NHS Scotland Lung Cancer Diagnostic Pathway



Week 0

Week 1

Week 3

Weeks 4-6

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. 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). PET CT scan hot reported.

Week 2

Tissue diagnosis: Bronchoscopy/ EBUS.

CT biopsy/ Ultrasound biopsy.

Brain imaging.

Cardiac assessment/ ECHO (as required).

Any further investigations required.

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.

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



Definitive treatment starts