhinolaryngologic OR esophageal OR facial OR eyelid OR mouth OR gingival OR oral leukoplakia OR lip OR palatal OR salivary gland OR tongue OR ear OR laryngeal OR nose OR pharyngeal OR parathyroid OR thyroid OR tracheal) all)) AND ((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinoma*[Title/Abstract])))	417090
Intervention			
	2.	((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6651262

Söktermer		Antal träffar
Tidig upptäckt		
3.	((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2078992
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract]) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1421882
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	1587
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		
5.		422

Cochrane: 180423

Söktermer			Antal träffar
Patienter med huvud/hals cancer			
	1.	[Head and Neck neoplasms]	5015
	2.	head or neck or upper aerodigestive tract or facial or mouth or otorhino-laryngologic or esophageal or facial or eyelid or mouth or gingival or oral leukoplakia or lip or palatal or salivary gland or tongue or ear or laryngeal or nose or pharyngeal or parathyroid or thyroid or tracheal AND tumor* or tumour* or cancer* or neoplasm* or carcinoma*	17197
	3	1 OR 2	17549
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	159469
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	72336
	6.	4 OR 5	200867
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6760
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	17801
	9.	7 OR 8	23152
Kombinerade set			
	4.	3 AND 6 AND 9	186
Limit: engelska, 2013-, RCT			
	5.		39
		Efter dubblettkontroll	35

Kolorektal cancer

Pubmed: 180425

Söktermer		Antal träffar
Patienter med gastrointestinal cancer		
1.	((((((((((((((((((((gastrointestinal[Title/Abstract]) OR Intestinal[Title/Abstract]) OR Esophageal[Title/Abstract]) OR Cecal[Title/Abstract]) OR Colorectal[Title/Abstract]) OR Duodenal[Title/Abstract]) OR Ileal[Title/Abstract]) OR Jejunal[Title/Abstract]) OR Stomach[Title/Abstract]) OR Zollinger-Ellison Syndrome[Title/Abstract])) OR gastric)) AND ((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinom*[Title/Abstract])))) OR "Gastrointestinal Neoplasms"[Mesh]))	451930
Intervention		
2.	(((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh]))) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6659839

Söktermer		Antal träffar
Tidig upptäckt		
3.	(((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2082106
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1423717
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	4416
Limit: 2013-, engelska, exkluderat reviews, systm. rev., meta-analysis		
5.		1460

Cochrane: 180425

Söktermer			Antal träffar
Patienter med gastrointestinal cancer			
	1.	gastrointestinal or Intestinal or Esophageal or Cecal or Colorectal or Duodenal or Ileal or Jejunal or Stomach or Zollinger-Ellison Syndrome or gastric:-ti,ab,kw (Word variations have been searched)	75088
	2.	tumor* or tumour* or cancer* or neoplasm* or carcinom*: ti,ab,kw (Word variations have been searched)	143088
	3.	1 AND 2	24564
	4.	MeSH descriptor: [Gastrointestinal Neoplasms] explode all trees	10388
	5.	3 OR 4	26102
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	159468
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	72336
	8.	6 OR 7	200867
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6760
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	17801
	11.	9 OR 10	23152
Kombinerade set			
	12.	5 AND 8 AND 11	613
Limit: engelska, 2013-, RCT			
	13.		304
		Efter dubblettkontroll	180

Leukemi

Pubmed: 181112

Söktermer			Antal träffar
Patienter med leukemi			
	1.	("Leukemia"[Mesh]) OR (Leukemia OR Leukemias OR Leucocythemia OR Leucocythaemia)	313,342
Intervention			
	2.	((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6,866134

Söktermer		Antal träffar
3.	(((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,158882
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,468470
5.	1 AND 2 AND 3 AND 4	710
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		**314**

Cochrane: 181112

Söktermer			Antal träffar
Patienter med leukemi			
	1.	Leukemia [Mesh]	4,141
	2.	Leukemia or Leukemias or Leucocythemia or Leucocythaemia):ti,ab,kw	10,935
	3	1 OR 2	10,936
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh]	139,757
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	81,596
	6.	4 OR 5	188,720
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6,039
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	21,112
	9.	7 OR 8	25,085
Kombinerade set			
	4.	3 AND 6 AND 9	129
Limit: engelska, 2013-, RCT			
	5.	4	16
		Efter dubblettkontroll	13

Lungcancer

Pubmed: 190314

Söktermer	Antal träffar
Patienter med lung cancer	
1. ((((("Lung Neoplasms"[Mesh] OR "Carcinoma, Small Cell"[Mesh])) OR (Lung neoplasm*[Title/Abstract] OR Pulmonary neoplasm*[Title/Abstract] OR Lung cancer[Title/Abstract] OR Pulmonary cancer[Title/Abstract] OR Cancer of lung[Title/Abstract] OR Adenocarcinoma of Lung[Title/Abstract] OR Multiple Pulmonary Nodules[Title/Abstract] OR Pancoast Syndrome[Title/Abstract] OR Pulmonary Blastoma[Title/Abstract] OR Pulmonary Sclerosing Hemangioma[Title/Abstract] OR Small Cell Lung Carcinoma[Title/Abstract] OR Small Cell Carcinoma*[Title/Abstract] OR Oat Cell Carcinoma*[Title/Abstract]))) OR (((Lung OR Lungs OR Pulmonary Bronchial OR Bronchogenic)) AND (((Neoplasms[MeSH Terms]) OR (neoplasm[Title/Abstract] OR neoplasms[Title/Abstract] OR cancer[Title/Abstract] OR cancers[Title/Abstract] OR tumor[Title/Abstract] OR tumors[Title/Abstract] OR tumour[Title/Abstract] OR tumours[Title/Abstract] OR carcinoma[Title/Abstract] OR carcinomas[Title/Abstract]))))	356,882
Intervention	
2. ((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	7,002193

Söktermer	Antal träffar
Tidig upptäckt	
3. ((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,206669
Primärvård	
4. ((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,495978
5. 1. And 2. AND 3. AND.4	2630
Kombinerade set	
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis	
5.	1020

Cochrane: 190314

Söktermer			Antal träffar
Patienter med lungcancer			
	1.	MeSH descriptor: [Lung Neoplasms] OR (Lung neoplasm* OR Pulmonary neoplasm* OR Lung cancer OR Pulmonary cancer OR Cancer of lung OR Adenocarcinoma of Lung OR Multiple Pulmonary Nodules OR Pancoast Syndrome OR Pulmonary Blastoma OR Pulmonary Sclerosing Hemangioma OR Small Cell Lung Carcinoma):ti,ab,kw	18,820
	2.	(Lung OR Lungs OR Pulmonary Bronchial OR Broncogenic) AND (Neoplasm OR Neoplasms OR Cancer OR Cancers OR Tumor OR Tumors OR Tumour OR Tumours OR Carcinoma OR Carcinomas):ti,ab,kw (Word variations have been searched)	18,968
	3.	1. OR 2.	19,801
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh]))) (Word variations have been searched)	141,186
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	81,297
	8.	6 OR 7	190,240
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6128
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	19,846
	11.	9 OR 10	23,947
Kombinerade set			
	12.	3. AND 8. AND 11.	256
Limit: engelska, 2013-, RCT			
	13.	12.	147
		Efter dubblettkontroll	110

Melanom

Pubmed: 190314

Söktermer			Antal träffar
Patienter med Melanom			
	1.	("Melanoma"[Mesh]) OR ((Malignant Melanoma[Title/Abstract] OR Malignant Melanomas[Title/Abstract] OR Melanoma[Title/Abstract] OR Melanomas[Title/Abstract] OR Hutchinson's Melanotic Freckle[Title/Abstract] OR Hutchinson Melanotic Freckle[Title/Abstract] OR Hutchinsons Melanotic Freckle[Title/Abstract] OR Melanotic Freckle[Title/Abstract] OR Melanotic Freckles[Title/Abstract] OR Malignant Lentigo[Title/Abstract] OR Malignant Lentigos[Title/Abstract] OR Amelanotic Melanoma[Title/Abstract] OR Amelanotic Melanomas[Title/Abstract] OR Experimental Melanoma[Title/Abstract] OR Experimental Melanomas[Title/Abstract] OR B16 Melanoma[Title/Abstract] OR Cloudman S91 Melanoma[Title/Abstract]))	124527
Intervention			
	2.	((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6,999317

Söktermer		Antal träffar
	3.	((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh])) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,205678
Primärvård		
	4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR ((((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,495373
	5.	1 AND 2 AND 3 AND 4	1171
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		**354**

Cochrane: 190314

Söktermer			Antal träffar
Patienter med melanom			
	1.	MeSH descriptor: [Melanoma] explode all trees	1566
	2.	(Malignant Melanoma or Malignant Melanomas or Melanoma or Melanomas or Hutchinson's Melanotic Freckle or Hutchinson Melanotic Freckle or Hutchinsons Melanotic Freckle or Melanotic Freckle or Melanotic Freckles or Malignant Lentigo or Malignant Lentigos or Amelanotic Melanoma or Amelanotic Melanomas or Experimental Melanoma or Experimental Melanomas or B16 Melanoma or Cloudman S91 Melanoma):ti,ab,kw	4139
	3	1 OR 2	4139
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh]	141,856
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	81,294
	6.	4 OR 5	190,237
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6,128
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	19,845
	9.	7 OR 8	23,946
Kombinerade set			
	4.	3 AND 6 AND 9	121
Limit: engelska, 2013-, RCT			
	5.		39
		Efter dubblettkontroll	24

Myelom

Pubmed: 181114

Söktermer			Antal träffar
Patienter med myelom			
	1.	("Multiple Myeloma"[Mesh]) OR (Multiple Myeloma[Title/Abstract] OR Multiple Myelomas[Title/Abstract] OR Plasma-Cell Myeloma[Title/Abstract] OR Plasma Cell Myelomas[Title/Abstract] OR Plasma-Cell Myelomas[Title/Abstract] OR Myelomatosis[Title/Abstract] OR Myelomatoses[Title/Abstract] OR *Kahler Disease[Title/Abstract])	47,971
Intervention			
	2.	((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh]))) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6,866134

Myelom

Söktermer		Antal träffar
3.	((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[-Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[-Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[-Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[-Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR deci-sion*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[-Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[-Title/Abstract]))	2,158882
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR fami-ly practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Tit-le/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[-Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healt-hcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR ((((((((((((("Ambulatory Care Facilities"[-Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Commu-nity Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,468470
5.	1 AND 2 AND 3 AND 4	107
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		**75**

Cochrane: 181114

Söktermer			Antal träffar
Patienter med myelom			
	1.	Myeloma [Mesh]	1303
	2.	Multiple Myeloma or Multiple Myelomas or Plasma-Cell Myeloma or Plasma Cell Myelomas or Plasma-Cell Myelomas or Myelomatosis or Myelomatoses or Kahler Disease: ti,ab,kw (Word variations have been searched)	3672
	3	1 OR 2	3672
Intervention			
	4.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh]	139,757
	5.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	81,596
	6.	4 OR 5	188,720
Tidig upptäckt			
	7.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6,039
	8.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	21,112
	9.	7 OR 8	25,085
Kombinerade set			
	4.	3 AND 6 AND 9	5
Limit: engelska, 2013-, RCT			
	5.		5
		Efter dubblettkontroll	3

Pancreascancer och primär levercancer

Pubmed: 181213

Söktermer	Antal träffar
Patienter med cancer i pancreas, gallblåsa, lever samt periampullär cancer	
1. (((((((((("Pancreatic Neoplasms"[Mesh]) OR "Liver Neoplasms"[Mesh:noexp]) OR "Carcinoma, Hepatocellular"[Mesh]) OR "Biliary Tract Neoplasms"[Mesh])) OR ((((((((((((((((((((((((((((((((((((vater ampulla[Title/Abstract]) OR vaters ampulla[Title/Abstract]) OR vater's ampulla[Title/Abstract]) OR hepatopancreatic ampulla[Title/Abstract]) OR hepatopancreatic ampullas[Title/Abstract]) OR duodenal papilla major[Title/Abstract]) OR greater duodenal papilla[Title/Abstract]) OR greater duodenal papillas[Title/Abstract]) OR pancreatic[Title/Abstract]) OR pancreas[Title/Abstract]) OR nesidioblastoma[Title/Abstract]) OR insulinomas[Title/Abstract]) OR beta cell[Title/Abstract]) OR insuloma[Title/Abstract]) OR insulomas[Title/Abstract]) OR islet cell[Title/Abstract]) OR gastrinomas[Title/Abstract]) OR gastrin producing[Title/Abstract]) OR somatostatinomas[Title/Abstract]) OR glucagonomas[Title/Abstract]) OR alpha cell[Title/Abstract]) OR glucagonoma[Title/Abstract]) OR vipomas[Title/Abstract]) OR diarrheogenic[Title/Abstract]) OR vasoactive intestinal peptide[Title/Abstract]) OR vip secreting[Title/Abstract]) OR vipoma[Title/Abstract]) OR watery diarrhea syndrome[Title/Abstract]) OR watery diarrhea hypokalemia achlorhydria syndrome[Title/Abstract]) OR verner morrison syndrome[Title/Abstract]) OR watery diarrhea hypokalemic alkalosis[Title/Abstract]) OR gallbladder[Title/Abstract]) OR gall bladder[Title/Abstract]) OR bile duct[Title/Abstract]) OR hepatic[Title/Abstract]) OR liver[Title/Abstract]) OR hepatocellular[Title/Abstract]) OR biliary tract[Title/Abstract]) OR hepatoma[Title/Abstract]) OR hepatomas[Title/Abstract])) AND ((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinom*[Title/Abstract])))))	371083

Fortsättning på nästa sida.

Söktermer			Antal träffar
Intervention			
	2.	((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6909000

Söktermer		Antal träffar
Tidig upptäckt		
3.	(((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2170125
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1475711
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	1663
Limit: 2013-, engelska, exkluderat reviews, systm. rev., meta-analysis		
6.		555

Cochrane: 181217

Söktermer			Antal träffar
Patienter med cancer i pancreas, gallblåsa, lever samt periampullär cancer			
	1.	(vater ampulla OR vaters ampulla OR vater's ampulla OR hepatopancrea-tic ampulla OR hepatopancreatic ampullas OR duodenal papilla major OR greater duodenal papilla OR greater duodenal papillas OR pancreatic OR pancreas OR nesidioblastoma OR insulinomas OR beta cell OR insuloma OR insulomas OR islet cell OR gastrinomas OR gastrin producing OR somatosta-tinomas OR glucagonomas OR alpha cell OR glucagonoma OR vipomas OR diarrheogenic OR vasoactive intestinal peptide OR vip secreting OR vipoma OR watery diarrhea syndrome OR watery diarrhea hypokalemia achlorhydria syndrome OR verner morrison syndrome OR watery diarrhea hypokalemic alkalosis OR gallbladder OR gall bladder OR bile duct OR hepatic OR liver OR hepatocellular OR biliary tract OR hepatoma OR hepatomas):ti,ab,kw	58120
	2.	tumor* or tumour* or cancer* or neoplasm* or carcinom*: ti,ab,kw (Word variations have been searched)	150072
	3.	1 AND 2	18717
	4.	MeSH descriptor: [Pancreatic Neoplasms] explode all trees	1415
	5.	MeSH descriptor: [Liver Neoplasms] this term only	2218
	6.	MeSH descriptor: [Carcinoma, Hepatocellular] explode all trees	1482
	7.	MeSH descriptor: [Biliary Tract Neoplasms] explode all trees	359
	8.	3 OR 4 OR 5 OR 6 OR 7	4153
	9.	3 OR 8	18722
Intervention			
	10.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Manage-ment [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	140302
	11.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word varia-tions have been searched)	82539
	12.	10 OR 11	189949

Söktermer			Antal träffar
Tidig upptäckt			
	13.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6055
	14.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	21358
	15.	13 OR 14	25331
Kombinerade set			
	16.	9 AND 12 AND 15	105
Limit: engelska, 2013-, in trials			
	17.		58
		Efter dubblettkontroll	50

Tyreoideacancer

Pubmed: 190220

Söktermer	Antal träffar
Patienter med thyroidea cancer	
1. ("Thyroid Neoplasms"[Mesh]) OR (((("Thyroid Gland"[Mesh]) OR (thyroid[Title/Abstract] OR thyroids[Title/Abstract]))) AND ((((Neoplasms[MeSH Terms]) OR (neoplasm[Title/Abstract] OR neoplasms[Title/Abstract] OR cancer[Title/Abstract] OR cancers[Title/Abstract] OR tumor[Title/Abstract] OR tumors[Title/Abstract] OR tumour[Title/Abstract] OR tumours[Title/Abstract] OR carcinoma[Title/Abstract] OR carcinomas[Title/Abstract])))))	76548
Intervention	
2. (((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6,978921

Söktermer		Antal träffar
Tidig upptäckt		
3.	((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2,197438
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1,490860
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	455
Limit: 2013-, engelska, exkluderat reviews, syst. rev., meta-analysis		
5.		161

Cochrane: 190220

Söktermer			Antal träffar
Patienter med thyroidea cancer			
	1.	MeSH descriptor: [Thyroid Neoplasms] explode all trees	554
	2.	(MeSH descriptor: [Thyroid Gland] explode all trees) or (thyroid or thyroids):-ti,ab,kw	5194
	3	tumor* or tumour* or cancer* or neoplasm* or carcinoma*	162757
	4.	2 AND 3	1607
	5.	1 OR 4	1664
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	140189
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	80485
	8.	4 OR 5	188157
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6060
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postpone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	19656
	11.	7 OR 8	23725
Kombinerade set			
	12.	5 AND 8 AND 11	21
Limit: engelska, 2013-, RCT			
	13.		8
		Efter dubblettkontroll	7

Urinblåsecancer

Pubmed: 180426

Söktermer			Antal träffar
Patienter med urogenital cancer			
	1.	((((((((((((Urogenital[Title/Abstract]) OR Genito-urinary[Title/Abstract]) OR Geni-tourinary[Title/Abstract]) OR "Genito urinary"[Title/Abstract])) OR (((((((((((((Fallopian Tube[Title/Abstract]) OR Uterine[Title/Abstract]) OR Vaginal[Title/Abstract]) OR Vulvar[Title/Abstract]) OR Penile[Title/Abstract]) OR Prostatic[Title/Abstract]) OR Testicular[Title/Abstract]) OR Kidney[Title/Abstract]) OR Ureteral[Title/Abstract]) OR Urethral[Title/Abstract]) OR Urinary[Title/Abstract]) OR Ovarian[Title/Abstract]) OR Bladder[Title/Abstract]))) OR genital[Title/Abstract])) AND (((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinom*[Title/Abstract]))))) OR "Urogenital Neoplasms"[Mesh])	575480
Intervention			
	2.	(((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6659839

Söktermer		Antal träffar
Tidig upptäckt		
3.	((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2082106
Primärvård		
4.	((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR (((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1423717
Kombinerade set		
5.	1 AND 2 AND 3 AND 4	5463
Limit: 2013-, engelska, exkluderat reviews, systm. rev., meta-analysis		
5.		1497

Cochrane: 180423

Söktermer			Antal träffar
Patienter med urogenital cancer			
	1.	Urogenital or Genito-urinary or Genitourinary or "Genito urinary" or Fallopian Tube or Uterine or Vaginal or Vulvar or Penile or Prostatic or Testicular or Kidney or Ureteral or Urethral or Urinary or Ovarian or Bladder or genital:-ti,ab,kw (Word variations have been searched)	105785
	2.	tumor* or tumour* or cancer* or neoplasm* or carcinom*: ti,ab,kw (Word variations have been searched)	143088
	3.	1 AND 2	25123
	4.	MeSH descriptor: [Gastrointestinal Neoplasms] explode all trees	11704
	5.	3 OR 4	25499
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	159469
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	72336
	8.	6 OR 7	200867
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6760
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	17801
	11.	9 OR 10	23152
Kombinerade set			
	12.	5 AND 8 AND 11	608
Limit: engelska, 2013-, RCT			
	13.		265
		Efter dubblettkontroll	177

Urologiska tumörer

Pubmed: 180426

Söktermer	Antal träffar
Patienter med urogenital cancer	
1. ((((((((((((((Urogenital[Title/Abstract]) OR Genito-urinary[Title/Abstract]) OR Geni-tourinary[Title/Abstract]) OR "Genito urinary"[Title/Abstract])) OR (((((((((((((Fallopian Tube[Title/Abstract]) OR Uterine[Title/Abstract]) OR Vaginal[Title/Abstract]) OR Vulvar[Title/Abstract]) OR Penile[Title/Abstract]) OR Prostatic[Title/Abstract]) OR Testicular[Title/Abstract]) OR Kidney[Title/Abstract]) OR Ureteral[Title/Abstract]) OR Urethral[Title/Abstract]) OR Urinary[Title/Abstract]) OR Ovarian[Title/Abstract]) OR Bladder[Title/Abstract]))) OR genital[Title/Abstract])) AND (((tumor*[Title/Abstract] OR tumour*[Title/Abstract] OR cancer*[Title/Abstract] OR neoplasm*[Title/Abstract] OR carcinom*[Title/Abstract]))))) OR "Urogenital Neoplasms"[Mesh]))	575480
Intervention	
2. ((("Health Education"[Mesh] OR "Mass Media"[Mesh] OR "Pamphlets"[Mesh] OR "Audiovisual Aids"[Mesh] OR "Patient Education as Topic"[Mesh] OR "Health Behavior"[Mesh] OR "Attitude to Health"[Mesh] OR "Practice Guidelines as Topic"[Mesh] OR "Decision Support Techniques"[Mesh] OR "Communication/education"[Mesh] OR "Communication/methods"[Mesh] OR "Communication/standards"[Mesh] OR "Communication/utilization"[Mesh] OR "Reminder Systems"[Mesh] OR "Health Communication"[Mesh] OR "Telemedicine"[Mesh] OR "Internet"[Mesh] OR "Health Care Facilities, Manpower, and Services"[Mesh] OR "Organization and Administration"[Mesh] OR "Quality Improvement"[Mesh] OR "Evidence-Based Practice"[Mesh] OR "Disease Management"[Mesh] OR "Medical Informatics Applications"[Mesh] OR "Critical Pathways"[Mesh] OR "Education, Professional"[Mesh] OR "Time-to-Treatment"[Mesh] OR "Symptom Assessment"[Mesh] OR "Referral and Consultation"[Mesh])) OR ((publicity campaign*[Title/Abstract] OR community mobili*[Title/Abstract] OR advertisement*[Title/Abstract] OR help seeking[Title/Abstract] OR health educat*[Title/Abstract] OR education program*[Title/Abstract] OR health litera*[Title/abstract] OR health knowledge*[Title/Abstract] OR health behavior*[Title/Abstract] OR health behaviour*[Title/Abstract] OR behavior change*[Title/Abstract] OR patient knowledge*[Title/Abstract] OR patient education[Title/Abstract] OR patient information[Title/Abstract] OR audiovisual[Title/Abstract] OR video[Title/Abstract] OR dvd[Title/Abstract] OR apps[Title/Abstract] OR internet[Title/Abstract] OR twitter[Title/Abstract] OR social media[Title/Abstract] OR text message*[Title/Abstract] OR sms[Title/Abstract] OR e-mail[Title/Abstract] OR pamphlet*[Title/abstract] OR poster*[Title/Abstract] OR decision support system*[Title/Abstract] OR support software*[Title/Abstract] OR shared decision making[Title/Abstract] OR decision aid*[Title/Abstract] OR decision navigation*[Title/Abstract] OR coordinat*[Title/Abstract] OR administrat*[Title/Abstract] OR clinical governance[Title/Abstract] OR personnel manage*[Title/Abstract] OR job description[Title/Abstract] OR management[Title/Abstract] OR workload*[Title/Abstract] OR reminder*[Title/Abstract] OR ((referral[Title/Abstract] OR clinical[Title/Abstract]) AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR lesion clinic*[Title/Abstract] OR planning[Title/Abstract] OR lean production[Title/Abstract] OR tqm[Title/Abstract] OR guideline*[Title/Abstract] OR evidence-based[Title/Abstract] OR symptom assess*[Title/Abstract] OR algorithm*[Title/Abstract]))	6659839

Söktermer	Antal träffar
Tidig upptäckt	
3. ((("Early Detection of Cancer"[Mesh] OR "Delayed Diagnosis"[Mesh] OR "Diagnostic Errors"[Mesh] OR "Referral and Consultation"[Mesh] OR "Incidental Findings"[Mesh] OR "Time-to-Treatment"[Mesh]))) OR ((cancer aware*[Title/Abstract] OR cancer knowledge*[Title/Abstract] OR cancer sign*[Title/Abstract] OR cancer symptom*[Title/Abstract] OR cancer risk*[Title/Abstract] OR cancer predict*[Title/Abstract] OR suspected cancer[Title/Abstract] OR help-seeking[Title/Abstract] OR self-exam*[Title/Abstract] OR misdiagnos*[Title/Abstract] OR ((earl*[Title/Abstract] OR delay*[Title/Abstract] OR missed[Title/Abstract] OR incidental[Title/Abstract] OR warning[Title/Abstract] OR late[Title/Abstract] OR later[Title/Abstract] OR postpone*[Title/Abstract] OR denied[Title/Abstract] OR improved[Title/Abstract]) AND (assessment*[Title/Abstract] OR discover*[Title/Abstract] OR diagnos*[Title/Abstract] OR detect*[Title/Abstract] OR finding*[Title/Abstract] OR referral*[Title/Abstract] OR presentation*[Title/Abstract] OR stage*[Title/Abstract] OR symptom*[Title/Abstract] OR sign[Title/Abstract] OR signs[Title/Abstract] OR investigat*[Title/Abstract])) OR (referral[Title/Abstract] AND (pathway*[Title/Abstract] OR pattern*[Title/Abstract] OR practice*[Title/Abstract] OR decision*[Title/Abstract] OR system[Title/Abstract] OR systems[Title/Abstract] OR proforma*[Title/Abstract])) OR doctor delay*[Title/Abstract] OR doctors delay*[Title/Abstract] OR doctor's delay*[Title/Abstract] OR organization delay*[Title/Abstract] OR patient's delay*[Title/Abstract] OR patient delay*[Title/Abstract] OR patients delay*[Title/Abstract] OR diagnostic delay*[Title/Abstract] OR rapid access*[Title/Abstract] OR wait scheme*[Title/Abstract] OR waiting list*[Title/Abstract] OR two-week wait[Title/Abstract] OR TWW[Title/Abstract]))	2082106
Primärvård	
4. ((general practi*[Title/Abstract] OR general hospital*[Title/Abstract] OR family practi*[Title/Abstract] OR family care[Title/Abstract] OR primary health[Title/Abstract] OR primary care[Title/Abstract] OR primary sector*[Title/Abstract] OR municipalit*[Title/Abstract] OR community-based[Title/Abstract] OR community intervention*[Title/Abstract] OR health cent*[Title/Abstract] OR clinical cent*[Title/Abstract] OR clinical practice*[Title/Abstract] OR clinical setting*[Title/Abstract] OR care cent*[Title/Abstract] OR outpatient clinic*[Title/Abstract] OR out-patient clinic*[Title/Abstract] OR dental practice*[Title/Abstract] OR lesion clinic[Title/Abstract] OR doctor*[Title/Abstract] OR healthcare professional*[Title/Abstract] OR physician*[Title/Abstract] OR gp[Title/Abstract] OR primary health-care nurse*[Title/Abstract] OR emergency medical service*[Title/Abstract])) OR ((((((((((((("Ambulatory Care Facilities"[Mesh:noexp]) OR "Community Health Centers"[Mesh:noexp]) OR "Community Health Services"[Mesh]) OR "Practice Patterns, Physicians'"[Mesh]) OR "Professional-Patient Relations"[Mesh]) OR "Dentists"[Mesh]) OR "Primary Care Nursing"[Mesh]) OR "General Practitioners"[Mesh]) OR "Physicians, Family"[Mesh]) OR "Physicians, Primary Care"[Mesh]) OR "Primary Health Care"[Mesh]) OR "Family Practice"[Mesh]) OR "General Practice"[Mesh]) OR "Emergency Medical Services"[Mesh:noexp])	1423717
Kombinerade set	
5. 1 AND 2 AND 3 AND 4	5463
Limit: 2013-, engelska, exkluderat reviews, systm. rev., meta-analysis	
5.	1497

Cochrane: 180423

Söktermer			Antal träffar
Patienter med urogenital cancer			
	1.	Urogenital or Genito-urinary or Genitourinary or "Genito urinary" or Fallopian Tube or Uterine or Vaginal or Vulvar or Penile or Prostatic or Testicular or Kidney or Ureteral or Urethral or Urinary or Ovarian or Bladder or genital:-ti,ab,kw (Word variations have been searched)	105785
	2.	tumor* or tumour* or cancer* or neoplasm* or carcinom*: ti,ab,kw (Word variations have been searched)	143088
	3.	1 AND 2	25123
	4.	MeSH descriptor: [Gastrointestinal Neoplasms] explode all trees	11704
	5.	3 OR 4	25499
Intervention			
	6.	Health Education[Mesh] or Mass Media [Mesh] or Pamphlets [Mesh] or Audiovisual Aids [Mesh] or Patient Education as Topic[Mesh] or Health Behavior [Mesh] or Attitude to Health [Mesh] or Practice Guidelines as Topic [Mesh] or Decision Support Techniques [Mesh] or Communication/education [Mesh] or Communication/methods [Mesh] Communication/standards [Mesh] or Communication/utilization [Mesh] or Reminder Systems [Mesh] or Health Communication [Mesh] or Telemedicine[Mesh] or Internet [Mesh] or Health Care Facilities, Manpower, and Services [Mesh] or Organization and Administration [Mesh] or Quality Improvement [Mesh] Evidence-Based Practice [Mesh] or Disease Management [Mesh] or Medical Informatics Applications [Mesh] or Critical Pathways [Mesh] or Education, Professional [Mesh] or Time-to-Treatment [Mesh] or Symptom Assessment [Mesh] or Referral and Consultation [Mesh])))	159469
	7.	Decision near/2 mak* or decision/near2 support* or community next mobilit* or health near/2 education or patient near/2 education or "social media" or twitter or sms or text near/1 message* or person* near/1 treat* or printed next material* or educational next material*:ti,ab,kw (Word variations have been searched)	72336
	8.	6 OR 7	200867
Tidig upptäckt			
	9.	Early Detection of Cancer [Mesh] or Delayed Diagnosis [Mesh] or Diagnostic Errors [Mesh] or Referral and Consultation [Mesh] or Incidental Findings [Mesh] or Time-to-Treatment [Mesh]	6760
	10.	early near/2 detect* or wait* near/3 list* or wait* near/3 scheme* or self near/2 assess* or doctors near/2 delay or patient near/2 delay or diagnostic near/2 delay or rapid next access* or self near/3 exam* or ((earl* or late* or postone* or missed or warning) near/2 (detect* or discover* or diagnos* or finding or presentation or referral)):ti,ab,kw (Word variations have been searched)	17801
	11.	9 OR 10	23152
Kombinerade set			
	12.	5 AND 8 AND 11	608
Limit: engelska, 2013-, RCT			
	13.		265
		Efter dubblettkontroll	177

Appendix 3 Excluded articles

Bröstcancer

	Reference	Reason for exclusion
1	Larson KE, Cowher MS, O'Rourke C, Patel M, Pratt D. Do Primary Care Physician Perform Clinical Breast Exams Prior to Ordering a Mammogram? The breast journal. 2016;22(2):189-93.	No control group
2	Lofters A, Vahabi M, Glazier RH. The validity of self-reported cancer screening history and the role of social disadvantage in Ontario, Canada. BMC public health. 2015;15:28.	No control group
3	Akdag HC, Canturk NZ. Improvement of Breast Cancer Patient Pathway Using EU-SOMA Standards and European Guidelines. Chirurgia (Bucharest, Romania : 1990). 2017;112(4):449-56.	Not a clinical pathway
4	Baines C, To T, Miller A. Revised estimates of overdiagnosis from the Canadian National Breast Screening Study. Preventive medicine [Internet]. 2016; 90:[66-71 pp.]. Available from: http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/245/CN-01178245/frame.html	Not a clinical pathway
5	Bao H, Yang F, Su S, Wang X, Zhang M, Xiao Y, et al. Evaluating the effect of clinical care pathways on quality of cancer care: analysis of breast, colon and rectal cancer pathways. Journal of cancer research and clinical oncology. 2016;142(5):1079-89.	Not a clinical pathway
6	Broeders M, Paci E. The balance sheet of benefits and harms of breast cancer population-based screening in Europe: outcome research, practice and future challenges. Women's health (London, England). 2015;11(6):883-90.	Not a clinical pathway
7	Brousselle A, Breton M, Benhadj L, Tremblay D, Provost S, Roberge D, et al. Explaining time elapsed prior to cancer diagnosis: patients' perspectives. Bmc Health Serv Res. 2017;17(1):448.	Not a clinical pathway
8	Brunstrom K, Murray A, McAllister M. Experiences of Women Who Underwent Predictive BRCA 1/2 Mutation Testing Before the Age of 30. Journal of genetic counseling. 2016;25(1):90-100.	Not a clinical pathway
9	Bunnik EM, Janssens AC, Schermer MH. Personal utility in genomic testing: is there such a thing? Journal of medical ethics. 2015;41(4):322-6.	Not a clinical pathway
10	Caiata-Zufferey M, Pagani O, Cina V, Membrez V, Taborelli M, Unger S, et al. Challenges in managing genetic cancer risk: a long-term qualitative study of unaffected women carrying BRCA1/BRCA2 mutations. Genetics in medicine : official journal of the American College of Medical Genetics. 2015;17(9):726-32.	Not a clinical pathway
11	Campbell J, Pyer M, Rogers S, Jones J, Ramirez AJ, Forbes LJ. Promoting early presentation of breast cancer in women over 70 years old in general practice. Journal of public health (Oxford, England). 2016;38(3):591-8.	Not a clinical pathway
12	Cheng TM, Freund KM, Winter M, Orlander JD. Limited adoption of current guidelines for clinical breast examination by primary care physician educators. Journal of women's health (2002). 2015;24(1):11-6; quiz 6-7.	Not a clinical pathway
13	Chiarelli AM, Muradali D, Blackmore KM, Smith CR, Mirea L, Majpruz V, et al. Evaluating wait times from screening to breast cancer diagnosis among women undergoing organised assessment vs usual care. Br J Cancer. 2017;116(10):1254-63.	Not a clinical pathway
14	Chlebowski RT, Rohan TE, Manson JE, Aragaki AK, Kaunitz A, Stefanick ML, et al. Breast Cancer After Use of Estrogen Plus Progestin and Estrogen Alone: Analyses of Data From 2 Women's Health Initiative Randomized Clinical Trials. JAMA oncology. 2015;1(3):296-305.	Not a clinical pathway
15	Cordeiro E, Dixon M, Coburn N, Holloway CM. A Patient-Centered Approach to Wait Times in the Surgical Management of Breast Cancer in the Province of Ontario. Ann Surg Oncol. 2015;22(8):2509-16.	Not a clinical pathway

	Reference	Reason for exclusion
16	Cuzick J, Sestak I, Thorat MA. Impact of preventive therapy on the risk of breast cancer among women with benign breast disease. Breast (Edinburgh, Scotland). 2015;24 Suppl 2:S51-5.	Not a clinical pathway
17	Dianatinasab M, Fararouei M, Mohammadianpanah M, Zare-Bandamiri M. Impact of social and clinical factors on diagnostic delay of breast cancer: A Cross-sectional Study. Medicine. 2016;95(38):e4704.	Not a clinical pathway
18	Dodd RH, Forster AS, Sellars S, Patnick J, Ramirez AJ, Forbes LJL. Promoting early pre-sentation of breast cancer in older women: sustained effect of an intervention to promote breast cancer awareness in routine clinical practice. Bmc Health Serv Res. 2017;17(1):386.	Not a clinical pathway
19	Dy SM, Garg PP, Nyberg D, Dawson PB, Pronovost PJ, Morlock L, et al. Are critical pathways effective for reducing postoperative length of stay? Med Care. 2003;41(5):637-48.	Not a clinical pathway
20	Evans DG, Brentnall AR, Harvie M, Dawe S, Sergeant JC, Stavrinos P, et al. Breast cancer risk in young women in the national breast screening programme: implications for app-lying NICE guidelines for additional screening and chemoprevention. Cancer prevention research (Philadelphia, Pa). 2014;7(10):993-1001.	Not a clinical pathway
21	Ewing M, Naredi P, Nemes S, Zhang C, Mansson J. Increased consultation frequency in primary care, a risk marker for cancer: a case-control study. Scandinavian journal of pri-mary health care. 2016;34(2):205-12.	Not a clinical pathway
22	Ferrat E, Le Breton J, Djassibel M, Veerabudun K, Brixi Z, Attali C, et al. Understanding barriers to organized breast cancer screening in France: women's perceptions, attitudes, and knowledge. Family practice. 2013;30(4):445-51.	Not a clinical pathway
23	Gastelum GM, Iqbal C, Hilsenbeck SG, Rimawi MF, Niravath P. Retrospective review of genomic testing in breast cancer: Does it improve outcome? Breast cancer research and treatment. 2017;163(1):191-5.	Not a clinical pathway
24	Hassan N, Ho WK, Mariapun S, Teo SH. A cross sectional study on the motivators for Asian women to attend opportunistic mammography screening in a private hospital in Malaysia: the MyMammo study. BMC public health. 2015;15:548.	Not a clinical pathway
25	Hequet D, Callens C, Gentien D, Albaud B, Mouret-Reynier MA, Dubot C, et al. Prospec-tive, multicenter French study evaluating the clinical impact of the Breast Cancer Intrinsic Subtype-Prosigna (R) Test in the management of early-stage breast cancers. Plos One. 2017;12(10).	Not a clinical pathway
26	Innos K, Padrik P, Valvere V, Eelma E, Kutner R, Lehtsaar J, et al. Identifying women at risk for delayed presentation of breast cancer: a cross-sectional study in Estonia. BMC public health. 2013;13:947.	Not a clinical pathway
27	Jackson SL, Frederick PD, Pepe MS, Nelson HD, Weaver DL, Allison KH, et al. Diagnostic Reproducibility: What Happens When the Same Pathologist Interprets the Same Breast Biopsy Specimen at Two Points in Time? Ann Surg Oncol. 2017;24(5):1234-41.	Not a clinical pathway
28	Jassem J, Ozmen V, Bacanu F, Drobniene M, Eglitis J, Lakshmaiah KC, et al. Delays in diagnosis and treatment of breast cancer: a multinational analysis. European journal of public health. 2014;24(5):761-7.	Not a clinical pathway
29	Katz SJ, Morrow M. Addressing overtreatment in breast cancer: The doctors' dilemma. Cancer. 2013;119(20):3584-8.	Not a clinical pathway
30	Kaushal A, Ramirez AJ, Warburton F, Forster AS, Linsell L, Burgess C, et al. "Promoting Early Presentation" intervention sustains increased breast cancer awareness in older women for three years: A randomized controlled trial. Journal of medical screening. 2017;24(3):163-5.	Not a clinical pathway

	Reference	Reason for exclusion
31	Kubal T, Peabody JW, Friedman E, Levine R, Pursell S, Letson DG. Using Vignettes to Measure and Encourage Adherence to Clinical Pathways in a Quality-Based Oncology Network: An Early Report on the Moffitt Oncology Network Initiative. Managed care (Langhorne, Pa). 2015;24(10):56-64.	Not a clinical pathway
32	Kunkler IH, Williams LJ, Jack WJ, Cameron DA, Dixon JM. Breast-conserving surgery with or without irradiation in women aged 65 years or older with early breast cancer (PRIME II): a randomised controlled trial. The Lancet Oncology. 2015;16(3):266-73.	Not a clinical pathway
33	Lacey K, Bishop JF, Cross HL, Chondros P, Lyratzopoulos G, Emery JD. Presentations to general practice before a cancer diagnosis in Victoria: a cross-sectional survey. The Medical journal of Australia. 2016;205(2):66-71.	Not a clinical pathway
34	Lee YS, Hsu CC, Weng SF, Lin HJ, Wang JJ, Su SB, et al. Cancer Incidence in Physicians: A Taiwan National Population-based Cohort Study. Medicine. 2015;94(47):e2079.	Not a clinical pathway
35	Lin PH, Kuo WH, Huang AC, Lu YS, Lin CH, Kuo SH, et al. Multiple gene sequencing for risk assessment in patients with early-onset or familial breast cancer. Oncotarget. 2016;7(7):8310-20.	Not a clinical pathway
36	Lyratzopoulos G, Abel GA, McPhail S, Neal RD, Rubin GP. Measures of promptness of cancer diagnosis in primary care: secondary analysis of national audit data on patients with 18 common and rarer cancers. Br J Cancer. 2013;108(3):686-90.	Not a clinical pathway
37	Lyratzopoulos G, Saunders CL, Abel GA, McPhail S, Neal RD, Wardle J, et al. The relative length of the patient and the primary care interval in patients with 28 common and rarer cancers. Br J Cancer. 2015;112 Suppl 1:S35-40.	Not a clinical pathway
38	Maclean R, Jeffreys M, Ives A, Jones T, Verne J, Ben-Shlomo Y. Primary care characteristics and stage of cancer at diagnosis using data from the national cancer registration service, quality outcomes framework and general practice information. BMC cancer. 2015;15:500.	Not a clinical pathway
39	Martinez KA, Deshpande A, Ruff AL, Bolen SD, Teng K, Rothberg MB. Factors Associated with Routine Recommendation of Mammography for Women Aged 40-49: Provider Characteristics and Screening Influences. Southern medical journal. 2017;110(2):129-35.	Not a clinical pathway
40	Mathews M, Ryan D, Bulman D. What does satisfaction with wait times mean to cancer patients? BMC cancer. 2015;15:1017.	Not a clinical pathway
41	Mayor S. Women are four times less likely to have curative surgery if breast cancer is diagnosed as emergency rather than urgent GP referral. BMJ (Clinical research ed). 2015;350:h3158.	Not a clinical pathway
42	McCarthy AM, Kontos D, Synnestvedt M, Tan KS, Heitjan DF, Schnall M, et al. Screening outcomes following implementation of digital breast tomosynthesis in a general-population screening program. Journal of the National Cancer Institute. 2014;106(11).	Not a clinical pathway
43	Mertz BG, Kroman N, Williams H, Kehlet H. Fast-track surgery for breast cancer is possible. Danish medical journal. 2013;60(5):A4615.	Not a clinical pathway
44	Miller A. Re: "counterpoint: overdiagnosis in breast cancer screening". Journal of the American College of Radiology : JACR. 2014;11(9):923.	Not a clinical pathway
45	Mitka M. Physicians, patients not following advice from USPSTF on mammography screening. Jama. 2013;309(20):2084.	Not a clinical pathway
46	Mojica CM, Morales-Campos DY, Carmona CM, Ouyang Y, Liang Y. Breast, Cervical, and Colorectal Cancer Education and Navigation: Results of a Community Health Worker Intervention. Health promotion practice. 2016;17(3):353-63.	Not a clinical pathway
47	Molinie F, Leux C, Delafosse P, Ayrault-Piault S, Arveux P, Woronoff AS, et al. Waiting time disparities in breast cancer diagnosis and treatment: a population-based study in France. Breast (Edinburgh, Scotland). 2013;22(5):810-6.	Not a clinical pathway

	Reference	Reason for exclusion
48	Moller H, Gildea C, Meechan D, Rubin G, Round T, Vedsted P. Use of the English urgent referral pathway for suspected cancer and mortality in patients with cancer: cohort study. BMJ (Clinical research ed). 2015;351:h5102.	Not a clinical pathway
49	Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer. 2014;110(3):584-92.	Not a clinical pathway
50	Njor SH, Olsen AH, Blichert-Toft M, Schwartz W, Vejborg I, Lynge E. Overdiagnosis in screening mammography in Denmark: population based cohort study. BMJ (Clinical research ed). 2013;346:f1064.	Not a clinical pathway
51	Nonzee NJ, Ragas DM, Ha Luu T, Phisuthikul AM, Tom L, Dong X, et al. Delays in Cancer Care Among Low-Income Minorities Despite Access. Journal of women's health (2002). 2015;24(6):506-14.	Not a clinical pathway
52	Parsonage RK, Hiscock J, Law RJ, Neal RD. Patient perspectives on delays in diagnosis and treatment of cancer: a qualitative analysis of free-text data. The British journal of general practice : the journal of the Royal College of General Practitioners. 2017;67(654):e49-e56.	Not a clinical pathway
53	Posadzki P, Mastellos N, Ryan R, Gunn L, Felix L, Pappas Y, et al. Automated telephone communication systems for preventive healthcare and management of long-term conditions. Cochrane database of systematic reviews (online) [Internet]. 2016; 2016(12) (no pagination). Available from: http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/432/CN-01328432/frame.html.	Not a clinical pathway
54	Post DM, McAlearney AS, Young GS, Krok-Schoen JL, Plascak JJ, Paskett ED. Effects of Patient Navigation on Patient Satisfaction Outcomes. Journal of cancer education : the official journal of the American Association for Cancer Education. 2015;30(4):728-35.	Not a clinical pathway
55	Ragas DM, Nonzee NJ, Tom LS, Phisuthikul AM, Luu TH, Dong X, et al. What women want: patient recommendations for improving access to breast and cervical cancer screening and follow-up. Women's health issues : official publication of the Jacobs Institute of Women's Health. 2014;24(5):511-8.	Not a clinical pathway
56	Ramachandran A, Freund KM, Bak SM, Heeren TC, Chen CA, Battaglia TA. Multiple barriers delay care among women with abnormal cancer screening despite patient navigation. Journal of women's health (2002). 2015;24(1):30-6.	Not a clinical pathway
57	Redaniel MT, Gardner MP, Martin RM, Jeffreys M. The association of vitamin D supplementation with the risk of cancer in postmenopausal women. Cancer causes & control : CCC. 2014;25(2):267-71.	Not a clinical pathway
58	Redaniel MT, Martin RM, Ridd MJ, Wade J, Jeffreys M. Diagnostic intervals and its association with breast, prostate, lung and colorectal cancer survival in England: historical cohort study using the Clinical Practice Research Datalink. Plos One. 2015;10(5):e0126608.	Not a clinical pathway
59	Rubin E. Critical pathways in the analysis of breast masses. Radiographics. 1995;15(4):925-7.	Not a clinical pathway
60	Ryhanen AM, Rankinen S, Siekkinen M, Saarinen M, Korvenranta H, Leino-Kilpi H. The impact of an empowering Internet-based Breast Cancer Patient Pathway program on breast cancer patients' clinical outcomes: a randomised controlled trial. Journal of clinical nursing. 2013;22(7-8):1016-25.	Not a clinical pathway
61	Schmalfuss F, Kolominsky-Rabas PL. Personalized medicine in screening for malignant disease: a review of methods and applications. Biomarker insights. 2013;8:9-14.	Not a clinical pathway
62	Schwab FD, Huang DJ, Schmid SM, Schotzau A, Guth U. Self-detection and clinical breast examination: comparison of the two "classical" physical examination methods for the diagnosis of breast cancer. Breast (Edinburgh, Scotland). 2015;24(1):90-2.	Not a clinical pathway

	Reference	Reason for exclusion
63	Shockney LD. The evolution of breast cancer navigation and survivorship care. The breast journal. 2015;21(1):104-10.	Not a clinical pathway
64	Smith RA. Counterpoint: Overdiagnosis in breast cancer screening. Journal of the American College of Radiology : JACR. 2014;11(7):648-52.	Not a clinical pathway
65	Strachan C, Horgan K, Millican-Slater RA, Shaaban AM, Sharma N. Outcome of a new patient pathway for managing B3 breast lesions by vacuum-assisted biopsy: time to change current UK practice? J Clin Pathol. 2016;69(3):248-54.	Not a clinical pathway
66	Van Bommel ACM, Spronk PER, Peeters MJTFDV, Jager A, Lobbes M, Maduro JH, et al. Clinical Auditing as an Instrument for Quality Improvement in Breast Cancer Care in the Netherlands: The National NABON Breast Cancer Audit. J Surg Oncol. 2017;115(3):243-9.	Not a clinical pathway
67	Wirtz HS, Boudreau DM, Gralow JR, Barlow WE, Gray S, Bowles EJ, et al. Factors associated with long-term adherence to annual surveillance mammography among breast cancer survivors. Breast cancer research and treatment. 2014;143(3):541-50.	Not a clinical pathway
68	Yuan Y, Li M, Yang J, Elliot T, Dabbs K, Dickinson JA, et al. Factors related to breast cancer detection mode and time to diagnosis in Alberta, Canada: a population-based retrospective cohort study. Bmc Health Serv Res. 2016;16:65.	Not a clinical pathway
69	Zeinomar N, Moslehi R. The effectiveness of a community-based breast cancer education intervention in the New York State Capital Region. Journal of cancer education : the official journal of the American Association for Cancer Education. 2013;28(3):466-73.	Not a clinical pathway
70	Zhou Y, Mendonca SC, Abel GA, Hamilton W, Walter FM, Johnson S, et al. Variation in 'fast-track' referrals for suspected cancer by patient characteristic and cancer diagnosis: evidence from 670 000 patients with cancers of 35 different sites. Brit J Cancer. 2018;118(1):24-31.	Not a clinical pathway
71	Zidar MN, Larm P, Tillgren P, Akhavan S. Non-attendance of mammographic screening: the roles of age and municipality in a population-based Swedish sample. International journal for equity in health. 2015;14:157.	Not a clinical pathway
72	Helsper CCW, van Erp NNF, Peeters P, de Wit NNJ. Time to diagnosis and treatment for cancer patients in the Netherlands: Room for improvement? Eur J Cancer. 2017;87:113-21.	Not a clinical pathway. No control group
73	Ramirez A, Perez-Stable E, Penedo F, Talavera G, Carrillo JE, Fernandez M, et al. Reducing time-to-treatment in underserved Latinas with breast cancer: the Six Cities Study. Cancer. 2014;120(5):752-60.	Not a clinical pathway. No control group
74	Ridd MJ, Ferreira DL, Montgomery AA, Salisbury C, Hamilton W. Patient-doctor continuity and diagnosis of cancer: electronic medical records study in general practice. The British journal of general practice : the journal of the Royal College of General Practitioners. 2015;65(634):e305-11.	Not a clinical pathway. No control group
75	Warsame RM, Thompson CA, Hubbard JM, Fonder AL, Hobbs MA, Hwa L, et al. What are patients' biggest concerns? A patient reported outcome casemanagement system. Journal of clinical oncology Conference: 2017 annual meeting of the american society of clinical oncology, ASCO United states. 2017;35(15 Supplement 1) (no pagination).	Wrong publication type

Esofagus

	Reference	Reason for exclusion
1	Broe M, Barry M, Patchett S, Hill AD. Evaluating the clinical efficacy and cost effectiveness of direct access endoscopy. Surgeon. 2013 Dec;11(6):304-8.	No control group
2	Monkhouse SJ, Torres-Grau J, Bawden DR, Ross C, Krysztopik RJ. Centralisation of upper-GI cancer services: is the hub quicker than the spoke? Surg Endosc. 2013 Feb;27(2):565-8.	No intervention
3	Cheung D, Menon S, Hoare J, Dhar A, Trudgill N. Factors Associated with Upper Gastrointestinal Cancer Occurrence After Endoscopy that Did Not Diagnose Cancer. Dig Dis Sci. 2016 Sep;61(9):2674-84.	Wrong focus
4	Rasmussen S, Larsen PV, Svendsen RP, Haastrup PF, Søndergaard J, Jarbøl DE. Alarm symptoms of upper gastrointestinal cancer and contact to general practice--A population-based study. Scand J Gastroenterol. 2015;50(10):1268-75.	Wrong focus

Gyncancer

	Reference	Reason for exclusion
1	Boac BM, Xiong Y, Apte SM, Wenham RM, Shahzad MM, Munroe DG, et al. Adherence to practice guidelines is associated with reduced referral times for patients with ovarian cancer. Am J Obstet Gynecol 2018;218(4):436.e1-.e7.	Wrong focus
2	Chiew KL, Chong S, Duggan KJ, Kaadan N, Vinod SK. Assessing guideline adherence and patient outcomes in cervical cancer. Asia Pac J Clin Oncol 2017;13(5):e373-e80.	Wrong focus
3	Dahm-Kahler P, Palmqvist C, Staf C, Holmberg E, Johannesson L. Centralized primary care of advanced ovarian cancer improves complete cytoreduction and survival - A population-based cohort study. Gynecol Oncol 2016;142(2):211-6.	Wrong focus
4	Di Girolamo C, Walters S, Gildea C, Benitez Majano S, Rachet B, Morris M. Can we assess Cancer Waiting Time targets with cancer survival? A population-based study of individually linked data from the National Cancer Waiting Times monitoring dataset in England, 2009-2013. PLoS One 2018;13(8):e0201288.	No control group
5	Eggink FA, Mom CH, Kruitwagen RF, Reyners AK, Van Driel WJ, Massuger LF, et al. Improved outcomes due to changes in organization of care for patients with ovarian cancer in the Netherlands. Gynecol Oncol 2016;141(3):524-30.	Wrong focus
6	Funston G, O'Flynn H, Ryan NAJ, Hamilton W, Crosbie EJ. Recognizing Gynecological Cancer in Primary Care: Risk Factors, Red Flags, and Referrals. Adv Ther 2018;35(4):577-89.	Wrong publication type
7	Lim A, Mesher D, Gentry-Maharaj A, Balogun N, Widschwendter M, Jacobs I, et al. Time to diagnosis of Type I or II invasive epithelial ovarian cancers: a multicentre observational study using patient questionnaire and primary care records. BJOG 2016;123(6):1012-20.	Wrong focus
8	Lyratzopoulos G, Saunders CL, Abel GA, McPhail S, Neal RD, Wardle J, et al. The relative length of the patient and the primary care interval in patients with 28 common and rarer cancers. Br J Cancer 2015;112 Suppl 1:S35-40.	Wrong focus
9	Nicholson BD, Mant D, Neal RD, Hart N, Hamilton W, Shinkins B, et al. International variation in adherence to referral guidelines for suspected cancer: a secondary analysis of survey data. Br J Gen Pract 2016;66(643):e106-13.	Not relevant
10	Parsonage RK, Hiscock J, Law RJ, Neal RD. Patient perspectives on delays in diagnosis and treatment of cancer: a qualitative analysis of free-text data. Br J Gen Pract 2017;67(654):e49-e56.	Wrong focus
11	Shakeel S, Elit L, Akhtar-Danesh N, Schneider L, Finley C. Care Delivery Patterns, Processes, and Outcomes for Primary Ovarian Cancer Surgery: A Population-Based Review Using a National Administrative Database. J Obstet Gynaecol Can 2017;39(1):25-33.	Not relevant
12	Shalowitz DI, Epstein AJ, Buckingham L, Ko EM, Giuntoli RL, 2nd. Survival implications of time to surgical treatment of endometrial cancers. Am J Obstet Gynecol 2017;216(3):268.e1-.e18.	Wrong focus
13	Tran K, Rahal R, Fung S, Lockwood G, Louzado C, Xu J, et al. Choosing wisely in cancer control across Canada-a set of baseline indicators. Curr Oncol 2017;24(3):201-6.	Not relevant
14	Weller D, Vedsted P, Anandan C, Zalounina A, Fourkala EO, Desai R, et al. An investigation of routes to cancer diagnosis in 10 international jurisdictions, as part of the International Cancer Benchmarking Partnership: survey development and implementation. BMJ Open 2016;6(7):e009641.	Wrong publication type
15	Zhou Y, Mendonca SC, Abel GA, Hamilton W, Walter FM, Johnson S, et al. Variation in 'fast-track' referrals for suspected cancer by patient characteristic and cancer diagnosis: evidence from 670 000 patients with cancers of 35 different sites. Br J Cancer 2018;118(1):24-31.	Wrong focus

Hjärntumörer

	Reference	Reason for exclusion
1	Aggarwal A, Herz N, Campbell P, Arkush L, Short S, Rees J. Diagnostic delay and survival in high-grade gliomas - evidence of the 'waiting time paradox'? Br J Neurosurg. 2015;29(4):520-3.	
2	Alnaami I, VanderPluym J, Murtha A, Walling S, Mehta V, Gourishankar S, et al. The potential impact of delayed radiation therapy on patients with glioblastoma. Can J Neurol Sci. 2013;40(6):790-4.	
3	Bakitas MA, Tosteson TD, Li Z, Lyons KD, Hull JG, Li Z, et al. Early Versus Delayed Initiation of Concurrent Palliative Oncology Care: patient Outcomes in the ENABLE III Randomized Controlled Trial. J Clin Oncol. 2015;33(13):1438 45.	
4	Carroll KT, Hirshman B, Ali MA, Alattar AA, Brandel MG, Lochte B, et al. Management and Survival Patterns of Patients with Gliomatosis Cerebri: A SEER-Based Analysis. World Neurosurg. 2017;103:186-93.	
5	Carstam L, Smits A, Milos P, Corell A, Henriksson R, Bartek J, Jr., et al. Neurosurgical patterns of care for diffuse low-grade gliomas in Sweden between 2005 and 2015. Neurooncol Pract. 2019;6(2):124-33.	
6	Chu TPC, Shah A, Walker D, Coleman MP. How Do Biological Characteristics of Primary Intracranial Tumors Affect Their Clinical Presentation in Children and Young Adults? J Child Neurol. 2018;33(8):503-11.	
7	Dahlrot RH. The prognostic value of clinical factors and cancer stem cell-related markers in gliomas. Dan Med J. 2014;61(10):B4944.	
8	de Rojas T, Bautista F, Flores M, Igual L, Rubio R, Bardon E, et al. Management and outcome of children and adolescents with non-medulloblastoma CNS embryonal tumors in Spain: room for improvement in standards of care. J Neurooncol. 2018;137(1):205-13.	
9	Eijgelaar RS, Bruynzeel AME, Lagerwaard FJ, Muller DMJ, Teunissen FR, Barkhof F, et al. Earliest radiological progression in glioblastoma by multidisciplinary consensus review. J Neurooncol. 2018;139(3):591-8.	
10	Feltbower RG, Fleming SJ, Picton SV, Alston RD, Morgan D, Achilles J, et al. UK case control study of brain tumours in children, teenagers and young adults: a pilot study. BMC Res Notes. 2014;7:14.	
11	Gan HK, Rosenthal MA, Cher L, Dally M, Drummond K, Murphy M, et al. Management of glioblastoma in Victoria, Australia (2006-2008). J Clin Neurosci. 2015;22(9):1462-6.	
12	Gerber NU, von Hoff K, von Bueren AO, Treulieb W, Deinlein F, Benesch M, et al. A long duration of the prediagnostic symptomatic interval is not associated with an unfavourable prognosis in childhood medulloblastoma. European journal of cancer (oxford, england : 1990). 2012;48(13):2028 36.	
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Huvud- och halscancer

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Kolorektal cancer

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60	Torring ML, Murchie P, Hamilton W, Vedsted P, Esteva M, Lautrup M, et al. Evidence of advanced stage colorectal cancer with longer diagnostic intervals: a pooled analysis of seven primary care cohorts comprising 11 720 patients in five countries. Br J Cancer 2017;117(6):888-97.	Wrong focus
61	Townsend SA, Cheung D, Horne E, Ransford R. A 5-Year Follow-Up of Study Patients With Asymptomatic Iron-Deficiency Anemia Using a Nurse-Led Pathway. Gastroenterol Nurs 2016;39(6):466-71.	Wrong focus
62	Wahlberg H, Braaten T, Broderstad AR. Impact of referral templates on patient experience of the referral and care process: a cluster randomised trial. BMJ Open 2016;6(10):e011651.	Wrong focus
63	Wahlberg H, Valle PC, Malm S, Broderstad AR. Impact of referral templates on the quality of referrals from primary to secondary care: a cluster randomised trial. BMC Health Serv Res 2015;15:353.	Wrong focus
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68	Costantini M, Apolone G, Tanzi S, Falco F, Rondini E, Guberti M, et al. Is early integration of palliative care feasible and acceptable for advanced respiratory and gastrointestinal cancer patients? A phase 2 mixed-methods study. Palliat Med 2018;32(1)	Wrong focus
69	Gregory C. Improving colorectal cancer referrals. BMJ Open Qual 2018;7(1):e000280.	Wrong focus
70	Lord AR, Simms LA, Brown A, Hanigan K, Krishnaprasad K, Schouten B, et al. Development and evaluation of a risk assessment tool to improve clinical triage accuracy for colonoscopic investigations. BMC Cancer 2018;18(1):229.	Wrong focus
71	Nielsen N, Vedsted P, Jensen H. Risk of cancer and repeated urgent referral after negative investigation for cancer. Fam Pract 2018;35(5):582-8.	Wrong focus

Leukemi

	Reference	Reason for exclusion
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2	Ahrensberg JM, Fenger-Gron M, Vedsted P. Primary Care Use before Cancer Diagnosis in Adolescents and Young Adults - A Nationwide Register Study. PLoS One 2016;11(5):e0155933.	Not relevant
3	Ahrensberg JM, Olesen F, Hansen RP, Schroder H, Vedsted P. Childhood cancer and factors related to prolonged diagnostic intervals: a Danish population-based study. Br J Cancer 2013;108(6):1280-7.	Not relevant
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6	Dang-Tan T, Trottier H, Mery LS, Morrison HI, Barr RD, Greenberg ML, et al. Determinants of delays in treatment initiation in children and adolescents diagnosed with leukemia or lymphoma in Canada. Int J Cancer 2010;126(8):1936-43.	Not relevant
7	Din NU, Ukoumunne OC, Rubin G, Hamilton W, Carter B, Stapley S, et al. Age and Gender Variations in Cancer Diagnostic Intervals in 15 Cancers: Analysis of Data from the UK Clinical Practice Research Datalink. PLoS One 2015;10(5):e0127717.	Not relevant
8	Dommett RM, Redaniel MT, Stevens MC, Hamilton W, Martin RM. Features of cancer in teenagers and young adults in primary care: a population-based nested case-control study. Br J Cancer 2013;108(11):2329-33.	Not relevant
9	Gatrell N, Rothblum E. Live your life out loud. J Lesbian Stud 2014;18(1):13-20.	Not relevant
10	Gupta S, Gibson P, Pole JD, Sutradhar R, Sung L, Guttmann A. Predictors of diagnostic interval and associations with outcome in acute lymphoblastic leukemia. Pediatr Blood Cancer 2015;62(6):957-63."	Not relevant
11	Howell DA, Warburton F, Ramirez AJ, Roman E, Smith AG, Forbes LJ. Risk factors and time to symptomatic presentation in leukaemia, lymphoma and myeloma. Br J Cancer 2015;113(7):1114-20."	Not relevant
12	Keeble S, Abel GA, Saunders CL, McPhail S, Walter FM, Neal RD, et al. Variation in promptness of presentation among 10,297 patients subsequently diagnosed with one of 18 cancers: evidence from a National Audit of Cancer Diagnosis in Primary Care. Int J Cancer 2014;135(5):1220-8."	Not relevant
13	Penberthy L, McClish D, Peace S, Gray L, Martin J, Overton S, et al. Hematologic malignancies: an opportunity to fill a gap in cancer surveillance. Cancer Causes Control 2012;23(8):1253-64."	Not relevant
14	Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer. 2014;110(3):584-92.	Study period too long
15	Howell DA, Smith AG, Jack A, Patmore R, Macleod U, Mironska E, et al. Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network. BMC Hematol 2013;13(1):9."	Wrong focus

	Reference	Reason for exclusion
16	Sekeres MA, Elson P, Kalaycio ME, Advani AS, Copelan EA, Faderl S, et al. Time from diagnosis to treatment initiation predicts survival in younger, but not older, acute myeloid leukemia patients. Blood 2009;113(1):28-36.	Wrong focus
17	Williams MV, Drinkwater KJ, Jones A, O'Sullivan B, Tait D. Waiting times for systemic cancer therapy in the United Kingdom in 2006. Br J Cancer 2008;99(5):695-703.	Wrong focus
18	Zhou Y, Mendonca SC, Abel GA, Hamilton W, Walter FM, Johnson S, et al. Variation in 'fast-track' referrals for suspected cancer by patient characteristic and cancer diagnosis: evidence from 670 000 patients with cancers of 35 different sites. Br J Cancer 2018;118(1):24-31.	Wrong focus

Lungcancer

	Reference	Reason for exclusion
1	Ades AE, Biswas M, Welton NJ, Hamilton W. Symptom lead time distribution in lung cancer: natural history and prospects for early diagnosis. Int J Epidemiol 2014;43(6):1865-73.	No intervention
5	Dregan A, Moller H, Charlton J, Gulliford MC. Are alarm symptoms predictive of cancer survival?: population-based cohort study. Br J Gen Pract 2013;63(617):e807-12.	No intervention
17	Hippisley-Cox J, Coupland C. Symptoms and risk factors to identify men with suspected cancer in primary care: derivation and validation of an algorithm. Br J Gen Pract 2013;63(606):e1-10.	Not relevant
16	Hippisley-Cox J, Coupland C. Symptoms and risk factors to identify women with suspected cancer in primary care: derivation and validation of an algorithm. Br J Gen Pract 2013;63(606):e11-21.	Not relevant
18	Iachina M, Jakobsen E, Fallesen AK, Green A. Transfer between hospitals as a predictor of delay in diagnosis and treatment of patients with Non-Small Cell Lung Cancer - a register based cohort-study. BMC Health Serv Res 2017;17(1):267.	Not relevant
24	Redaniel MT, Martin RM, Ridd MJ, Wade J, Jeffreys M. Diagnostic intervals and its association with breast, prostate, lung and colorectal cancer survival in England: historical cohort study using the Clinical Practice Research Datalink. PLoS One 2015;10(5):e0126608.	Not relevant
25	Ridd MJ, Ferreira DL, Montgomery AA, Salisbury C, Hamilton W. Patient-doctor continuity and diagnosis of cancer: electronic medical records study in general practice. Br J Gen Pract 2015;65(634):e305-11.	Not relevant
27	Sawicki M, Szczyrek M, Krawczyk P, Rybojad P, Jablonka A, Milanowski J. Reasons for delay in diagnosis and treatment of lung cancer among patients in Lublin Voivodeship who were consulted in Thoracic Surgery Department. Ann Agric Environ Med 2013;20(1):72-6.	Not relevant
28	Smith S, Fielding S, Murchie P, Johnston M, Wyke S, Powell R, et al. Reducing the time before consulting with symptoms of lung cancer: a randomised controlled trial in primary care. Br J Gen Pract 2013;63(606):e47-54.	Not relevant
10	Guldbrandt LM. The effect of direct referral for fast CT scan in early lung cancer detection in general practice. A clinical, cluster-randomised trial. Dan Med J 2015;62(3).	Other
7	Emery JD, Gray V, Walter FM, Cheetham S, Croager EJ, Slevin T, et al. The Improving Rural Cancer Outcomes Trial: a cluster-randomised controlled trial of a complex intervention to reduce time to diagnosis in rural cancer patients in Western Australia. Br J Cancer 2017;117(10):1459-69.	Wrong focus
8	Emery JD, Murray SR, Walter FM, Martin A, Goodall S, Mazza D, et al. The Chest Australia Trial: a randomised controlled trial of an intervention to increase consultation rates in smokers at risk of lung cancer. Thorax 2019;74(4):362-70.	Wrong focus
11	Guldbrandt LM, Fenger-Gron M, Folkersen BH, Rasmussen TR, Vedsted P. Reduced specialist time with direct computed tomography for suspected lung cancer in primary care. Dan Med J 2013;60(12):A4738.	Wrong focus
14	Guldbrandt LM, Rasmussen TR, Rasmussen F, Vedsted P. Implementing direct access to low-dose computed tomography in general practice--method, adaption and outcome. PLoS One 2014;9(11):e112162.	Wrong focus
15	Hamilton W, Green T, Martins T, Elliott K, Rubin G, Macleod U. Evaluation of risk assessment tools for suspected cancer in general practice: a cohort study. Br J Gen Pract 2013;63(606):e30-6.	Wrong focus

	Reference	**Reason for exclusion**
19	Ironmonger L, Ohuma E, Ormiston-Smith N, Gildea C, Thomson CS, Peake MD. An evaluation of the impact of large-scale interventions to raise public awareness of a lung cancer symptom. Br J Cancer 2015;112(1):207-16.	Wrong focus
20	Laudicella M, Walsh B, Burns E, Li Donni P, Smith PC. What is the impact of rerouting a cancer diagnosis from emergency presentation to GP referral on resource use and survival? Evidence from a population-based study. BMC Cancer 2018;18(1):394.	Wrong focus
22	Murphy DR, Wu L, Thomas EJ, Forjuoh SN, Meyer AN, Singh H. Electronic Trigger-Based Intervention to Reduce Delays in Diagnostic Evaluation for Cancer: A Cluster Randomized Controlled Trial. J Clin Oncol 2015;33(31):3560-7.	Wrong focus
26	Rubin GP, Saunders CL, Abel GA, McPhail S, Lyratzopoulos G, Neal RD. Impact of investigations in general practice on timeliness of referral for patients subsequently diagnosed with cancer: analysis of national primary care audit data. Br J Cancer 2015;112(4):676-87.	Wrong focus
29	Torring ML, Frydenberg M, Hansen RP, Olesen F, Vedsted P. Evidence of increasing mortality with longer diagnostic intervals for five common cancers: a cohort study in primary care. Eur J Cancer 2013;49(9):2187-98.	Wrong focus
30	Vidaver RM, Shershneva MB, Hetzel SJ, Holden TR, Campbell TC. Typical Time to Treatment of Patients With Lung Cancer in a Multisite, US-Based Study. J Oncol Pract 2016;12(6):e643-53.	Wrong focus
6	Emery JD, Gray V, Walter FM, Cheetham S, Croager EJ, Slevin T, et al. The Improving Rural Cancer Outcomes (IRCO) Trial: a factorial cluster-randomised controlled trial of a complex intervention to reduce time to diagnosis in rural patients with cancer in Western Australia: a study protocol. BMJ Open 2014;4(9):e006156.	Wrong publication type

Melanom

	Reference	Reason for exclusion
1	Congalton AT, Oakley AM, Rademaker M, Bramley D, Martin RC. Successful melanoma triage by a virtual lesion clinic (teledermatoscopy). J Eur Acad Dermatol Venereol 2015;29(12):2423-8.	No control group
2	Kjome RLS, Wright DJ, Bjaaen AB, Garstad KW, Valeur M. Dermatological cancer screening: Evaluation of a new community pharmacy service. Res Social Adm Pharm 2017;13(6):1214-7.	No control group
3	McGoey ST, Oakley A, Rademaker M. Waikato Teledermatology: a pilot project for improving access in New Zealand. J Telemed Telecare 2015;21(7):414-9.	No control group
4	Swanson DL, Venneugues RV, Vicencio SQ, Garioch J, Biryulina M, Ryzhikov G, et al. Optical transfer diagnosis differentiating benign and malignant pigmented lesions in a simulated primary care practice. Br J Dermatol 2018;178(2):541-6.	No control group
5	Adamson AS, Zhou L, Baggett CD, Thomas NE, Meyer AM. Association of Delays in Surgery for Melanoma With Insurance Type. JAMA Dermatol 2017;153(11):1106-13.	No intervention
6	Jarjis RD, Hansen LB, Matzen SH. A Fast-Track Referral System for Skin Lesions Suspicious of Melanoma: Population-Based Cross-Sectional Study from a Plastic Surgery Center. Plast Surg Int 2016;2016:2908917.	No intervention
7	Look Hong NJ, Cheng SY, Baxter NN, Wright FC. Melanoma patterns of care in Ontario: A call for a strategic alignment of multidisciplinary care. J Surg Oncol 2018;117(4):597-617.	No intervention
8	Lott JP, Narayan D, Soulos PR, Aminawung J, Gross CP. Delay of Surgery for Melanoma Among Medicare Beneficiaries. JAMA Dermatol 2015;151(7):731-41.	No intervention
9	Moreno-Ramirez D, Argenziano G. Teledermatology and Mobile Applications in the Management of Patients with Skin Lesions. Acta Derm Venereol 2017;Suppl 218:31-5.	Review
10	Ferrandiz L, Ojeda-Vila T, Corrales A, Martin-Gutierrez FJ, Ruiz-de-Casas A, Galdeano R, et al. Internet-based skin cancer screening using clinical images alone or in conjunction with dermoscopic images: A randomized teledermoscopy trial. J Am Acad Dermatol 2017;76(4):676-82.	Screening
11	Dahlen Gyllencreutz J, Paoli J, Bjellerup M, Bucharbajeva Z, Gonzalez H, Nielsen K, et al. Diagnostic agreement and interobserver concordance with teledermoscopy referrals. J Eur Acad Dermatol Venereol 2017;31(5):898-903.	Wrong outcome
12	Janda M, Loescher LJ, Banan P, Horsham C, Soyer HP. Lesion selection by melanoma high-risk consumers during skin self-examination using mobile teledermoscopy. JAMA Dermatol 2014;150(6):656-8.	Wrong outcome
13	Janda M, Youl P, Neale R, Aitken J, Whiteman D, Gordon L, et al. Clinical skin examination outcomes after a video-based behavioral intervention: analysis from a randomized clinical trial. JAMA Dermatol 2014;150(4):372-9.	Wrong outcome
14	Kahn E, Sossong S, Goh A, Carpenter D, Goldstein S. Evaluation of skin cancer in Northern California Kaiser Permanente's store-and-forward teledermatology referral program. Telemed J E Health 2013;19(10):780-5.	Wrong outcome
15	Robinson JK, Jain N, Marghoob AA, McGaghie W, MacLean M, Gerami P, et al. A Randomized Trial on the Efficacy of Mastery Learning for Primary Care Provider Melanoma Opportunistic Screening Skills and Practice. J Gen Intern Med 2018;33(6):855-62.	Wrong outcome

Myelom

	Reference	Reason for exclusion
1	Abel GA, Mendonca SC, McPhail S, Zhou Y, Elliss-Brookes L, Lyratzopoulos G. Emergency diagnosis of cancer and previous general practice consultations: insights from linked patient survey data. Br J Gen Pract. 2017;67(659):e377-e87.	Not relevant
2	Howell D, Smith A, Appleton S, Bagguley T, Macleod U, Cook G, et al. Multiple myeloma: routes to diagnosis, clinical characteristics and survival - findings from a UK population-based study. Br J Haematol. 2017;177(1):67-71.	Not relevant
3	Howell DA, Hart RI, Smith AG, Macleod U, Patmore R, Cook G, et al. Myeloma: Patient accounts of their pathways to diagnosis. PLoS One. 2018;13(4):e0194788.	Not relevant
4	Howell DA, Warburton F, Ramirez AJ, Roman E, Smith AG, Forbes LJ. Risk factors and time to symptomatic presentation in leukaemia, lymphoma and myeloma. Br J Cancer. 2015;113(7):1114-20.	Not relevant
5	Keeble S, Abel GA, Saunders CL, McPhail S, Walter FM, Neal RD, et al. Variation in promptness of presentation among 10,297 patients subsequently diagnosed with one of 18 cancers: evidence from a National Audit of Cancer Diagnosis in Primary Care. Int J Cancer. 2014;135(5):1220-8.	Not relevant
6	Koshiaris C, Van den Bruel A, Oke JL, Nicholson BD, Shephard E, Braddick M, et al. Early detection of multiple myeloma in primary care using blood tests: a case-control study in primary care. Br J Gen Pract. 2018;68(674):e586-e93.	Not relevant
7	Lacey K, Bishop JF, Cross HL, Chondros P, Lyratzopoulos G, Emery JD. Presentations to general practice before a cancer diagnosis in Victoria: a cross-sectional survey. Med J Aust. 2016;205(2):66-71.	Not relevant
8	Saccilotto IC, Bittencourt RI, Fischer CC, Quevedo A, Hirakata VN, Picon PD. Efficacy of a referral center for patient-centered care in multiple myeloma: a cohort study. BMC Health Serv Res. 2015;15:455.	Not relevant
9	Shephard EA, Neal RD, Rose P, Walter FM, Litt EJ, Hamilton WT. Quantifying the risk of multiple myeloma from symptoms reported in primary care patients: a large case-control study using electronic records. Br J Gen Pract. 2015;65(631):e106-13.	Not relevant
10	Yong K, Delforge M, Driessen C, Fink L, Flinois A, Gonzalez-McQuire S, et al. Multiple myeloma: patient outcomes in real-world practice. Br J Haematol. 2016;175(2):252-64.	Not relevant
16	Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer. 2014;110(3):584-92.	Study period too long
11	Howell DA, Smith AG, Jack A, Patmore R, Macleod U, Mironska E, et al. Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network. BMC Hematol. 2013;13(1):9.	Wrong focus
12	Lyratzopoulos G, Abel GA, McPhail S, Neal RD, Rubin GP. Measures of promptness of cancer diagnosis in primary care: secondary analysis of national audit data on patients with 18 common and rarer cancers. Br J Cancer. 2013;108(3):686-90.	Wrong focus
13	Lyratzopoulos G, Saunders CL, Abel GA, McPhail S, Neal RD, Wardle J, et al. The relative length of the patient and the primary care interval in patients with 28 common and rarer cancers. Br J Cancer. 2015;112 Suppl 1:S35-40.	Wrong focus
14	Mayor S. GPs spot 80% of cancers within two consultations, audit shows. BMJ. 2013;346:f772.	Wrong focus
15	Warsame RM, Thompson CA, Hubbard JM, Fonder AL, Hobbs MA, Hwa L, et al. What are patients' biggest concerns? A patient reported outcome casemanagement system. Journal of clinical oncology Conference: 2017 annual meeting of the american society of clinical oncology, ASCO United states. 2017;35(15 Supplement 1) (no pagination).	Wrong publication type

Pancreascancer och primär levercancer

	Reference	Reason for exclusion
1	Hippisley-Cox J, Coupland C. Symptoms and risk factors to identify men with suspected cancer in primary care: derivation and validation of an algorithm. Br J Gen Pract. 2013 Jan;63(606):e1-10	No control group
2	Hippisley-Cox J, Coupland C. Symptoms and risk factors to identify women with suspected cancer in primary care: derivation and validation of an algorithm. Br J Gen Pract. 2013 Jan;63(606):e11-21.	No control group
3	ngeman ML, Christensen MB, Bro F, Knudsen ST, Vedsted P. The Danish cancer pathway for patients with serious non-specific symptoms and signs of cancer-a cross-sectional study of patient characteristics and cancer probability. BMC Cancer. 2015 May 20;15:421.	No control group
4	Abdel-Rahman O, Xu Y, Tang PA, Lee-Ying RM, Cheung WY. A real-world, population-based study of patterns of referral, treatment, and outcomes for advanced pancreatic cancer. Cancer Med. 2018 Dec;7(12):6385-6392.	No intervention
5	Apollos JR, Sami S, Prasanth MN, Jeyakumar J, McFadyen AK. Pre-diagnostic delays caused by gastrointestinal investigations do not affect outcomes in pancreatic cancer. Ann Med Surg (Lond). 2018 Sep 10;34:66-70.	No intervention
6	Keeble S, Abel GA, Saunders CL, McPhail S, Walter FM, Neal RD, Rubin GP, Lyratzopoulos G. Variation in promptness of presentation among 10,297 patients subsequently diagnosed with one of 18 cancers: evidence from a National Audit of Cancer Diagnosis in Primary Care. Int J Cancer. 2014 Sep 1;135(5):1220-8.	No intervention
7	Lyratzopoulos G, Saunders CL, Abel GA, McPhail S, Neal RD, Wardle J, Rubin GP. The relative length of the patient and the primary care interval in patients with 28 common and rarer cancers. Br J Cancer. 2015 Mar 31;112 Suppl 1:S35-40.	No intervention
8	"Walter FM, Mills K, Mendonça SC, Abel GA, Basu B, Carroll N, Ballard S, Lancaster J, Hamilton W, Rubin GP, Emery JD. Symptoms and patient factors associated with diagnostic intervals for pancreatic cancer (SYMPTOM pancreatic study): a prospective cohort study. Lancet Gastroenterol Hepatol. 2016 Dec;1(4):298-306"	No intervention
9	Meng Y, McCarthy G, Berthon A, Dinet J. Patient-reported health state utilities in metastatic gastroenteropancreatic neuroendocrine tumours - an analysis based on the CLARINET study. Health Qual Life Outcomes. 2017 Jun 29;15(1):131	Wrong focus
10	Milana M, Santopaolo F, Lenci I, Francioso S, Baiocchi L. Results of a fast-track referral system for urgent outpatient hepatology visits. Int J Qual Health Care. 2015 Apr;27(2):132-6.	Wrong focus
11	Mills K, Birt L, Emery JD, Hall N, Banks J, Johnson M, Lancaster J, Hamilton W, Rubin GP, Walter FM. Understanding symptom appraisal and help-seeking in people with symptoms suggestive of pancreatic cancer: a qualitative study. BMJ Open. 2017 Sep 3;7(9):e015682	Wrong focus
12	Mokdad A, Browning T, Mansour JC, Zhu H, Singal AG, Yopp AC. Implementation of a Voice Messaging System is Associated With Improved Time-to-Treatment and Overall Survival in Patients With Hepatocellular Carcinoma. J Natl Compr Canc Netw. 2016 Jan;14(1):38-46.	Wrong focus
13	Murphy DR, Meyer AND, Vaghani V, Russo E, Sittig DF, Wei L, Wu L, Singh H. Development and Validation of Trigger Algorithms to Identify Delays in Diagnostic Evaluation of Gastroenterological Cancer. Clin Gastroenterol Hepatol. 2018 Jan;16(1):90-98.	Wrong focus

Urinblåsecancer

	Reference	Reason for exclusion
1	King K, Steggall M. Haematuria: from identification to treatment. Br J Nurs. 2014;23(9):S28-32.	Background article
2	O'Dowd A. GP cancer referral delays may explain UK's low cancer survival rates. BMJ. 2015;350:h2926.	Background article
3	Bryan RT, Evans T, Dunn JA, Iqbal G, Bathers S, Collins SI, et al. A Comparative Analysis of the Influence of Gender, Pathway Delays, and Risk Factor Exposures on the Long-term Outcomes of Bladder Cancer. Eur Urol Focus. 2015;1(1):82-9.	Wrong outcome
4	Din NU, Ukoumunne OC, Rubin G, Hamilton W, Carter B, Stapley S, et al. Age and Gender Variations in Cancer Diagnostic Intervals in 15 Cancers: Analysis of Data from the UK Clinical Practice Research Datalink. PLoS One. 2015;10(5):e0127717.	Wrong outcome
5	Elmussareh M, Young M, Ordell Sundelin M, Bak-Ipsen CB, Graumann O, Jensen JB. Outcomes of haematuria referrals: two-year data from a single large university hospital in Denmark. Scand J Urol. 2017;51(4):282-9.	Wrong outcome
6	Forbes LJ, Warburton F, Richards MA, Ramirez AJ. Risk factors for delay in symptomatic presentation: a survey of cancer patients. Br J Cancer. 2014;111(3):581-8.	Wrong outcome
7	Friedlander DF, Resnick MJ, You C, Bassett J, Yarlagadda V, Penson DF, et al. Variation in the intensity of hematuria evaluation: a target for primary care quality improvement. Am J Med. 2014;127(7):633-40.e11.	Wrong outcome
8	Lyratzopoulos G, Saunders CL, Abel GA, McPhail S, Neal RD, Wardle J, et al. The relative length of the patient and the primary care interval in patients with 28 common and rarer cancers. Br J Cancer. 2015;112 Suppl 1:S35-40.	Wrong outcome
9	Ngo B, Papa N, Perera M, Bolton D, Sengupta S. Predictors of delay to cystoscopy and adequacy of investigations in patients with haematuria. BJU Int. 2017;119 Suppl 5:19-25.	Wrong population
10	Aziz A, Madersbacher S, Otto W, Mayr R, Comploj E, Pycha A, et al. Comparative analysis of gender-related differences in symptoms and referral patterns prior to initial diagnosis of urothelial carcinoma of the bladder: a prospective cohort study. Urol Int. 2015;94(1):37-44.	Wrong study design
11	Henning A, Wehrberger M, Madersbacher S, Pycha A, Martini T, Comploj E, et al. Do differences in clinical symptoms and referral patterns contribute to the gender gap in bladder cancer? BJU Int. 2013;112(1):68-73.	Wrong study design
12	Hughes-Hallett A, Browne D, Mensah E, Vale J, Mayer E. Assessing the impact of mass media public health campaigns. Be Clear on Cancer 'blood in pee': a case in point. BJU Int. 2016;117(4):570-5.	Wrong study design
13	Keeble S, Abel GA, Saunders CL, McPhail S, Walter FM, Neal RD, et al. Variation in promptness of presentation among 10,297 patients subsequently diagnosed with one of 18 cancers: evidence from a National Audit of Cancer Diagnosis in Primary Care. Int J Cancer. 2014;135(5):1220-8.	Wrong study design
14	McCombie SP, Bangash HK, Kuan M, Thyer I, Lee F, Hayne D. Delays in the diagnosis and initial treatment of bladder cancer in Western Australia. BJU Int. 2017;120 Suppl 3:28-34.	Wrong study design
15	Murphy DR, Meyer AN, Vaghani V, Russo E, Sittig DF, Richards KA, et al. Application of Electronic Algorithms to Improve Diagnostic Evaluation for Bladder Cancer. Appl Clin Inform. 2017;8(1):279-90.	Wrong study design
16	Redaniel MT, Martin RM, Ridd MJ, Wade J, Jeffreys M. Diagnostic intervals and its association with breast, prostate, lung and colorectal cancer survival in England: historical cohort study using the Clinical Practice Research Datalink. PLoS One. 2015;10(5):e0126608.	Wrong study design

	Reference	Reason for exclusion
17	Richards KA, Ruiz VL, Murphy DR, Downs TM, Abel EJ, Jarrard DF, et al. Diagnostic evaluation of patients presenting with hematuria: An electronic health record-based study. Urol Oncol. 2018;36(3):88.e19-88.e25.	Wrong study design
18	Salika T, Lyratzopoulos G, Whitaker KL, Waller J, Renzi C. Do comorbidities influence help-seeking for cancer alarm symptoms? A population-based survey in England. J Public Health (Oxf). 2017:1-10.	Wrong study design
19	Santos F, Dragomir A, Kassouf W, Franco E, Aprikian A. Urologist referral delay and its impact on survival after radical cystectomy for bladder cancer. Curr Oncol. 2015;22(1):e20-6.	Wrong study design
20	Scheel BI, Holtedahl K. Symptoms, signs, and tests: The general practitioner's comprehensive approach towards a cancer diagnosis. Scand J Prim Health Care. 2015;33(3):170-7.	Wrong study design

Urologiska tumörer

	Reference	Reason for exclusion
1	Carey K, Davis NF, Elamin S, Ahern P, Brady CM, Sweeney P. A novel rapid access testicular cancer clinic: prospective evaluation after one year. Ir J Med Sci 2016;185(1):215-8.	No control group
2	Redaniel MT, Martin RM, Ridd MJ, Wade J, Jeffreys M. Diagnostic intervals and its association with breast, prostate, lung and colorectal cancer survival in England: historical cohort study using the Clinical Practice Research Datalink. PLoS One 2015;10(5):e0126608.	No control group
3	Torring ML, Frydenberg M, Hansen RP, Olesen F, Vedsted P. Evidence of increasing mortality with longer diagnostic intervals for five common cancers: a cohort study in primary care. Eur J Cancer 2013;49(9):2187-98.	No control group
4	Zhou Y, Mendonca SC, Abel GA, Hamilton W, Walter FM, Johnson S, et al. Variation in 'fast-track' referrals for suspected cancer by patient characteristic and cancer diagnosis: evidence from 670 000 patients with cancers of 35 different sites. Br J Cancer 2018;118(1):24-31.	No control group
5	Bolton EM, Kelly BD, Quinlan MR, D'Arcy FT, Azar M, Dowling CM, et al. Audit of rapid access introduction reveals high prevalence of prostate cancer in Western Region. Ir J Med Sci 2014;183(2):173-9.	Not relevant
6	Neal RD, Din NU, Hamilton W, Ukoumunne OC, Carter B, Stapley S, et al. Comparison of cancer diagnostic intervals before and after implementation of NICE guidelines: analysis of data from the UK General Practice Research Database. Br J Cancer 2014;110(3):584-92.	Not relevant
7	Oon SF, Cullen IM, Moran D, Bolton EM, McDermott T, Grainger R, et al. The effect of a Rapid Access Prostate Cancer Clinic on prostate cancer patient and disease characteristics, primary treatment and surgical workload. Ir J Med Sci 2014;183(2):241-7.	Not relevant
8	Liedberg F, Gerdtham U, Gralen K, Gudjonsson S, Jahnson S, Johansson I, et al. Fast-track access to urologic care for patients with macroscopic haematuria is efficient and cost-effective: results from a prospective intervention study. Br J Cancer 2016;115(7):770-5.	Wrong population
9	McCombie SP, Hawks C, Emery JD, Hayne D. A 'One Stop' Prostate Clinic for rural and remote men: a report on the first 200 patients. BJU Int 2015;116 Suppl 3:11-7.	Wrong population