**SFT SWAG Early Diagnosis Lung Cancer GP Referral Process**

(Since 1st February 2018)

Dr CS Thompson, Dr K Johnson; SFT 13/1/2022

CX3 - CT report insert;

\*\* Notification of this report has been sent to the SFT Lung Cancer MDT who will communicate with the referrer/patient. Please ensure a Suspected Lung Cancer 2ww referral has been made” \*\*

Radiologist emails to Lung Cancer hospital no. of patient to [sft.lc2ww@nhs.net](mailto:sft.lc2ww@nhs.net)

Day 3 (ideal)

**Respiratory Consultant Triage to:** Lung Cancer Clinic

OR

Routine Respiratory Clinic

OR

No OPA needed

**& communicate with GP/pt**

Chest Xray report insert \* CX3 The features may indicate an intrathoracic malignancy.

Please request urgent CT thorax/abdomen stating ‘Lung Cancer Pathway’ and make a Suspected Lung Cancer 2ww referral via e-RS (please only use email [shc-tr.salisbury-rapidreferralcentre@nhs.net](mailto:shc-tr.salisbury-rapidreferralcentre@nhs.net) as a last resort).Please inform patient to expect a phone call from the booking team

CT Request information to include :-

smoking history, history of **any** malignancy, family history of lung cancer

*RADIOLOGIST VETS ELECTRONIC OR PAPER REQUEST AND PHONE SECRETARIES/BOOKING STAFF TO ARRANGE CT WITHIN 72 HOURS*

Patient contacted by booking team by phone

re date for urgent CT/OPA

GP requests CT – preferably on TQUEST (or by fax). Need eGFR < 3months old & clinical details.

GP can make CT request without eGFR & arrange for next day bloods but must make this clear on the request.

Electronic CXR report (CX3) to GP suggesting suspicion of lung cancer\*. GP asked to make

a ‘Suspected Lung Cancer’ referral

**and** request an urgent CT(& eGFR)

**and** inform the patient

Patient attends for CT

CT Report to GP - free text & email to Lung MDT\*\*

Day 1

GP requests CXR

Patient attends for ‘walk-in’ CXR