Welcome to the call!

We will be starting shortly

- $\checkmark\,$ Ask questions via the chat box function
- ✓ Please be aware that the recording of this webinar may be shared with participating GP surgeries for their internal training purposes
- ✓ The information used was correct as of the date of the recording, please only store for 1 year to ensure all info is up to date





facilitators@cancer.org.uk



Cancer Research UK Clinical Engagement Team

Lisa Cohen, Regional Relationship Manager lisa.cohen@cancer.org.uk



Together we will beat cancer

Lung cancer survival by stage at diagnosis

Proportion of people surviving their cancer for five years or more

Diagnosed at earliest stage





Diagnosed at latest stage



Earliest stage = stage 1; latest stage = stage 4. Data is 5-year age standardised net lung cancer survival by stage, adults (15-99) diagnosed between 2013-2017, England. Source: Cancer survival in England, ONS/PHE, 2019.

cruk.org Together we will beat cancer



Involving the audience – who has joined us tonight?





 If you are using installed Microsoft teams software, the question will pop up and will also be in the chat box
 If you have joined via a web browser –the poll will be in the chat box

3.Open your camera app and hover your phone on the QR code, you will receive a notification to complete the poll via sli.do



COVID-19 and cancer



- 69% of people said they would delay contacting their GP practice unless it was an emergency.
- 87% say they are likely to contact their practice if they have a symptom that could be lung cancer.
- 66% think being short of breath that is unusual for you is a sign of Covid while only 47% think it is a sign of lung cancer.
- 51% think a new or change in cough for 3 weeks or more is Covid compared to 54% thinking symptoms may be lung cancer.

Reference: Scottish Government Attitudinal Tracking – Jan 2021



Patients with lung cancer told us....

"I have felt afraid that my cancer care will be compromised and that I will be forgotten. I feel afraid that I will become invisible and die as a result of missed opportunities to screen and detect my growing tumours'" Female aged 53 with stage 1 lung cancer

"Afraid that if I don't get the treatment that I need in time, the tumour will grow more and more complex surgery or treatment will be needed."

Female aged 63 with stage 4 lung and gastrointestinal cancer



Recovery and Redesign: Cancer Services Action Plan



Re-mobilise, Recover, Re-design: The Framework for NHS Scotland



AHEM TESTED NEGATIVE FOR COVID BUT STILL HAVE A COUGH COUGH?

Reference: Recovery and Redesign: An Action Plan for Cancer Services (December 2020 to March 2023)



DCE Lung Cancer Campaign

What does lung cancer love most?

When people ignore the warning signs, giving it time to get comfortable and make itself at home...



- This will be the creative hook for the new Detect Cancer Early lung campaign due to go live in June 2021.
- The exact media schedule is tbc but will include TV, radio, press and digital across the whole of Scotland.
- Campaign based on independent research and audience insight with those aged 40+ from areas of deprivation (smokers and non-smokers).

CRUK's hierarchy of education and support offer



KEY STAKEHOLDERS

- Scottish Government
- SPCCG
- Regional Cancer Networks
- GP Leads
- Secondary Care Leads
- Pharmacy Leads
- ECDC's
- Education Providers eg (NES, Deep End GP Practices, RCGP)
- CRUK internal contacts



Lung Cancer Cell Credit: LRI EM Unit

Dr Douglas Rigg Clinical Lead West of Scotland Primary Care Cancer Network, Lead GP for Cancer NHS GG&C



Together we will beat cancer



Impact of COVID-19

The impact of the pandemic

How does a typical day's workload now compare with a typical day's workload before the pandemic?



15% more consultations (vs Jan 2020)

55% consultations are longer

69% consultations complex or very complex

34% increase clinical admin work

49% GPs considered workload unsafe

Reduced wait for routine GP appts



https://www.pulsetoday.co.uk/analysis/cover-feature/the-new-workload-crisis/

Early Diagnosis and COVID-19

4063 (19%) fewer confirmed cancer diagnosis than expected

- <27% (677 less bowel cancer diagnoses)
- <23% (376 less lung cancer diagnoses)
- <20% (799 less breast cancer diagnoses)
- <17% (799 less prostate cancer diagnoses)



Public Health Scotland – First published on 18 November 2020 (1 January and 21 June 2020)

GGC USoC Referral Data April 2021







Milestones in early diagnosis





Weller D et al, The Aarhus statement: improving design and reporting of studies on early cancer diagnosis



How <u>might</u> COVID-19 impact consultations with the GP and urgent referrals for cancer symptoms?

Helpser (2020) EJCC, Jones (2020) Lancet Onc, Hamilton (2020) Lancet Onc

- Patients with red flag symptoms (e.g rectal bleeding or a breast lump) would continue to present to their GP and be referred as usual
- Patients with non-specific symptoms (e.g fatigue and change in bowel habit) may be more likely to dismiss or self manage their symptoms at home and therefore not present to their GP
- A switch to remote consultation may lead to missed diagnostic cues, examination findings, and investigations (triggers of clinician gut feeling).

The impact of COVID-19 on cancer symptom experience and help seeking behaviour in the United Kingdom: A cross sectional population survey

Quinn-Scoggins et al., March 2021

- 44.8% of patients with potential cancer symptom did not seek help
- Remote GP consultations "well received"





Why are patients delaying in presenting with symptoms?



https://data.gov.scot/coronavirus-covid-19/detail.html#people_avoiding_contacting_gps

Strongly agree

Tend to agree

Neither agree or disagree

Tend to disagree

Strongly disagree





	Age group (years)					
	30-39	40-49	50-59	60-69	70-79	≥80
Bladder	15.79%	14.95%	14-29%	15-48%	17-15%	17-03%
Brain	11.75%	14.15%	17-82%	18-24%	16.64%	16.70%
Breast	4-88%	3.27%	2.49%	2.14%	3.71%	7-70%
Cervix	5.59%	9.03%	12-20%	15.73%	17-98%	15.52%
Colorectal	10.22%	11.38%	10.82%	10.59%	13.10%	16-36%
Kidney	5.01%	6.50%	8.53%	10-53%	13.10%	17-41%
Larynx	11.07%	14.29%	13-45%	14.94%	15-86%	16.79%
Liver	16-68%	17-29%	16-17%	14-67%	11.89%	14.78%
Lung	16.87%	18-26%	16.80%	15-37%	11.78%	6-70%
Melanoma of skin	3.13%	3.96%	4.89%	5.66%	7.32%	12-56%
Oesophagus	16-85%	16-21%	16-12%	15-18%	12-28%	4.59%
Oral cavity	12-83%	16-98%	18-27%	18-28%	17.88%	16-62%
Oropharynx	11.79%	14-48%	16-77%	18-31%	17.08%	13-73%
Ovary	7.24%	13.87%	17-38%	18-28%	17-08%	15-86%
Pancreas	12-86%	11.76%	12-11%	9.00%	7.18%	10-74%
Prostate	0-68%	0.67%	0.32%	0%	0%	3-69%
Stomach	18.58%	18-54%	18-03%	17-34%	16-11%	8-85%
Testis	0.58%	0-36%	0-76%	0-35%	0-63%	1.62%
Thyroid	0.11%	0.63%	1-33%	0-22%	2.57%	0%
Uterus	2.43%	5.27%	6.04%	8.68%	11.83%	14-43%

How much does this delay matter?

Figure 1 demonstrates the reduction in 10 year- net survival incurred from a 3-month delay for the 20 most common tumour types by age group. Red indicates the highest decile of survival decrement, scaling down to green.

For several cancers, a 3-month delay to diagnosis is predicted to result in a reduction in long-term (10-year) survival of more than 10% in most age groups

Delays of 6 months are predicted to reduce 10-year mortality by more than 30% in many of these tumour types

A very broad figure – it's about a 1% worse survival for 1 week's delay



Effect of delays in the 2-week-wait cancer referral pathway during the COVID-19 pandemic on cancer survival in the UK: a modelling study. Sud et al., July 2020



Cancer has not gone away



<u>Cancer has not gone away: A primary care perspective to support a</u> <u>balanced approach for timely cancer diagnosis during COVID-19. Helsper</u> <u>et al., June 2020</u> Approaches need to find the optimal balance between minimising the negative impact of the COVID-19 pandemic while safeguarding the diagnostic cancer pathway. This effort should be collaborative and include primary care, secondary care, patient organisations and policy makers

The use of telemedicine should be enhanced, but with careful consideration of its potential risks

- <u>Evaluation of the Attend Anywhere/Near Me video</u> <u>consulting service in Scotland, 2019 -2020</u>
- <u>UK Lung Cancer Coalition Evaluation Virtual</u> <u>consultations in the lung cancer pathway</u>





Index symptoms of lung cancer, 2000–2017



During 2000–2017, the proportions of lung cancer patients with an index symptom of cough or dyspnoea increased, while the proportion of those with the index symptom haemoptysis decreased. This trend has implications for medical education and symptom awareness campaigns.



MAINROUTE

GPs referred a different proportion of patients who consulted with.....

2WW Pathway	Clinical feature	Period of time	
		Before lockdown	After lockdown
		Weeks 1-12	Weeks 13-32
Breast	Breast lump	\leftrightarrow	\checkmark
Upper GI	Dysphagia	\checkmark	$\uparrow \uparrow$
Lung	Cough	\leftrightarrow	$\uparrow \uparrow \uparrow$
	Shortness of breath	\leftrightarrow	$\uparrow \uparrow$
	Weight loss	\leftrightarrow	$\uparrow \uparrow \uparrow$
Haematological	Lymphadenopathy	\leftrightarrow	1
Head & Neck	Lymphadenopathy (neck)	\leftrightarrow	1
Urological	Visible haematuria	\checkmark	1



Referral Guidelines remain in place

MACMILLAN CANCER SUPPORT

COTTISH PRIMA

Healthcare Improvement Scotland

Scottish Referral Guidelines for Suspected Cancer

	January 2019
First published October 2013. U pdated May and August 2014. Refreshed 2018 You can copy or reproduce the information in this document for use within NHS Scotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.	Healthier Scotland Scottab Government



Link to the IPhone App Link to Android App







www.cancerreferral.scot.nhs.uk

LUNG CANCER

Urgent suspicion of cancer chest X-ray

The Scottish Government have published clinical guidance on the management of urgent suspicion of lung cancer referrals during COVID-19. It can be found can be found on the Scottish Government website here.

Any unexplained haemoptysis

Unexplained and persistent (more than 3 weeks):

- change in cough or new cough
- dyspnoea
- chest/shoulder pain
- loss of appetite
- weight loss
- chest signs
- hoarseness (if no other symptoms present to suggest lung cancer refer via Head & Neck pathway)
- fatigue in a smoker aged over 40 years

New or not previously documented finger clubbing

Persistent or recurrent chest infection

Cervical and/or persistent supraclavicular lymphadenopathy*

Thrombocytosis where symptoms and signs do not suggest other specific cancer**

Any person who has consolidation on chest x-ray should have further imaging no more than 6 weeks later to confirm resolution

- * if CXR normal, refer via Head & Neck pathway
- ** if CXR normal, consider alternative diagnosis including other cancers



False negative chest x-ray

Though there is a paucity of evidence, the highest-quality studies suggest that the sensitivity of chest X-ray for symptomatic lung cancer is only **77% to 80%.** GPs should consider if further investigation is necessary in high-risk patients who have had a negative chest X-ray.

Chest x-ray remains the first line investigation for suspected lung cancer -**REMEMBER TO MARK CXR AS URGENT-SUSPECTED CANCER** GGC Radiology status 14/4/2021 Reporting times:

	AE	GP	IP	OP
Waiting 4-4.9 weeks	0%	0.0%	0.1%	0.0%
Waiting 3-3.9 weeks	0%	0.0%	0.6%	0.1%
Waiting 2-2.9 weeks	0%	0.3%	2.7%	1.0%
Waiting 1-1.9 weeks	7%	0.0%	21.1%	2.0%
Waiting 0-0.9 weeks	92%	99.7%	75.4%	96.8%

Appointment status : Total tests requested - 6489 CXRs to be appointed -308 CXRs > 4 weeks to appointment - 18



AHEM TESTED NEGATIVE FOR COVID BUT STILL HAVE A COUGH COUGH?

AN EARLY SIGN OF LUNG CANCER CAN BE A NEW OR DIFFERENT PERSISTENT COUGH THAT LASTS FOR 3 WEEKS OR MORE.

Don't put off contacting your GP practice if you have symptoms, especially if you are over 40. The earlier lung cancer is found the better and a lot can be done to treat it.

getcheckedearly.org



SIGNS MORE SUGGESTIVE OF LUNG CANCER

Unexplained and persistent (more than 3 weeks) in those aged 40+:

- Change in cough or a new cough
- Change in breathlessness or new breathlessness
- Fatigue in smoker or ex-smoker
- Persistent or recurring chest infection

May also be accompanied by one or more of the following:

- Coughing up blood
- Chest pain/ shoulder pain
- Unexplained weight loss
- Loss of appetite

SIGNS MORE SUGGESTIVE OF COVID-19

Sudden occurrence of:

- Dry cough
- Breathlessness
- Fever
- Muscle pain
- Loss of smell
- Loss of taste
- Close contact with a confirmed/ highly suspected case of COVID-19
- Initial flu-like symptoms for 1-2 weeks with onset of respiratory symptoms from 7 – 10 days

https://www.getcheckedearly.org



Back to Referrer & Regrading of referrals – 2019 summary

GGC – Total USoC referrals: 45859 Total "Back to referrer": 1860 (4.1%)
- ENT (intermittent hoarseness, FOSIT, unilateral tinnitus)
Derm (non melanotic skin cancers) & Gyn (DUB, ovarian cysts)

Admin errors inc referrals to Audiometry, Homeopathy, Physiotherapy & Restorative Dentistry. "Covid 19 USoC Regrading pathway" – reduced re-referral from 70% to 0.8%

Respiratory USoC "Back to Referrer":

Stobhill	Vic	GRI	GGH	ІСН	RAH
3.0%	1.4%	2.7%	3.2%	5%	14%



Include performance status in the referral

GRADE	ECOG /WHO PERFORMANCE STATUS
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any self-care; totally confined to bed or chair
5	Dead

https://www.cancerreferral.scot.nhs.uk/appendix-quick-reference-guide/

It facilitates triage and discussion about best pathway





Key Messages



- L. Symptoms lasting more than 3 weeks should be investigated
- 2. Low threshold for CXR particularly over 40yrs old with smoking history
- 3. ** Mark CXR request as USC **
- 4. Persistent symptoms for 6 weeks despite normal CXR need further investigation
- 5. Safety netting

For further information and resources please visit -<u>Cancer Research UK: Health</u> <u>Professional COVID-19 and</u> <u>Cancer Hub</u>



Involving the audience – poll questions

- 1. Do practices and pharmacies have any local agreement for referral between services?
- 2. If you were to establish a "referral route" from pharmacy to practice what would be best method?



Lung Cancer Cell Credit: LRI EM Unit



Amanda Rae Policy and Development Pharmacist, Community Pharmacy Scotland



Together we will beat cancer

Scottish Community Pharmacy Network

• 1257 Community Pharmacies across Scotland

- Pharmacists the most accessible healthcare professionals
- Pharmacy Teams trained to deliver care to patients
- "The Front Door" of the NHS Pharmacy First

Community Pharmacy

- Deliver care to patients
- "Art of Pharmacy"
 - Advice
 - Referral
 - Treatment
- Uniquely placed to support this vital lung cancer work.





Consultations and Conversations

• Talk with the patient

Gather a short case
 history

Listen and respond



Key Symptoms – Red Flags

- Persistent cough
- Shortness of breath
- General fatigue/malaise
- Hoarse voice
- Appetite loss/weight loss
- Coughing up blood



Key Symptoms – Identifiers

- Repeat cough bottle purchases
- Requests for fortified drinks/supplements
- Discussions in Smoking Cessation Consultations
- Discussions in Medicines Care and Review


Key Symptoms – Identifiers

- Smoker?
- Work related?
- Health history?



• Refer

• Write up



What would we like to see?

- Direct referral routes
- Read/write access to a single patient record
- Ongoing Public Health Campaigns



Thank You!



www.cps.scot

Lung Cancer Cell Credit: LRI EM Unit

Dr Joris Van der Horst Clinical Lead West of Scotland Lung Cancer MCN, Consultant Respiratory Physician



Together we will beat cancer

Removing artificial delays in secondary care:

CSI Glasgow Cleverer Scheduling Initiative

Joris van der Horst

Clinical Lead West of Scotland Lung Cancer MCN Consultant in Respiratory Medicine

Glasgow Royal Infirmary

v April 2021

MORTALITY RATE (2007-2009) AND INCIDENCE RATE (2006-2008) FOR LUNG, TRACHEA AND BRONCHUS CANCER BY SCOTTISH HEALTH BOARD46



East Glasgow LUNG CA INCIDENCE RATE Glasgow v World



Age-standardised 5-year net survival by site, country, and period of diagnosis, 1995–2014

The Lancet Oncology 2019 201493-1505DOI: (10.1016/S1470-2045(19)30456-5)



CSI Glasgow

Lung Cancer (C33-C34) Proportion of Cases Diagnosed at Each Stage, All Ages



You are welcome to reuse this Cancer Research UK statistics content for your own work.

Cancer Research UK, full URL of the page, Accessed [April] [2021].

Credit us as authors by referencing Cancer Research UK as the primary source. Suggested style:



Source: cruk.org/cancerstats

Why so late?

- route to diagnosis- 45% via emergency admission- not presenting to GP COVID
- Iate presentation to GP COVID
- third of patients > 3 GP visits before referral (England). 'gate keeper'.
- time referral to treatment diagnostic delay(only factor under hospital control)

Cancer Waiting Times Performance





Number of Weeks CT Thorax Date to Definitive Treatment Date for Stage II & IIIa Cases by Board



(assuming1 week referral to CT: 7 weeks from CT = 8 weeks from referral)

Time is growth is survival-TNM8

T - Stage	Size	NO Prognostic Stage	*5 Year Survival (%)
T1a	≤ 1cm	IA1	92
T1b	>1 - 2cm	IA2	83
T1c	>2 - 3cm	IA3	77
T2a	>3 - 4cm	IB	68
T2b	>4 - 5cm	IIA	60
Т3	>5 - 7cm	IIB	56

*Goldstraw P et al. The IASLC Lung Cancer Staging Project. J Thorac Oncol. 2016;11(1): 39-51.



Courtesy of: Richard Booton September 2017

Effect of Diagnostic Delay



Approximately 25% of patients demonstrate a greater than 50% increase in cross sectional tumour volume between diagnostic and planning scans, with 21% of patients becoming incurable on a radical radiotherapy waiting list

Courtesy of K Blyth MCN presentation 2016

O'Rourke et al Clin Radiol 2000

Table 2. Percentage increase in maximum cross-sectional tumour area between diagnostic and planning scans

% Increase	No. patients $(n = 25^{\circ})$	% patients
<20	13	52
20-50	6	24
>50-100	2	8
>100	4	16

^a Two patients progressed before planning scan; one had collapse of part of the lung on the planning scan, making tumour size unassessable; and scans on one could not be located.





Fig. 1. (a) CT scan image at the time of the diagnostic scan when L hilar tamour had maximum diameter 45 mm; and (b) 54 day later at the time of the radiotherapy planning scan when L hila tumour maximum diameter had increased to 89 mm.

54 days from CT to RT-'9% survival reduction'

E T - Stage Calculator ^{Beta} Abo	Results:
Images	Current stage is T4
First Imaging:	Days to next stage: NaN
1 Mar 2000	Loss in Survival: 9 %
4.5	Volume Doubling Time: 28 days
Second Imaging:	Lesion formed 86 days before the first scan.
24 May 2000	
8.9	Tumor Size Survival
Calculate	Survival Rate over Time Percentage Stage T1b
Results:	8 75 90 70
Current stage is T4	G 65 60 55
< > 🗘 🛄 (

Surgical patients: Stage 2 Lung Cancer survival is affected by waiting time diagnosis to surgery



Can J Surg. 2015 Dec; 58(6): 414–418.

waiting > 2 months: reduced survival, HR 3.6 , p=0.036 significantly increased incidence of upstaging (OR 20.0, 95% CI 1.61–248.3, p = 0.020). 21% upstaged



<u>E D Kennedy</u>; N A Bradley; R Govindraj; A J Kirk; M Klimatsidas; M Asif, Presentation at STCS Meeting March 2018

What does that mean?



Proposed T Categories

Upstaging by one step from T1a to T1b = 10% reduction of survival

Survival benefit of adjuvant chemo after surgery = 5%

What does that mean?



Upstaging by one step from T1a to T1b = 10% reduction of survival

Survival benefit of adjuvant chemo after surgery = 5%

By delaying diagnosis we lose more than we can hope to regain

Why do we take so long?

- 7 investigations required to diagnose and stage lung cancer :
- Staging CT
- Lung function, blood tests, fitness assessment
- PETCT, MRI brain
- Tissue: CT biopsy/ Bronchoscopy/ EBUS
- Actual time required adds up to < 8 hrs
- Could be done in one long day, comfortably in 3
- And yet- over 50% fail to have diagnosis and staging completed within 30 days in real terms



Lung Cancer Diagnosis and Staging GRI 2005

visit 1	1 st Clinic: book CT
visit 2	PFTs
visit 3	CT scan
visit 4	2 nd clinic: agree next test
visit 5	tissue
visit 6	3rd clinic: result
	MDT , request PET
visit 7	PET
visit 8	4th clinic: discuss options, refer
visit 9	See oncologist

Lung Cancer Diagnosis and Staging GRI Fast Track Clinic 2007 onwards

visit 1	1 st clinic: Staging CT, PFT, bloods, history, examination, review CT/staging, discuss diagnosis, agree and book tests for tissue, request PETCT	
visit 2	PET (2-3 weeks), MRI (2 -3 weeks)	
visit 3	Tissue (1-3 weeks)	
visit 4	2nd clinic : MDT/results, discuss options, refer & see oncologist	

CSI Glasgow - Cleverer Scheduling Initiative



REFERRAL GUIDELINES

LUNG CANCER

Urgent suspicion of cancer chest X-ray

The Scottish Government have published clinical guidance on the management of urgent suspicion of lung cancer referrals during COVID-19. It can be found can be found on the Scottish Government website here.

Any unexplained haemoptysis

Unexplained and persistent (more than 3 weeks):

- change in cough or new cough
- dyspnoea
- chest/shoulder pain
- loss of appetite
- weight loss
- chest signs
- hoarseness (if no other symptoms present to suggest lung cancer refer via Head & Neck pathway)
- fatigue in a smoker aged over 40 years

New or not previously documented finger clubbing

Persistent or recurrent chest infection

Cervical and/or persistent supraclavicular lymphadenopathy*

Thrombocytosis where symptoms and signs do not suggest other specific cancer**

Any person who has consolidation on chest x-ray should have further imaging no more than 6 weeks later to confirm resolution

* if CXR normal, refer via Head & Neck pathway

** if CXR normal, consider alternative diagnosis including other cancers



Urgent suspicion of cancer referral

Any unexplained symptoms or signs detailed above persisting for longer than six weeks despite a normal chest X-ray (other than isolated thrombocytosis or cervical and/or persistent supraclavicular lymphadenopathy)

Chest x-ray suggestive/suspicious of lung cancer (including pleural effusion, pleural mass and slowly resolving consolidation)

Persistent haemoptysis in smokers/ex-smokers over 40 years of age



Cleverer Scheduling of Investigations:

Splitting the traditional pathway

Evolution of the virtual clinic: SEP 2018– FEB 2019



USOC Referrals – Jan to Dec 2019



GP direct access rapid CT request

NHS boards may wish to consider to which diagnostic services

GPs should have direct open access. In these situations, the GP would be responsible for communicating the result to the patient and arranging any subsequent follow up. (from the Scottish Lung Cancer referral guideline)



GP DARCT

GP Direct Access Rapid CT

CSI Glasgow- Cleverer Scheduling Initiative: <u>PETiTe</u> (<u>PET in advance of Tissue</u>)

- fit patients with radically treatable disease NO-N2
- run through linked PETCT slot pre-scheduled within 3-5 working days of staging CT scan and fast track clinic
- Followed by linked Bronchoscopy/EBUS/CT biopsy slot within 7 days of staging CT scan
- emphasis is on ring fenced, linked and earlier scheduling of PETCT
- no additional resource required
- reduces median time from referral to diagnosis by 9 days
- With PETiTe 31d to diagnosis achieved from 20% to 80%, with PETiTe repeat biopsy reduced from 30% to 10%

CSI Glasgow- Cleverer Scheduling Initiative: <u>next working day hot reported CT</u>

- SBAR June 2020, approved Feb 2021
- Capacity matched to average demand for each service
- Next 1-2 working day
- Hot reported, ideally by respiratory radiologist
CSI Glasgow - Cleverer Scheduling Initiative



'21 days'

- GP requests CXR (USC to be reported within 24hr)
 - Low risk CXR: report back to GP , who can request GP CT to clarify/rule out
 - High risk CXR: radiologist request CT, alerts tracker, who contacts GP and invites patient
- Daily next 1-2 working day hot reported CT followed by daily respiratory virtual vetting
 - CT show malignancy fast track clinic
 - CT no malignancy report to GP who reassures patient
- Fast track clinic with PFT, if previous CT non contrast chest only, for staging CT scan
- Run-through prescheduled PETCT slots with timing chosen to align with local clinic and bronchoscopy list and matching demand (shared office 365 diary)
- EBUS/ CT biopsy / neck US same week, capacity to match average demand

Key Messages

- We want to find more asymptomatic early stage cancer
- Until arrival of screening for high risk smokers without symptoms :
- Low threshold for lung USC referral or GP CT- to 'screen' symptomatic smokers for as yet asymptomatic early stage cancer
- Not all cough is COVID if suspicious symptoms even with normal CXR rule out COVID and refer /do GP CT

'Why take 30 days, when you could do it in 3?'

CSI Glasgow- <u>C</u>leverer <u>S</u>cheduling <u>I</u>nitiative:

episode 1: <u>Virtual Lung Clinic</u> episode 2: <u>GP DARC</u>- (GP <u>D</u>irect <u>A</u>ccess <u>R</u>apid <u>C</u>T) episode 3: <u>PETiTe</u>- (<u>PET i</u>n advance of <u>T</u>issu<u>e</u>- run-through linked early scheduling) episode 4: hot reported next working day CT chest episode 5: <u>WOS DTCs</u> (from 13 sites to 5 DCTs) ?

CSI Glasgow contact:

joris.vanderhorst@ggc.scot.nhs.uk

Lung Cancer Cell Credit: LRI EM Unit

Panel discussion

Lisa Cohen Dr Douglas Rigg Amanda Rae Dr Joris Van der Horst

Please submit any questions into the chat box

We have GP leads joining us this evening from 3 out of the 4 health boards in the West of Scotland. Therefore, if your question is health board specific, we will endeavour to answer. For any questions that are not answered tonight, we will collate and follow up accordingly post webinar.

Thank you



Together we will beat cancer

Thank you for joining today!

Please complete the evaluation form in the chat box

For further information please contact: <u>ScotlandFacilitators@cancer.org.uk</u>



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RESEARCH UK
FACILITATORS