My vision of lung pathway

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What I want

• GPs understand aims of new pathway.
• Discussion about GP role and consensus re responsibility.
• Discussion re trust input and timescales
• Understanding of where patients need information and by whom.
• General feedback about any GP concerns
Lung cancer - 1.1.1 Refer people using a **suspected cancer pathway referral** (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer or
- are **aged 40** and over with **unexplained haemoptysis**. [new 2015]

1.1.2 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people **aged 40** and over if they have 2 or more of the following unexplained symptoms, or if they have **ever smoked** and have **1 or more** of the following unexplained symptoms:

- cough
- fatigue
- shortness of breath
- chest pain
- weight loss
- appetite loss. [new 2015]

1.1.3 Consider an **urgent** chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over with any of the following:

- **persistent** or recurrent chest infection
- finger clubbing
- supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs **consistent with** lung cancer
- thrombocytosis. [new 2015]
Mesothelioma

• 1.1.4 Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they have chest X-ray findings that suggest mesothelioma. [new 2015]

• 1.1.5 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over, if:
  • they have 2 or more of the following unexplained symptoms, or
  • they have 1 or more of the following unexplained symptoms and have ever smoked, or
  • they have 1 or more of the following unexplained symptoms and have been exposed to asbestos:
    • cough
    • fatigue
    • shortness of breath
    • chest pain
    • weight loss
    • appetite loss. [new 2015]

• 1.1.6 Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:
  • finger clubbing or
  • chest signs compatible with pleural disease. [new 2015]
Missed cancer on CXR

• Read various things
• Within 3/12 about 6% normal
• Within 1 yr up to 23% normal
• Also issue of abnormal but not malignant.
• So legitimate to refer for CT/2ww if still concerned, but need to explain why in referral.
• CT with or without contrast?
New timescales

- GP decides to refer, virtually instant access to CXR
- If abnormal CT there and then or within 72 hours

**Trust**
- If **CT suggests cancer** patient contacted and urgent appt arranged
- If **nodules** patient contacted and follow-up explained and arranged

**GP**
- If abnormal but not urgent. Discharge to GP with advice re follow-up or care plan. E.g non-urgent referral chest clinic for bronchiectasis.
- If normal discharge to GP
GP responsibility

• I take view a referral for CXR is effectively referral for CXR +/- CT. **In many cases should warn patient.**
• Trust only take over responsibility in certain cases
• In other cases GP retains responsibility (they are only person who knows patient and PMH etc)
• **GP needs to inform patient of result if not taken over by trust.**
• Just because GP not directly ordered CT I don’t think appropriate for trust to take 100% responsibility for all results.
• Patient will be anxious ++ until hears result. GP may be bit slow if normal, but must significantly increase patient anxiety.
• If trusts takes over care no need for 2ww by GP, but will be asked for urgent summary to be sent.
Patient issues

- Should GPs have more discussion with patients?
- Should the CXR form be explicit?
- CXR at main trust or satellite centre?
- Patient may be in trust 3 hours if offered CT.
- Time scale for CT result?
- Time scale that patient can expect to hear?
Feedback please