# Lung Pathway Project

**Authors: Gregory Webb; Sandra Avery**

**Cancer Services**

## Case for change

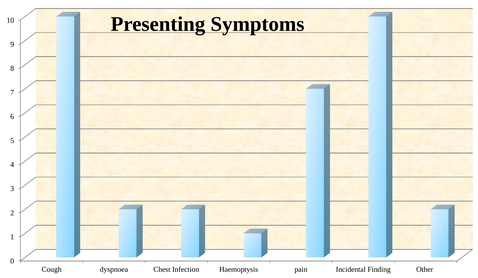
- Existing pathways are obscure and lead to inappropriate referrals to oncology
- In 2016, it is estimated that 12,203 new cases of Lung cancer will be diagnosed in Australia
- In 2013, lung cancer accounted for the highest number of deaths from cancer in Australia. It is estimated that it will remain the most common cause of death from cancer in 2016.
- A high number of patients having metastases on diagnosis

## Project Goal

The Lung pathway project will measurably improve access to the Lung Multi – disciplinary team, to improve outcomes and survivorship.

## Presenting Symptoms

What we found was that the patients presented with one or more of the below symptoms. A breakdown of symptoms shows us that there is not one common symptom to suggest Lung Cancer. What was alarming was the number of patients with a high number of incidental finding.

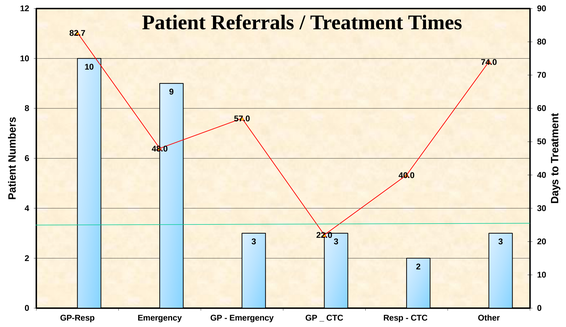



## Referral Pathways/Treatment

- 70% of patients presented to their local GP.
- 30% of patients presented to their local Emergency department
- Patients where referred to Emergency departments, Respiratory consultants, Oncology departments and cardiologist.

Of the patients who were included in the project 43%(13pts) had Chemotherapy as their first line of treatment, with 33%(10pts) having Radiotherapy as their first line of treatment, only 13%(4pts) having chemoRT as treatment. 10%(3pts) were made palliative and did not receive treatment due to their poor EGOG. These patient were linked to community palliative care units.

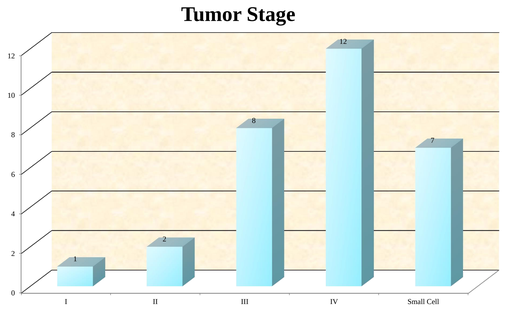
Once the decision was made that the patient would receive treatment, the patient would commence treatment within 14 days which is within the international recommendation guidelines.




## Diagnostics Pathways

There were several ways the patient were diagnosed , 76% (23pts) of patients had CTB. 56%(17pts) has a PET scan. 46%(14pts) had a biopsy performed. 43%(13pts) has a bronchoscopy, and 20%(6pts) having an EBUS.

## Staging




A staggering 73% of patients has metastases at diagnosis

## Survivorship

Many cancer survivors experience persisting side effects at the end of treatment. Emotional and psychological issues include distress, anxiety, depression, cognitive changes and fear of cancer recurrence. Late effects may occur months or years later and are dependent on the type of cancer treatment. Survivors may experience altered relationships and may encounter practical issues, including difficulties with returning to work or studies.

## Essential components of survivorship care (Hewitt et al.2006)

- The prevention of recurrent and new cancers, as well as the late effects
- Surveillance for cancer spread, recurrence or second cancers, and screening and assessment for medical and psychosocial late effects
- Interventions to deal with the consequences of cancers and cancer treatments (including management of symptoms, distress and practical issues)
- Coordination of care between all providers to ensure the women's needs are met

To facilitate the implementation of systematic survivorship review, an electronic after care plan was developed, to assess all of these aspects of care, and is shared with the patient and their GP.

## Sustaining change

The role of the Lung MDT is vital to ensure the recommended changes will be implemented. Regular meetings and partnership with Health pathways will guarantee the project continues to gain momentum in driving change.

Regular correspondence between the Lung MDT and Health Pathways will further assist in providing evidence in the success of the project. This frequency of reporting will identify any risks and issues that the project may be subject to.

## Acknowledgements

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Sandra Avery– Cancer Systems Innovation Manager

Shalini Vinod– Staff Specialist Radiation Oncologist

Victoria Bray – Staff Specialist Medical Oncologist

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