Lung Optimal 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)

Weeks 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

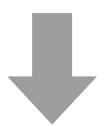
Weeks 3

Pathology, Immunocytochemistry and markers

Multi-disciplinary meeting (MDT)

See patient after MDT

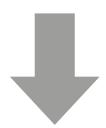
Further investigations (if required after MDT)



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