

# Timeline Model in Manitoba for the Lung Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days



Days —						
01 02 03 04 05 06 07 08	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60					
P C CT SCAN COMPLETE P (7 DAYS)	Diagnostic Visit with Specialist (10 days)	DIAGNOSTIC PROCEDURES AND PATHOLOGY REPORT TO SPECIALIST (14 DAYS*)	SPECIALIST FOLLOW-UP (4 DAYS)	SURGICAL, MED ONC OR RAD ONC CONSULT (10 DAYS) PALLIATIVE CARE CONSULT OR WATCHFUL WAIT DISCUSSION* (10 DAYS)	FIRST SURGERY, CHEMOTHERAPY OR RADIATION THERAPY TREATMENT (14 DAYS)	

**Visits, Tests and Procedures** 

Milestones in the Lung Cancer Clinical Pathway	Timeline		
Primary care orders CT Scan (or sends to Emergency department if Emergent) and may initiate referral to diagnostic specialist	Within 1 day of patient visit		
2. CT scan complete	Within 7 days of ordering		
3. Diagnostic visit with specialist	Within 10 days of referral or CT scan		
4. Diagnostic procedures and pathology report back to specialist	Within 14 days* of diagnostic visit with specialist *7 days for procedure + 7 days for pathology		
5. Follow-Up appointment with diagnostic specialist	Within 4 days of diagnostic procedures and pathology report		
A) Surgical or Med Onc / Rad Onc consult     B) Palliative Care Consult or watchful wait discussion with patient     (*considered first treatment)	Within 10 days of follow-up appointment with diagnostic specialist		
7. First surgery or chemotherapy or radiation therapy treatment	Within 14 days of Surgical / Med Onc / Rad Onc consult		



# **Work-Up of Suspected LUNG CANCER**

Order Chest

(PA & LAT)

history, exam.

risk factors on

Requisition (DI

X-ray

\*Record

Diff DX &

Lab)

Timeline and Legend pg.5

Continue

**Diagnostic** 

pathway

- **RISK FACTORS:** 1. Smokers, former smokers, second hand smoke exposure
  - 2. History of COPD
  - 3. Previous Cancer

- 4. History of TB, Silicosis;
- 5. Asbestos / radon / wood dust / silica exposure

PRACTICE POINTS: All referrals sent within 24 hrs of visit. Provide complete information as requested to avoid delays. Ensure patient and family is well informed and receives appointment information. If patient is in distress, offer referral to local counsellor.

See **Supporting Information for Clinicians** (pg 4) for contacts and resources.

Contact the Cancer Question Helpline for Primary Care for assistance.

### **Emergent**

- Signs of superior vena cava obstruction (swelling of the face or neck with fixed elevation of jugular venous pressure, prominent veins on chest)
- Stridor
- Massive hemoptysis (more than 1 cup/250ml in 24 hrs)
- New neurological signs (suggestive of brain metastases or cord compression)

### Urgent

- Two or more episodes of hemoptysis (1 tblsp/15ml or more of clotted blood)
- Supraclavicular lymphadenopathy
- Incidental CT finding: any solid or ground glass nodule greater than 1cm

### Semi-Urgent Immediate Chest X-Ray

- Unexplained single episode of hemoptsis
- Finger clubbing

Non-Urgent

- Suspicious cervical lymphadenopathy
- Features suggestive of paraneoplastic syndrome (unexplained hyponatremia, hypercalcemia, etc.)

• Interstitial Lung Disease

nodule less than 1 cm

• On CT: Any solid or ground glass

# **Persistent Symptoms**

Unexplained new symptoms lasting more than 3 weeks (OR sooner in patients with risk factors)

Cough

In Sixty

- Hoarseness
- Chest +/or shoulderDyspnea pain
  - Dvsphagia
- Loss of appetite / weight
- Abnormal chest signs

Referrals/ Orders sent within 24 hrs of visit

• Unexplained changes in symptoms with chronic lung disease

# Non-urgent referral Respirologist

### **Send to Emergency Department** Thoracic Surgeon or Respirologist

Referral to Diagnostic Specialist

(Thoracic Surgeon or Respirologist)

On Call in Winnipeg or Brandon

Order Infused CT Scan of Thorax ±Upper Abdomen

Normal finding: low clinical suspicion Monitor and manage

Normal finding, but high clinical

suspicion of cancer

#### Abnormal findings triggering suspicion CA: • Single or multiple pulmonary nodules

- Mediastinal orhilar lymphadenopathy
- ► Unexplainable large unilateral pleural effusion
  - Infiltrate, consolidation or effusion attributed to pneumonia and not resolved in 6 week follow-up X-ray

### Abnormal findings suggestive of Pneumonia Treat with antibiotics, repeat chest X-ray in 6 wks to confirm resolution

CT Scan within 7 In Sixty days of order

Order and refer

in same day

In Sixtv

Diagnostic specialist appointment within 10 days after referral by primary care.

Order

Infused

CT Scan

of Thorax

+/- Upper

→ Abdomen

#### **Suspicion Pathway Notes:**

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a high clinical suspicion of cancer triggers further cancer-focused investigation. Only requisitions for patients who fit the red pathway should be noted as "urgent" to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.



# Diagnostic & Treatment Plan Pathway: LUNG CANCER

Timeline and Legend pg.5

PRACTICE POINT: All patients return to Diagnostic Specialist within 14 days of diagnostic appointment, unless referred to Palliative Care during initial diagnostic appointment.

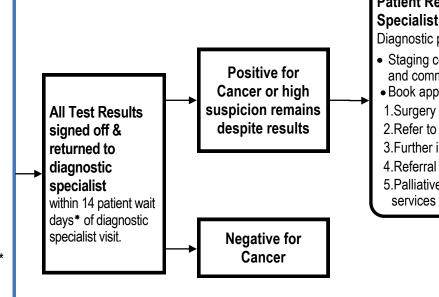
PRACTICE POINT: Ensure patient is well informed and receives appointment information. Allow time for questions. Offer patients connections with psychosocial clinicians and cancer navigation services (see Supporting Information for Clinicians, pg 4.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussion with patients.

# First Patient Appointment with **Diagnostic Specialist (Thoracic** Surgeon or Respirologist)

- Patient seen and evaluated to establish a clinical diagnosis and stage
- Routine required testing (bloodwork, EKG. PFT)
- Ensure CT scan already done; if not done, order CT scan immediately

Choose the most appropriate diagnostic procedure customized for each Patient. First Diagnostic/ Staging Procedure Menu:

- Bronchoscopy under local anesthesia\*
- Bronchoscopy & Mediastinoscopy under general anesthesia\*
- Needle Biopsy of Lung by radiologist\*
- Endobronchial Ultrasound (EBUS)\*
- PET Scan
- \*Pathology report



**Patient Return Appointment to Diagnostic Specialist** (no later than 18 days after Diagnostic procedures appointment)

- Staging complete Review results, formulate and communicate plan with patient:
- Book appropriate next step for the patient:
- 2.Refer to CancerCare Manitoba Referral Office
- 3. Further investigation
- 4.Referral to surgeon
- 5. Palliative Care Involvement: Consultation services and/ or program application

Lung Cancer

Continue

**Treatment** 

pathway

In Sixty

Diagnostic specialist appt. within 10 patient wait days after referral by primary care.



Diagnostic procedures and Pathology report back to specialist within 14 patient wait days. \*7 days for procedure + 7 days for pathology



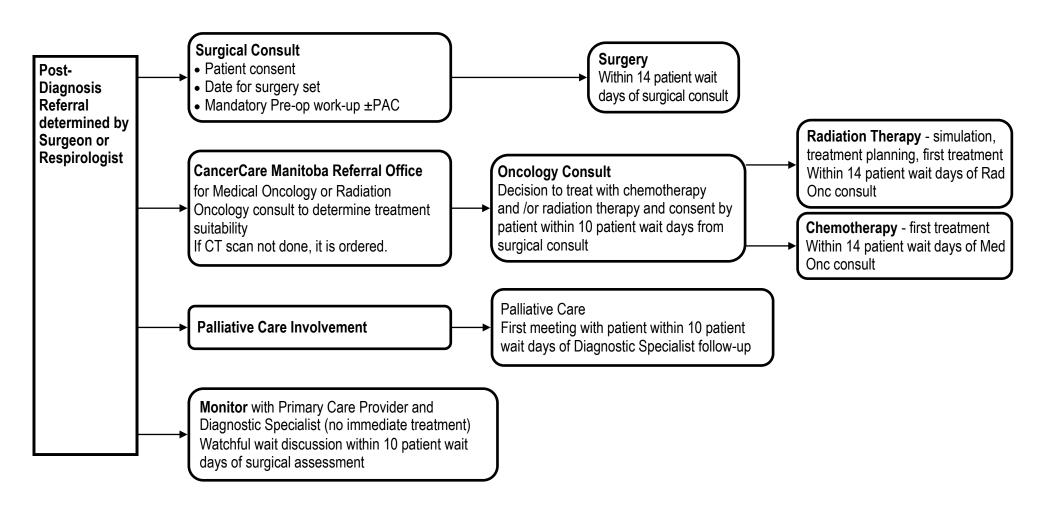
Follow-up appointment with diagnostic specialist within 4 patient wait days of pathology report.

### **Diagnostic Pathway Notes:**



# **Treatment Pathway: LUNG CANCER**

PRACTICE POINTS: Ensure Patient understands plan for first treatment. Ensure patient is well-informed and receives appropriate information such as surgical procedures, palliative program, or a CancerCare patient guide. Offer patient connections with psychosocial clinicians and cancer navigation services (see <u>Supporting Information for Clinicians</u>, pg 4). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with patient.





Specialist consult to Palliative Care or to Surgery or Medical / Radiation Oncology consult within 10 patient wait days of Diagnostic Specialist follow-up appointment.



First surgery/ chemotherapy / radiation therapy initiated within 14 patient wait days of corresponding consult.

#### **Treatment Pathway Notes:**

Sixty day suspicion to first treatment timeline is complete on the date of patient visit when a decided first treatment occurs, including surgery, chemotherapy, radiation, palliative care consult, or discussion with patient of clinical decision for watchful waiting.



# **Supporting Information for Clinicians**

### **Urgent, Emergent and Afterhours Care for Cancer Patients**

All questions of an emergent nature about the care or referral of a cancer patient, page the <u>Oncologist on call</u>. For palliative care or symptom management consultation, page the <u>WRHA Palliative Care physician on call</u>.

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)

For emergencies, please direct patients to go direct to their local Emergency Department. Patients must inform Emergency staff of their cancer type, medications, and oncologist name.

# **Cancer Navigation and Patient Support Services**

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs	
<ul> <li>Interlake-Eastern RHA</li> </ul>	Toll-free: 1-855-557-2273
Prairie Mountain Health	Toll-free: 1-855-346-3710
<ul> <li>Northern Health</li> </ul>	TBD
<ul> <li>Southern Health-Santé Sud</li> </ul>	Toll-free: 1-855-623-1533
Winnipeg Psychosocial Oncology Clinicians and other supportive care services, CCMB Patient and Family Support Services	204-787-2109

#### **Cancer Question Helpline for Primary Care**

For help with cancer-related questions including work-up or diagnosis: Monday to Friday 8:30 a.m.- 4:30 pm

Call or text/sms messaging	204-226-2262	
Email	cancer.question@cancercare.mb.ca	
Online form:	www.cancercare.mb.ca/cancerquestion	

# **Clinical Support Contact Numbers**

Available during office hours

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)
WRHA Palliative Care Program for patients in Winnipeg	204-237-2400
Rural Palliative Care: contacts vary between regional programs	Contact your health region
CCMB Pain & Symptom physician (reception line - request Pain & Symptom physician on call)	204-237-2033
CCMB Transition & Palliative Care Clinical Nurse Specialist	204-235-3363 204-931-3061(p)
CCMB First Nations, Inuit, Métis Cancer Control Patient Access Coordinator	Toll-free: 1-855-881-4395
CCMB Central Referral Office: Referral Form & Guides: www.cancercare.mb.ca - 'Referrals' link	204-787-2176(t) 204-786-0621(f)



# **Lung Cancer Pathway**



#### When Do the 60 Days Begin?

The start point has been defined as clinical suspicion—the date of the patient visit when a health care provider suspects cancer and thus initiates diagnostic testing or specialist referral.

The start point can also include the date of an abnormal result from a screening test at a cancer screening program (such as BreastCheck).

A "patient wait day" includes weekend and holiday days as it refers to any day the patient is left waiting for information, discussion, tests, diagnosis and treatment, thus causing additional worry or confusion for the patient. The timeline for pathways in a cancer patient journey focus on decreasing patient wait days.

Milestones in the Lung Cancer Clinical Pathway	Timeline	
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#### **Hearing the Patient Voice**

Patients involved in the improvements occurring through In Sixty have reviewed their experiences and collectively developed guidelines for health providers to better hear the voice of patients, and thus improve the patient experience.

#### Guidelines

Communication with patients should:

- Be individualized. Be truthful and transparent.
- Be consistent.
- Be in non-medical jargon use simple language.
- Be quality information.
- Be caring.
- Be active, interactive and proactive.

- Be ongoing, not one time.
- Be done in an appropriate setting and context.
- Be inclusive of patients and their families.
- Be culturally competent and responsive

For a full version of the Patient Communication Principles and Guidelines, please email <a href="mailto:cancerjourney@gov.mb.ca">cancerjourney@gov.mb.ca</a>

### Pathway Legend

	Symptoms/Results	Urgent
$\bigcirc$	Monitor/Manage	<ul><li>Semi-urgent</li></ul>
	Action	Non-Urgent
dotted	Option	<ul><li>Test</li></ul>

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F	P CT	CT Scan Complete	(7 days) (10 days) Report	Diagnostic Procedures and Pathology	Specialist	Surgical, Med Onc or Rad Onc Consult (10 days)	First Surgery, Chemotherapy or Radiation Therapy Treatment (14 days)
F	P	(7 days)		Report to Specialist (14 days*)	Follow-Up (4 days)	Palliative Care Consult or Watchful Wait Discussion* (10 d)	

