Liverpool Lung Cancer Pathway

Key Features

GPs make CXR Referrals as per NICE Guidance and tell patients that they may also need a CT.

Radiologist codes suspicious CXR reports either as 'Suspected Cancer' or 'Unexpected Finding'

GP and cancer team are immediately informed of any 'Suspected Cancers' and after 24 hours a CT is arranged to take place within 72 hours. This 'Straight to CT' arrangement can be halted by the GP if they feel it is unsuitable for their patient.

If CXR result is normal but GP still has concerns, they can still make a '72 hour CT/2WW referral'.

Patients told prior to CT that they will be contacted by a Lung CNS promptly if result is suspicious but if result is normal CT Report will be sent to GP. Told to contact their GP for results after 3 days if not contacted previously by hospital.

If CT scan shows likely cancer, Lung Physician (with cancer expertise) reviews Imaging result, clinical information on GP referral AND patient's primary care file. (Permissions for this level of access having been previously negotiated and agreed between secondary care and local practices.)

Lung physician determines likely diagnosis and what additional tests are required to confirm staging and diagnosis and gives this to the CNS. The CNS contacts patient by phone, undertakes a full assessment during the phone call and then arranges dates/times for relevant tests with patient. If any patient needs more support at this stage they are offered opportunity to come in and see Consultant or CNS. But this is seldom requested and patient feedback re process has been positive.

No diagnostic MDT takes place but cancer physician consults with colleagues as/when he feels it is needed to determine likely diagnosis and/or further tests needed.

After patient has had all the tests prescribed (including PET CT which takes place on another site) they attend a joint clinic where they will hear their diagnosis from Lung Physician and then see surgeon/oncologist as appropriate on the same visit to discuss/arrange treatment.

This pathway has generated good patient and GP feedback, is quicker than previous pathway and makes better use of cancer team skills. Main cost saving is in reduction of OPAs for patients without cancer and in use of CNS managed telephone 'clinics' (rather than Consultant led clinics) to arrange further tests.

An audit has shown that of the patients not picked up as 'suspected cancer' post CT, two thirds were not subsequently referred into secondary care e.g. into a routine respiratory clinic.

Note: Cancer pathway starts when CT scan is coded as Suspected Cancer or when 72 hr CT/2WW is requested so cancer conversion rate much higher than most Trusts.

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