GJC pathway for GP Urgent Suspected Lung Cancer Referrals – Flow chart and explanation

Patient presents with suspected lung cancer

- haemoptysis, or
- Any of the following unexplained persistent (more than 3 weeks) symptoms
  - chest and/or shoulder pain
  - dyspnoea
  - weight loss
  - chest signs
  - hoarseness
  - clubbing
  - cervical and/or supraclavicular lymphadenopathy
  - cough with or without any of the above
  - features suggestive of metastasis from lung cancer (e.g., in brain, bone, liver, skin)

GP Chest X-ray Request

Chest X-ray report suspicious of lung cancer

GP Urgent Suspected Cancer referral, GP tells patient likely to be sent CT appointment and depending on result may or may not need clinic appointment

Consultant vets referral and arranges CT / reviews CT report (GP NOT responsible for following up CT result)

CT shows lung cancer – fast track
2 week clinic appointment, consultant may request PFTs and PET scan

CT does not show lung cancer – consultant either arranges resp appointment (may not be 2 weeks) or writes to patient and GP with results and reassurance or other suggestions depending on CT report

To try and improve the journey for patients referred with suspicion of Lung Cancer we have received funding to undertake a pilot scheme of a virtual clinic. As per above flowchart, all patients referred as USOC who do not have an obvious cancer seen on chest X-ray will have urgent CT requested and history and CT images will be reviewed in the virtual clinic. At the virtual clinic, if a lung tumour is found on CT, the patient will be assigned to the next available fast track slot to enable rapid clinic review (within 7 days). If the CT scan does not show a lung cancer, a letter will be written and approved to the GP and patient the same day with the result. If the patient has symptoms or an alternative diagnosis on CT scan, the patient will be reviewed by the lung cancer service, the diagnosis discussed and an appropriate management plan put in place. If the referral is solely based on an abnormality seen on CXR and there is no abnormality seen on CT, the patient will be informed and discharged to the care of their GP. This will suit some, but not all patients and if a patient wishes a clinic review to discuss their results we will facilitate this.