

# Implementation of the Early Warning Alert System for Patients with a Pathological Diagnosis of Small Cell Lung Carcinoma

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## RATIONALE AND PURPOSE

NICE Quality Statement 13, in NICE Quality standard for Lung Cancer in Adults [QS17], published in, March 2012, states that *'People with small-cell lung cancer have treatment initiated within 2 weeks of the pathological diagnosis.'* This Standard Operating Procedure (SOP) defines the roles, responsibilities and functional activities of key members of the Lung Cancer Multidisciplinary team in implementing the early warning alert system in small cell lung cancer to achieve this quality standard.

### 1. Initiate Alert

The small cell lung cancer alert is initiated by the Lung Pathologists on suspicion of a diagnosis of small cell cancer being made on a pathology specimen. The alert is an email which includes:

- MRN number;
- Patient initials;
- Diagnosis: Small cell carcinoma suspected;
- Histology number & date received;
- Statement: *"This email is not a substitute for the histology/cytology report and does not replace the need to check the authorised histology/cytology report for the full pathological details and final diagnosis."*

The alert email is sent to key members of the lung multidisciplinary team: The email must include:

- Lung Cancer MDT lead;
- Medical Oncologist(s);
- Clinical Oncologist(s);
- Lung Cancer Specialist Nursing team
- Lung Cancer MDT co-ordinator

### 2. Action Items Following Receipt of Email Alert

The alert email is actioned by a member of the Lung Cancer Specialist Nursing team, ideally within 24 hours of being received. However, any of the recipients of the alert email can initiate the following procedure:

- The patient's location is determined, (i.e. in-patient or out-patient).
- The patient is added to the next lung MDT
- It is verified that the patient has had the basic staging investigation with a CT chest/abdomen and pelvis. If this has not occurred, it should be requested by the clinical team responsible for the patient. The acute oncology team may be able to assist with this in the case of inpatients at other trust hospitals.
- As far as possible, it is determined from the imaging report if the patient has extensive stage disease or limited stage disease.
- A Medical Oncology or Clinical Oncology appointment is requested, ideally for the next scheduled clinic.
- The patient's initial target date for treatment to commence is determined. This will be 14 days from the alert being issued (but may change depending on the date of the full pathology report being finalised).

- If the patient is to be treated at the Churchill Hospital, the chemotherapy-schedulers and the Sister, Oncology DTU, are emailed with the following:
  - notification of a small cell cancer alert;
  - the target date for treatment;
  - the date of Oncology clinic review.
- If the patient is to be treated at the Horton hospital, the above information is emailed to the Brodey Centre and the Brodey Centre Sister.

### **3. Confirmation of Final Diagnosis**

Prior to initiation of treatment, the Oncology team must review the final pathological report to confirm the diagnosis of small cell lung cancer.

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