Do days matter in lung cancer?

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Figure 8: Age-standardised 1-year net-survival for men and women (aged 15 to 99 years) diagnosed with lung cancer
Diagnosed in 2012 to 2016 and followed up to 2017, England


Figure 9: Age-standardised net-survival for men and women (aged 15 to 99 years) diagnosed with lung cancer (all stages combined)
Rolling 5-year periods between 2006 to 2010 and 2012 to 2016, England

25% 5yr survival by 2025

MILLIMETRES
MATTER
IMPLEMENTING THE NATIONAL OPTIMAL LUNG CANCER PATHWAY

UNITED KINGDOM LUNG CANCER COALITION
NOVEMBER 2018

<table>
<thead>
<tr>
<th>Proposed</th>
<th>Events / N</th>
<th>MST</th>
<th>24 Month</th>
<th>60 Month</th>
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<tr>
<td>IA1</td>
<td>68 / 781</td>
<td>NR</td>
<td>97%</td>
<td>92%</td>
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<tr>
<td>IA2</td>
<td>505 / 3105</td>
<td>NR</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>IA3</td>
<td>546 / 2417</td>
<td>NR</td>
<td>90%</td>
<td>77%</td>
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<tr>
<td>IB</td>
<td>560 / 1928</td>
<td>NR</td>
<td>87%</td>
<td>68%</td>
</tr>
<tr>
<td>IIA</td>
<td>215 / 585</td>
<td>NR</td>
<td>79%</td>
<td>60%</td>
</tr>
<tr>
<td>IIB</td>
<td>605 / 1453</td>
<td>66.0</td>
<td>72%</td>
<td>53%</td>
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<tr>
<td>IIIA</td>
<td>2052 / 3200</td>
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<td>55%</td>
<td>36%</td>
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<tr>
<td>IIIIB</td>
<td>1551 / 2140</td>
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<td>26%</td>
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<tr>
<td>IIIIC</td>
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<td>IVA</td>
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<td>11.5</td>
<td>23%</td>
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<tr>
<td>IVB</td>
<td>328 / 398</td>
<td>6.0</td>
<td>10%</td>
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</table>
28-day faster diagnosis standard, lung cancer pathway

**DAY -3-0**
Direct access to CT (same day/within 72 hours)

**DAY 0-3**
- Triage by radiology or respiratory based on local protocol
- Direct biopsy option

**DAY 1-6**
- Fast Track Lung Cancer Clinic
  - Meet CNS / Diagnostic process plan
  - Treatment of co-morbidity/symptoms/palliation

**DAY 14**
- PET CT spirometry (at least)
- Detailed lung function
- Cardiac assessment/ECHO (as required)
- Further investigations
  (to yield maximum diagnostic and staging information with least harm)

**DAY 21**
- Full MDT: discussion of treatment options
- Further investigations: if required after MDT

**DAY 28**
Communication to patient on outcome
- Cancer confirmed or all clear provided
National Lung Cancer Audit
Summary of results from patients diagnosed in 2017

We collected data on lung cancer:

- 151 organisations contributed data that supports the report
- 39,205 individual patients
- 52% women
- 48% men

Quality of the data is very high and improving:

- 85% completeness
- 96% reliability
- 64% comprehensibility

Results continue to improve, but variability persists:

1-year survival by Cancer Alliance

© 2019 Healthcare Quality Improvement Partnership (HQIP)
Lung cancer clinical outcomes publication 2018
(for surgical operations performed in 2016)

December 2018

Sepsis, respiratory and cardiovascular diseases are the commonest specific causes of early death after surgery.

The number of operations for lung cancer rose by over 10% between 2015 and 2016, continuing a long-term trend of increased activity. From 2013 to 2016 lung cancer operations increased by nearly a third.

The safety of lung cancer surgery is very good, with over 98% of patients surviving at least 30 days after surgery.

For the first time, the majority of lung cancer operations were performed using minimal access (VATS and robotic) surgery.

The high re-admission rate to hospital after surgery is worthy of further investigation.
Stereotactic radiotherapy (SABR)
Immunotherapy
Questions?
How can we learn from each other?