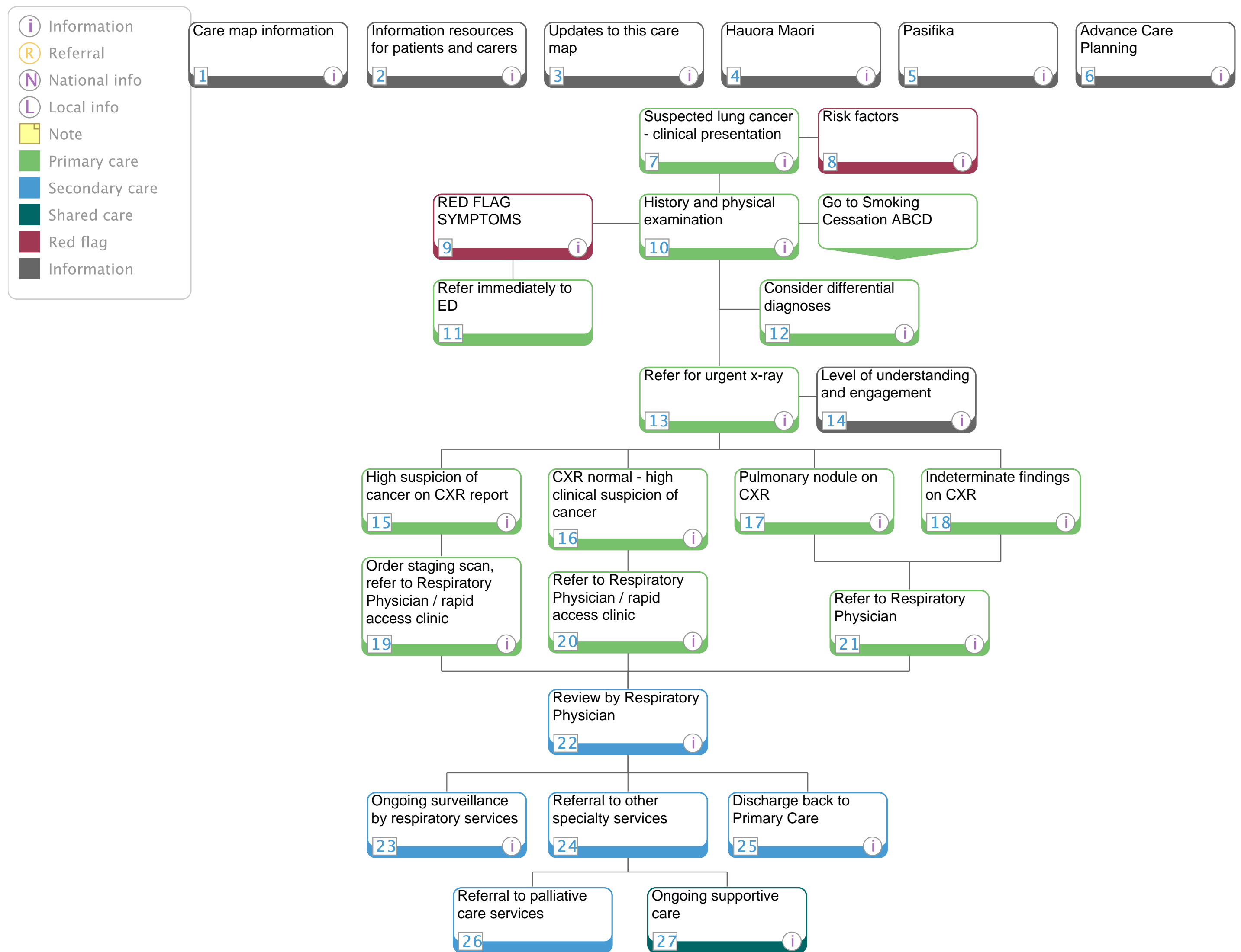
Lung Cancer - Suspected

Oncology > Oncology > Lung cancer

CarePathways



Published: 20-May-2016 Valid until: 30-Jun-2019 Printed on: 16-Sep-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Lung Cancer - Suspected

Oncology > Oncology > Lung cancer

1 Care map information

Quick info:

In Scope:

- identification and assessment of adult patients suspected to have lung cancer
- referral pathway to secondary services

Out of Scope:

- population screening and prevention strategies
- children (1 - 15 years)

Definition:

Non-small cell lung cancer (NSCLC).

Main subtypes:

- squamous cell carcinoma:
  - accounts for approximately 30% of all lung cancers
  - most commonly develops centrally in the chest
  - tends to spread to locally
  - is often associated with a cavitating mass on CT
- adenocarcinoma:
  - accounts for approximately 40% of all lung cancers
  - is the most common cancer in never smokers
- large cell carcinoma:
  - accounts for less than 10% of non-small cell lung cancers
- small cell lung cancer (SCLC):
  - accounts for approximately 20% of all lung cancers
  - tumours spread locally and distantly
  - up to 70% of patients will have metastatic spread at the time of diagnosis
  - can be associated with paraneoplastic syndromes

Equity Data for Hawke's Bay

Lung cancer was the most common cause of death from cancer among Maori men and women. Compared to non-Maori, the lung cancer mortality rate was 4.6 times as high for Maori women, and 2.8 times as high for Maori men in the Hawke's Bay [8].

Incidence:

- 1966 lung cancer registrations in New Zealand in 2012 [1]
- lung cancer was the fifth most common cancer in New Zealand in 2010 and accounted for 9.1% of all new cancer registrations [2]
- between 2000 and 2010, registration rates have been consistently higher for Maori than non-Maori [2]
- lung cancer registration rates are associated with areas of deprivation, with higher rates of registration in areas of increased deprivation [2]

Prognosis:

- varies depending on stage and type of cancer. Survival rates are generally low as the majority of patients present with advanced disease at diagnosis. New Zealand has a five year relative survival rate of 10.2% from lung cancer [7]
- Maori have a five year relative survival rate of 5.4% [7]
- *specific data not available at present for survival rates in New Zealand into NSCLC and SCLC*
- data from 2012 indicates that 18% of New Zealanders smoke tobacco, but that prevalence is much higher amongst Maori and Pacific Islanders [4]
- smoking more than 20 cigarettes per day increases the age-adjusted relative risk of lung cancer by 20 times, compared with life-long non-smoking
- stopping smoking before middle age means that an individual can avoid almost 90% of the risk, although the risk never drops to the pre-smoking level [5]

References

1. Ministry of Health. (2013). Cancer: Selected sites 2010, 2011 and 2012. Wellington: Ministry of Health.

2. Ministry of Health. (2013). Cancer: New registrations and deaths 2010. Wellington: Ministry of Health.
3. Govindan, R. (2010). Lung cancer in never smokers: A new hot area of research. Lancet Oncol, 11 (4), 3-4-305.
4. Ministry of Health. (2012). The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey. Wellington: Ministry of Health.
5. National Institute for Health and Clinical Excellence (NICE). 2011. The diagnosis and treatment of lung cancer. NICE clinical guideline 121. London: NICE.
6. Contributors representing the National Cancer Action Team UK; 2010.
7. National Lung Cancer Working Group. (2011). Standards of Service Provision for Lung Cancer Patients in New Zealand. Wellington: Ministry of Health.
8. Maori Health Profile 2015 – Cancer by DHB Region.
9. St. John. T. M. (2009), With every breath, A lung cancer guidebook: Retrieved from http://www.lungcancerguidebook.org/book.htm

2 Information resources for patients and carers

Quick info:

Patient Information Resource:

- Diagnosing your lung disease

Cancer Support Services available in the Hawke's Bay:

Cancer Society of New Zealand Central Districts Division:

- services that are free, confidential and accessible
- services are available for carers, family and friends as well
- run support groups in the community
- help those affected by cancer maintain a positive future outlook and make the most of living in the present
- services may vary from Centre to Centre but examples include:
  - information on cancer and treatment issues
  - emotional and psychological support, either through counselling or a variety of workshops and educational groups and programmes
  - theraputic massage
  - transport to treatment - related appointments
  - loan of lazi-boys and other equipment to help you
  - use of sun-screen dispensers for public events
- contact our Hawke's Bay Centre on:
  - phone: 06 876 7638
  - fax: 06 376 5046
  - website
  - facebook
  - other Supportive and Information Services.

HBDHB Oncology Social Work Team and Oncology Psychologist:

- phone 06 878 8109 Ext. 5724

HBDHB Oncology Social Worker Team for Maori and Pacific People:

- phone 06 878 8109 Ext. 5724

Cancer Nurse Co-ordinator Service for Hawke's Bay:

- phone: 06 878 8109 Ext. 6899 or 027 279 3307
- email: cancer.coordination@hbdhb.govt.nz

Central Cancer Network:

- Cancer Services Directory that can be accessed to find other cancer related services

3 Updates to this care map

Quick info:

This Pathway was first published in May 2016.

Please see provenance certificate for references.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whanungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or where they have significant connections to
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving these services.

Central Hawke's Bay:

Central Health

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

Hastings:

Te Taiwhenua o Heretaunga

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

Kahungunu Health Services (Choices)

500 Maraekakaho Road, Hastings

Phone: 06 878 7616

Email: kahungunu@paradise.net.nz

Napier:

Te Kupenga Hauora

5 Sale Street, Napier

Phone: 06 835 1840

Email: info@tkh.org.nz

Wairoa:

Kahungunu Executive (no website)

65 Queen Street, Wairoa 4108

Phone: 06 838 6835 Fax: 06 838 7290

Email: kahu-exec@xtra.co.nz

Secondary care Maori HealthServices:

Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services

Phone: 06 878 8109 Ext 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information:

Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as Te Whare Tapa Wha and Te Wheke when working with Maori whanau
- national Maori Health Strategies
- **Mai Maori Health Strategy 2014-2019** - Full file or Summary diagram

 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

- **He Korowai Oranga**: Maori Health Strategy - sets the Government’s overarching framework to achieving the best health outcomes for Maori
- local Hawke’s Bay health sector’s strategies and initiatives for improving Maori health and wellbeing

Cultural Competency Training

Training is available through the Hawke’s Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator (education@hbdhb.govt.nz) to request details of the next courses.

5 Pasifika

Quick info:

Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.

The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific patients more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.

Acknowledge The FonaFale Model (Pacific model of health) when working with Pacific peoples and families.

General guidelines when working with Pacific peoples and families (information developed by Central PHO, Manawatu):

- Cultural protocols and greetings
- Building relationships with your Pacific patients
- Involving family support and religion during assessments and in the hospital
- Home visits

Hawke's Bay-based resources:

- HBDHB interpreting service website **or** phone 06 8788 109 Ext. 5805 (no charge for hospital patients; charges may apply for community-based translations) **or** contact coordinator at interpreting@hbdhb.govt.nz
- **Pacific Navigation Services** LTD 027 9719199
- For **HBDHB Oncology Social Work Team for Pacific peoples**: Phone 06 878 8109 Ext. 5724
- services to assist Pacific peoples to access healthcare (SIA*)*
- Improving the Health of Pacific People in Hawke's Bay - Pacific Health action Plan

Ministry of Health resources:

- Ala Mo'ui Pathways to Pacific Health and wellbeing 2014-2018
- Primary Care for Pacific people*:* a Pacific and health systems approach
- Health education resources in Pacific languages (links to a web page where you can download resources)

6 Advance Care Planning

Quick info:

Advance Care Planning (ACP)

Advance Care Planning (ACP) is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan

An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. it may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an Advance Directive.

Advance Directive

An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An Advance Directive is legally binding if made in appropriate circumstances.

 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Competency and Advance Care Planning

Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes professionals we may regard as imprudent, and sometimes such decisions are a reflection of the patient's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Acts.

According to ACP - A Guide for the NZ Health Care Workforce - "in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- The code of rights
- Advance care planning guide Ministry of Health
- Advance care planning resources

Further information about ACP for **consumers** and **health professionals** may be accessed through HBDHB by email: advancecare.planning@hbdhb.govt.nz

7 Suspected lung cancer - clinical presentation

Quick info:

Clinical presentation:

- unexplained haemoptysis
- unexplained symptoms or signs **for more than three weeks** of:
  - new or changed cough
  - chest and/or shoulder pain
  - shortness of breath
  - hoarse voice
  - fatigue
  - abnormal chest signs
  - weight loss/loss of appetite
  - non-resolving chest infection
  - enlargement of cervical or supraclavicular fossa nodes
  - signs of pleural effusion
  - finger clubbing

8 Risk factors

Quick info:

Risk factors include:

- smoking*:*
  - although smoking is still the most common cause of lung cancer, 10% of patients diagnosed with lung cancer currently are never smokers [3]
- environmental exposure
- occupational exposure e.g. asbestos
- passive smoking exposure
- previous or co-existing lung disease - patients with chronic obstructive pulmonary disease (COPD) have an excess risk (independent of their smoking history) of at least double that of those without COPD [6]
- other associations:
  - poor nutrition
  - previous radiation therapy to chest
  - genetic predisposition and ethnicity
- increasing age:

    - lung cancer under 40 years is rare [5]
    - incidence rises sharply with age
- previous cancer of any type especially head & neck cancer

References

3. Govindan, R. (2010). Lung cancer in never smokers: A new hot area of research. Lancet Oncol, 11 (4), 3-4-305.
5. National Institute for Health and Clinical Excellence (NICE). 2011. The diagnosis and treatment of lung cancer. NICE clinical guideline 121. London: NICE.
6. Contributors representing the National Cancer Action Team UK; 2010

9 RED FLAG SYMPTOMS

Quick info:

Red flag symptoms include:

- massive haemoptysis
- signs of superior vena cava obstruction:
    - swelling of the face or neck
    - collateral vessels on chest
    - JVP elevated and fixed
- stridor
- symptoms suggestive of spinal cord compression:
    - new onset weakness in lower limbs
    - new onset altered sensation in lower limbs
    - new onset bladder or bowel dysfunction

10 History and physical examination

Quick info:

NB: consider patient choice and general state of health before proceeding to CXR i.e:

- patient is terminal or elderly and frail
- has significant comorbidities
- may not tolerate any sort of treatment
- may not want to pursue further diagnostic testing

History:

- symptoms:
    - onset
    - duration
    - frequency
    - any changes to existing symptoms in patients with underlying respiratory problems
- change in appetite or weight loss
- history of smoking
- history of respiratory disease, e.g. chronic obstructive pulmonary disease (COPD)
- contact with carcinogenic chemicals
- occupational exposure to asbestos
- family history of cancer
- past medical history including any previous cancers

Examination:

- general appearance e.g:
    - weight loss

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

    - shortness of breath at rest
    - heart rate
    - blood pressure (BP)
- check for digital clubbing
- blood tests:
    - complete blood count
    - creatinine and electrolytes
    - coagulation (provide reason)
    - calcium
    - liver function tests
- patients level of activity (ECOG Score):
    - 0 = fully active, continuing pre-disease activities
    - 1 = ambulatory, capable of light or sedentary work
    - 2 = ambulatory, capable of self care but unable to work. Up and about >50% awake hours
    - 3 = limited self care. In bed >50°/o of awake hours
    - 4 = completely disabled, incapable of self care, totally confined to bed/chair
- check for enlarged cervical and supraclavicular lymph nodes
- evidence of superior vena cava obstruction: swelling of face or neck, collateral vessels on chest, JVP elevated and fixed
- respiratory assessment:
    - respiratory rate
    - equal chest expansion
    - percussion of chest wall
    - points of bony tenderness
    - auscultation
    - spirometry
- abdominal palpation
- neurological examination if history suggests spinal cord compression

Consider Advance Care Planning (ACP) & Enduring Power of Attorney (EPA) for those patients not wanting to undergo diagnostic testing.

12 Consider differential diagnoses

Quick info:

Differentials of symptoms (non-acute presentation), these may be present in addition to lung cancer [6]:

- chronic obstructive pulmonary disease (COPD)
- pneumonia
- tuberculosis
- pleural effusion (all causes)
- bronchiectasis
- Inhaled foreign body
- diffuse parenchymal lung diseases
- carcinoid tumour
- mesothelioma
- secondary tumours

Reference

6. Contributors representing the National Cancer Action Team UK; 2010

13 Refer for urgent x-ray

Quick info:

Chest x-ray:

- first line investigation for suspicion of lung cancer

Options:

General practice to phone Hawke's Bay Hospital, Radiology Department on 06 878 8109 Ext. 2500

or

Private providers (at person's cost):

- Hawke's Bay Radiology
  - Napier ph 06 845 3306, 522 Kennedy Rd, Greenmeadows
  - Hastings ph 06 873 1166, Royston Centre, 325 Prospect Rd
- The Doctors:
  - Napier ph 06 835 4696 (fax 06 834 4248), 30 Munroe St, Napier
  - Hastings ph 06 876 8445 (fax 06 876 0100), 110 Russell St South, Hastings
- Hastings Health Centre ph 06 873 8999 (fax 06 873 8555), 101 Queen St East, Hastings

14 Level of understanding and engagement

Quick info:

Assess the patients level of understanding and engagement.
in medical care. Ask the patient about:

- their understanding of their symptoms or problem at the moment
- their understanding of what has to happen next

Consider patient's:

- familiarity with medical terminology and knowledge
- language of origin
- hearing impairment
- cultural background and belief systems
- anxiety or extreme emotional intensity

Address any issues regarding understanding and engagement.
Consider barriers to effective care:

- factors that could stop the patient from getting further tests or treatment:
- complexity of cancer care pathway not knowing when or where to go next
- whanau, family and social network dynamics:
  - whanau support, family history
  - family obligations including dependents
  - work responsibilities
  - whanau, hapu and iwi obligations
  - community engagement and obligations or responsibilities
- locality and geographical access to health and hospital services
- socio-economic factors including source of income

Consider Advance Care Planning.

15 High suspicion of cancer on CXR report

Quick info:

NB: consider patient choice and general state of health before proceeding i.e.

- patient is terminal or elderly and frail
- has significant comorbidities
- may not tolerate any sort of treatment
- may not want to pursue further diagnostic testing

Abnormal chest x-rays

The radiologist identifies a CXR with a high suspicion for cancer and this is not a previously known finding.

Radiologist will try to contact the referring practitioner by phone and suggest a staging CT scan of thorax, liver and adrenals (include pelvis if female) is urgently requested, and enters it in the "Suspected Lung Cancer" folder in the radiology information system (RIS). This folder is monitored by the Faster Cancer Treatment (FCT) team, and audited weekly by the Lung Cancer Clinical Nurse Specialist (CNS) or the FCT Tracker. CNS phones patient's GP (or ordering clinician) and faxes or scans result. Patient monitored until action occurs - either CT ordered; referral made to Respiratory Service; Respiratory First Specialist Assessment (FSA) made; or patients GP advises no further action required. Once this has occurred, patient details moved to "Lung Cancer Processed" folder (also in RIS) by CNS.

General Practitioner (GP) to arrange staging CT scan and refer to respiratory services.

General practice to call:

- Hawke's Bay Hospital, Radiology Department on 06 8788109 Ext. 2537

(A faxed result memo is sent to the GP with request for acknowledgement of result. The result is monitored by radiology staff member until a CT is ordered and a copy of the result is emailed to the CNS).

16 CXR normal - high clinical suspicion of cancer

Quick info:

NB: consider patient choice and general state of health before proceeding i.e.

- patient is terminal or elderly and frail
- has significant comorbidities
- may not tolerate any sort of treatment
- may not want to pursue further diagnostic testing

Further investigation is recommended in patients with clinically suspected lung cancer even if the chest x-ray is normal [7].High clinical suspicion if:

- patient is in high risk group i.e. current or ex-smoker, occupational exposure, has chronic obstructive pulmonary disease (COPD), or a previous cancer **AND**
- patient has symptoms associated with clinical presentation of lung cancer

If high suspicion of cancer refer to HBDHB Respiratory Physician / rapid access clinic.

Referral process:

Ideal and preferred process is for referrals to be sent by electronic referral as this allows GP to mark these as urgent and will be processed as a priority. Referrals can also be sent to outpatients referral centre by fax 06 873 2180 or via post.

Reference

7. National Lung Cancer Working Group. (2011). Standards of Service Provision for Lung Cancer Patients in New Zealand. Wellington: Ministry of Health.

17 Pulmonary nodule on CXR

Quick info:

NB: consider patient choice and general state of health before proceeding i.e.

- patient is terminal or elderly and frail
- has significant comorbidities
- may not tolerate any sort of treatment
- may not want to pursue further diagnostic testing

Compare chest x-ray to any previous imaging.

Complete assessment of cancer risk:

- smoking

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

- previous malignancy

Nodule surveillance may be required - refer to respiratory service for management and follow up of indeterminate pulmonary nodules.

18 Indeterminate findings on CXR

Quick info:

Treat as pneumonia according to local guidelines.

Consider interval CXR at 4 - 6/52.

If the CXR is normal when repeated in 6 weeks, no further action is required.

For persistent abnormalities refer to Respiratory Physician.

Referral should include:

- CXR
- FBC
- spirometry from within one year
- medication history

Referrals to be sent to outpatients referral centre by e-referral, fax 06 873 2180 or via post.

19 Order staging scan, refer to Respiratory Physician / rapid access clinic

Quick info:

Urgent referral to **Hawke's Bay (HB) Hospital Radiology** Department for staging scan of thorax, liver and adrenals (include pelvis if female). Phone Hawke's Bay Hospital, Radiology Department on 06 8788109 Ext. 2500.

Urgent referral to **Respiratory Physician / rapid access clinic**. Ideal and preferred process is for referrals to be sent by electronic referral as this allows GP to mark these as urgent and will be processed as a priority. Referrals can also be sent to outpatients referral centre by fax 06 873 2180 or via post.

Referral should include:

- CXR results
- assessment of cancer risk e.g. smoking, previous malignancy
- any available recent bloods
- medication history

GP to contact patient and inform them of abnormal results and inform them of the referral to specialist services.

Consider risk factors & social determinants that may impact on patients attendance at appointments. Consider referral to Cancer Nurse Coordinator if the above are identified as a concern or likely to impact on patient's attendance. Ph: 06 878 8109 Ext. 6899 or 027 279 3307.

20 Refer to Respiratory Physician / rapid access clinic

Quick info:

Refer to Respiratory Physician, referral centre, Hawke's Bay Hospital.

Referral should include:

- CXR results
- assessment of cancer risk e.g. smoking, previous malignancy
- any available recent bloods
- medication history

GP to contact patient to inform them of abnormal results and referral to specialist services.

Ideal and preferred process is for referrals to be sent by electronic referral as this allows GP to mark these as urgent and will be processed as a priority. Referrals can also be sent to outpatients referral centre by fax 06 873 2180 or via post.

Consider risk factors & social determinants that may impact on patients attendance at appointments. Consider referral to Cancer Nurse Coordinator if the above are identified as a concern or likely to impact on patient's attendance. Ph: 06 878 8109 Ext. 6899 or 027 279 3307.

Published: 20-May-2016 Valid until: 30-Jun-2019 Printed on: 16-Sep-2018 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

21 Refer to Respiratory Physician

Quick info:

Refer to Respiratory Physician.

Referrals to be sent to Hawke's Bay Hospital outpatients referral centre by e-referral, fax 06 873 2180 or via post.

Referral should include:

- CXR results
- assessment of cancer risk e.g. smoking, previous malignancy
- any available recent bloods
- medication history

GP to contact patient and inform them of abnormal results and inform them of the referral to specialist services.

Consider risk factors / social determinants that may impact on patients attendance at appointments.

22 Review by Respiratory Physician

Quick info:

Refer to Respiratory Physician for further evaluation & investigations. Other investigations may include:

- lung function testing
- bronchoscopy
- CT guided biopsy
- PET CT scan - Wellington - (Bowen Hospital / Horizon Radiology)
- Endobronchial Ultrasound (EBUS) - Auckland / Wellington

23 Ongoing surveillance by respiratory services

Quick info:

Ongoing surveillance will be determined by clinical diagnosis:

- follow up time frame
- further radiology imaging

Patient may not necessarily need to be seen by Respiratory Physician e.g. virtual radiology results with feedback to Primary Care.

25 Discharge back to Primary Care

Quick info:

A letter will be written to the referrer by the Respiratory Physician / Clinical Nurse Specialist indicating the outcome of the respiratory evaluation with a planned approach of ongoing care.

A phone call to the referrer is preferred when there are short timeframes for care planning/ intervention.

27 Ongoing supportive care

Quick info:

The aim of supportive care is to provide the person with the best quality of life possible so that they are able to participate in their treatment to maximise comfort and eliminate suffering [9].

Discuss with patient if they would like to receive supportive care from any of the following providers:

- Lung Cancer Clinical Nurse Specialist
- Cancer Society
- Community Social Worker
- Maori Health Providers

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

Consider Advance Care Planning.

References:

9. St. John. T. M. (2009), With every breath, A lung cancer guidebook: Retrieved from http://www.lungcancerguidebook.org/book.htm

 © Map of Medicine Ltd

This care map was published by Hawkes Bay District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.

OURHEALTH
HAWKE'S BAY
Whakawateatia

Provenance Certificate Lung Cancer – Suspected & Diagnosis

Overview

This document describes the provenance of Hawke's Bay's District Health Board's Lung Cancer – Suspected & Diagnosis Pathway. It was developed in February 2016 and first published in May 2016. A review of the Pathway is due in November 2016.

The purpose of implementing cancer pathways in our District is part of the Priority Cancer Pathways Implementation Project which aims to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implementing the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improving equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite this pathway, use the following format:
Map of Medicine – Hawke's Bay View / Oncology / Lung Cancer Suspected & Diagnosis

Editorial methodology

This Pathway was based on high quality information and known Best Practice guidelines from New Zealand and around the world including Map of Medicine editorial methodology. It was developed by individuals with front-line clinical experience (see contributors section of this document) and has undergone consultation to gain feedback and input from the wider clinical community.

Map of Medicine Pathways are constantly updated in response to new evidence. Continuous evidence searching means that Pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the Pathways through the quarterly publication cycle.

An update to this Pathway is scheduled for 6 months after first publication. However, feedback is welcomed at any time, with important updates added at the earliest opportunity within the Map of Medicine publishing schedule (the third Friday of each month).

OURHEALTH
HAWKE'S BAY
Whakawateatia

References

This Pathway has been developed according to the Map of Medicine editorial methodology. Its content is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. Feedback on this Pathway was received from stakeholders during a consultation process.

1	Ministry of Health. (2013). Cancer: Selected sites 2010, 2011 and 2012. Wellington: Ministry of Health.
2	Ministry of Health. (2013). Cancer: New registrations and deaths 2010. Wellington: Ministry of Health.
3	Govindan, R. (2010). Lung cancer in never smokers: A new hot area of research. Lancet Oncol, 11 (4), 3-4-305.
4	Ministry of Health. (2012). The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey. Wellington: Ministry of Health.
5	National Institute for Health and Clinical Excellence (NICE). 2011. The diagnosis and treatment of lung cancer. NICE clinical guideline 121. London: NICE.
6	Contributors representing the National Cancer Action Team UK; 2010
7	National Lung Cancer Working Group. (2011). Standards of Service Provision for Lung Cancer Patients in New Zealand. Wellington: Ministry of Health.
8	Maori Health Profile 2015 – Cancer by DHB Region
9	St. John. T. M. (2009), With every breath, A lung cancer guidebook: Retrieved from http://www.lungcancerguidebook.org/book.htm

Contributors

The following individuals contributed to this local care map:

- Dr Elisabeth King, Senior Medical Officer – Respiratory, HBDHB (Secondary Clinical Lead)
- David Rodgers, General Practitioner, Tamatea Medical Centre, Napier (Primary Clinical Lead)
- Susanne Ward, Respiratory Clinical Nurse Specialist, HBDHB
- Leigh White, Strategic Services Portfolio Manager, HBDHB
- Mandy Robinson, Manager Cancer Services, HBDHB
- Dianne Keip, Cancer Nurse Co-ordinator, HBDHB
- Raewyn Wilson - Administration Co-ordination Healthcare Services, HBDHB.
- Raewyn Davidson, Editor, HBDHB
- Ray Jackson, Project Facilitator, Priority Cancer Pathways Project, Central PHO

The following individuals have contributed to the central region care map:

- Barbara Rudd, Otaki Māori Health Liaison Officer, Central Primary Health Organisation
- Di Orange, Team Leader, Medical Imaging, MidCentral Health
- Dr Aldoph Nanguzgambo, Respiratory Physician, MidCentral Health (Secondary Clinical Lead)
- Dr Catherine Jackson, Radiologist, MidCentral Health
- Dr Claire Hardie, Radiation Oncologist, MidCentral Health
- Dr Delamy Keall, General Practitioner, Tararua Health Group (Primary Clinical Lead)
- Jess Long, Project Director, Collaborative Clinical Pathways Programme (Editor)
- Kate Bird, Inpatient Charge Nurse, Arohanui Hospice (Facilitator)
- Lynley Gulasekharam, Clinical Nurse Specialist, Lung Care Coordination

Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay.

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care.

Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.