Optimal Lung Cancer Diagnostic Pathway

Week 0

GP direct access to chest x-ray (urgent, 72 hour report).

GP direct access CT scan or escalation to CT (same day/ within 72 hours).

GP urgent suspicion of cancer (USC) referral.

GP CT scan result cancer unlikely

Patient informed; management according to local protocol.

Week 1

Clinical triage by senior clinical decision-maker.

Next 1-2 working day hot reported Staging CT CAP (chest abdomen pelvis).

Patient navigator initiates contact with patient.

Fast-track lung cancer clinic with CT, PFTs (pulmonary function testing), bloods, fitness assessment.

Diagnostic process plan; treatment of comorbidities and palliation; treatment of symptoms.

Meet Clinical Nurse Specialist (CNS).

Week 2

PET CT scan hot reported.

Tissue diagnosis: Bronchoscopy/EBUS.

CT biopsy/Ultrasound biopsy.

Brain imaging.

Cardiac assessment/ ECHO (as required).

Any further investigations required.

Week 3

Pathology, Immunocytochemistry and markers.

Multi-disciplinary meeting (MDT).

See patient after MDT.

Further investigations (if required after MDT).

Cancer unlikely - patient informed and managed according to local protocol.

Weeks 4-6

Patient and/or carer consider and agree treatment plan with clinical team.

Definitive treatment starts

Patient information and support
Quality patient information and support provided from the point of referral