# GM Optimal Lung Cancer Pathway

*Dr Matthew Evison* - **matthew.evison@mft.nhs.uk**
Consultant in Respiratory Medicine (Thoracic Oncology);
Clinical Director Greater Manchester Cancer Lung Pathway Board
*Rachel Allen* - **Rachel.allen12@nhs.net**
Pathway Manager Greater Manchester Cancer Lung Pathway Board

## Introduction

The aim of the GM Optimal Lung Pathway is to ensure all lung cancer patients in GM have a clear & rapid diagnosis, whether or not it is lung cancer and any patient with lung cancer should be treated within 28 days of initial referral and upgrade to the pathway. The pathway will exceed the national guidance set out in 2017[1].

## Summary

**Front end of pathway:**
Focus on rapid access to CT imaging from point of referral with same day hot reporting and clinical triage within 5 days of pathway commencing in each GM sector.

This requires the formation of 'RAPID hub' at each hospital that streamlines referrals to CT and acts the focal point for the daily triage of CT scans and new referrals.

**Diagnostic pathway:**
- Formation of sectorised expert diagnostic hubs with capacity to deliver high quality diagnostics at volume on single visit on a single site.
- Sectors will provide reliable and equitable diagnostic pathways within 9 days of initiation.

**Treatment pathway:**
Rapid access to different treatment specialties. Once a treatment decision has been made, rapid access to treating specialist within 5 days and commencement of treatment within 14 days in development of regional one stop cancer MDT clinics (e.g. surgical and clinical oncology combined clinics).
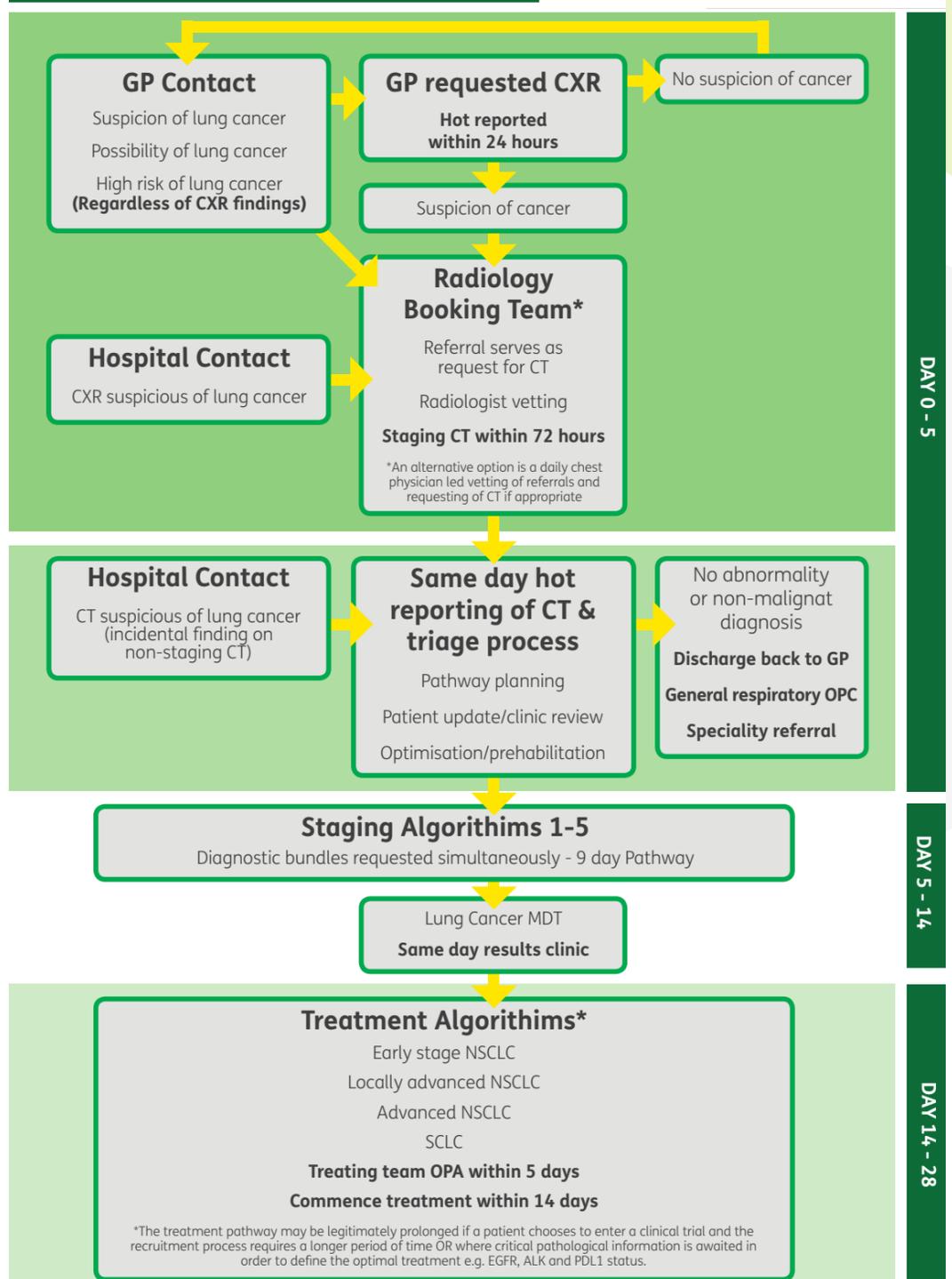
## Expected Benefits

- Estimated 100 lives saved per year by shortening the pathway to 28 day.
- Estimated 210 more operations if the GM surgical resection rate increases to the level of best performing trust.
- Improved survival: prevention of patient deterioration whilst awaiting tests/treatment on a longer pathway[2].
- Reduced variation and more efficient diagnostic services
- Shortened process of diagnosing and staging patients; reducing anxiety and distress by informing the 75% of patients referred on a lung cancer pathway that they do not have cancer in a prompt timeframe.

## Scope

- £1.3 million Transformation Fund investment was secured in Autumn 2018 enabling full roll-out across the 4 GM sectors.
- It will include GM hospitals that diagnose those with lung cancer and refer for treatment.

## Patient Pathway

### Lung Cancer Pathway

**DAY 0 - 5**

**GP Contact**
Suspicion of lung cancer
Possibility of lung cancer
High risk of lung cancer
**(Regardless of CXR findings)**

**GP requested CXR**
**Hot reported within 24 hours**

No suspicion of cancer

Suspicion of cancer

**Hospital Contact**
CXR suspicious of lung cancer

**Radiology Booking Team***
Referral serves as request for CT
Radiologist vetting
**Staging CT within 72 hours**
*An alternative option is a daily chest physician led vetting of referrals and requesting of CT if appropriate

**Hospital Contact**
CT suspicious of lung cancer (incidental finding on non-staging CT)

**Same day hot reporting of CT & triage process**
Pathway planning
Patient update/clinic review
Optimisation/prehabilitation

No abnormality or non-malignat diagnosis
**Discharge back to GP**
**General respiratory OPC**
**Speciality referral**

**DAY 5 - 14**

**Staging Algorithims 1-5**
Diagnostic bundles requested simultaneously - 9 day Pathway

Lung Cancer MDT
**Same day results clinic**

**DAY 14 - 28**

**Treatment Algorithims***
Early stage NSCLC
Locally advanced NSCLC
Advanced NSCLC
SCLC
**Treating team OPA within 5 days**
**Commence treatment within 14 days**
*The treatment pathway may be legitimately prolonged if a patient chooses to enter a clinical trial and the recruitment process requires a longer period of time OR where critical pathological information is awaited in order to define the optimal treatment e.g. EGFR, ALK and PDL1 status.

## References

1. National Optimal Lung Cancer Pathway, 2017, NHS England

2. LungBOOST Study: Navani N, Nankivell M, Lawrence DR, et al. Lung cancer diagnosis and staging with endobronchial ultrasound-guided transbronchial needle aspiration compared with conventional approaches: an open-label, pragmatic, randomised controlled trial. Lancet Respir Med. 2015;3(4):282-9.