



RACP Foundation Research Awards

FINAL REPORT

Project / Program Title	Understanding the Patient Journey to Diagnosis and Treatment of Lung Cancer	
Name	Dr Marie Ashanya Malalasekera	
Award Received	2015 Vincent Fairfax Family Foundation Research Entry Scholarship in rural health	
Report Date	19 September 2016	
Chief Investigator / Supervisor	Professor Janette Vardy	
Administering Institution	The University of Sydney	
Funding Period	Start Date:	16 August 2015
	Finish Date:	16 August 2017

PROJECT SUMMARY

Lung cancer is the leading cause of cancer death in men and women around the world. The survival rate has not changed within the last two decades. However, if lung cancer is detected at an earlier stage, the survival rate can be doubled. Delays in diagnosis and treatment of lung cancer are suggested to contribute to these poor survival rates. Patients with suspected lung cancer may be waiting unnecessarily long times in the primary and secondary health care systems before obtaining diagnosis and treatment. In particular, rural Australian patients are known to present later and with more advanced stages of cancer at diagnosis compared with metropolitan patients. Local targets on timeframes are emerging nationally, amongst which are the two following recommendations:

1. Suspected lung cancer patients should be seen by a specialist within two weeks of a General Practitioner (GP) referral.
2. A patient should commence treatment for lung cancer within 6 weeks of GP referral to the specialist.

Whilst information on patient waiting times to lung cancer diagnosis and treatment is available from Victoria and Western Australia, we do not have recent data from rural and metropolitan NSW.

The purpose of this study is to provide important information from patients' and clinicians' perspectives on the time patients spend in transition through the health system in rural and metropolitan NSW to obtain a diagnosis and treatment for lung cancer.

PROJECT AIMS / OBJECTIVES

- To provide patient-generated information on times spent in transition within the primary and secondary healthcare system to diagnosis and treatment of lung cancer in NSW. - This was achieved by inviting newly diagnosed lung cancer patients being treated at four NSW cancer centres to participate in semi-structured interviews collecting quantitative and qualitative information.
- To determine if there are significant differences in the waiting times to diagnosis and treatment of lung cancer between rural and metropolitan NSW patients. This was achieved by calculating pre-defined intervals along the diagnostic and treatment timeline for each patient and then performing statistical analyses for any significant differences between intervals for rural versus metropolitan patients.
- To explore clinician perspectives on timeframes to diagnosis and treatment of lung cancer, and whether these equate to 'delays'. Information will be collected on how best to support primary care referrals to the secondary care health system throughout rural and metropolitan NSW. This is currently being achieved in two ways:
 1. Interviewing clinicians directly involved in the care of selected interviewed patients
 2. Surveying Lung Cancer Specialists about opinions and expectations regarding timeframes to diagnosis and treatment of lung cancer

SIGNIFICANCE AND OUTCOMES

Lung cancer continues to take first place globally as the biggest cancer killer. Debates regarding screening and patient-related delays have been exhaustively covered in the literature. Instead, attention needs to be paid to how long it takes for suspected lung cancer patients to transition through the community and secondary healthcare systems, particularly in NSW. The preliminary results of this study suggest there are no significant differences in diagnostic and treatment intervals for regional versus metropolitan patients, despite a difference in transition times from primary to secondary health care. NSW is achieving a high throughput of patients with suspected lung cancer in recommended timeframes of within two weeks. This is encouraging in that despite potentially unavoidable delays in local healthcare system processes, patients across NSW are ultimately obtaining a diagnosis and treatment for lung cancer in a timely fashion. However, it appears we need to improve patient perceptions and expectations of delivery of these milestones by focusing on optimising clinician communication and the patient-doctor interaction. The (pending) results of the data linkage study will corroborate these findings and also allow further investigation into discordance between stakeholder perceptions of delay and system performance against recommended timeframes.

PUBLICATIONS / PRESENTATIONS

Apart from several departmental peer-reviewed meetings, this work has been accepted for presentation at the following conferences/scientific meetings:

Oral (Best of the best in Health Services Research)

Clinical Oncology Society of Australia (COSA) ASM, November 2016

Poster

Medical Oncology Group of Australia (MOGA) ASM, August 2016

Australian Lung Cancer Conference, August 2016

Sydney Cancer Conference, September 2016

A manuscript is in process to be submitted for publication.

