

This resource has been developed as part of the Implementing Pathways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points as outlined in the lung cancer Optimal Care Pathway - a nationally endorsed resource.

Summary statistics

- In Victoria 2018, there were 1,745 new cases of lung cancer in males and 1,358 new cases in females
- The five-year survival for people with lung cancer is 21%.

Prevention

All current smokers should be offered advice to quit smoking.



- ✓ **Ask** do you currently smoke?
- ✓ **Assess** nicotine dependence
- ✓ **Advise** the most important thing they can do for their health is to quit smoking. The best way to quit is to use behavioural support and nicotine replacement therapy or pharmacotherapy
- ✓ **Assist** by offering pharmacotherapy or nicotine replacement therapy to all patients smoking more than 10 cigarettes a day, unless contraindicated. Follow up to support maintenance and prevent relapse
- ✓ **Arrange** referral to behavioural intervention (**Quitline 13 7848**) for individual/group smoking cessation. Visit quit.org.au/generalpractice

Common risk factors

Lifestyle factors

- Tobacco smoking (current or past).

Personal factors

- Age
- Family history of lung cancer
- Chronic lung disease.

Environmental factors

- Passive smoking
- Radon exposure
- Occupational exposure (such as asbestos and diesel exhaust)
- Air pollution.

Screening recommendations¹

For average risk

- No population screening improves lung cancer outcomes
- Chest X-ray not recommended for screening in asymptomatic individuals.

For high risk

- CT screening only considered in individuals aged 55-80 years who have a smoking history of at least 30 pack-years* and currently smoke or have quit within the past 15 years.

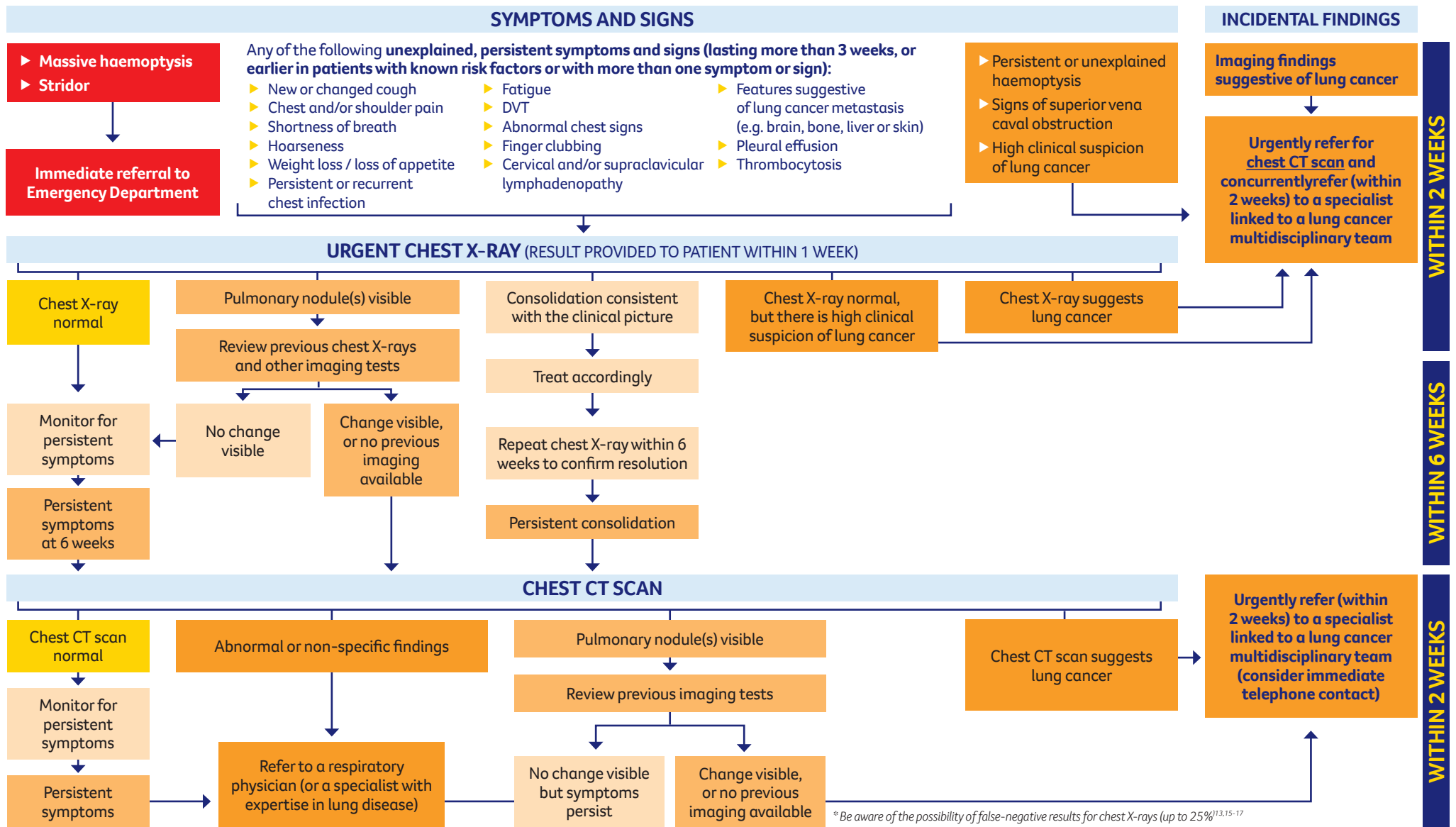
Discussion should include:

- Benefits of early detection
- High rates of false positive tests
- Decreased motivation to quit after a negative test.

Reference 1. Clinical Practice Guidelines for the prevention and diagnosis of lung cancer. Cancer Council Australia (Cited <http://wiki.cancer.org.au> 2017 feb 9)

* Pack years = number of packs of cigarettes smoked per day by the number of years the person has smoked

Figure 1²:



INVESTIGATIONS AND ACTIONS

- Investigation results normal
- Symptoms/indications warranting further investigation – darker shades indicating higher suspicion of lung cancer
- Symptoms/indications for specialist referral
- Symptoms/indications for ED referral

Reference 2. Cancer Australia, 2020. Evidence report for Investigating symptoms of lung cancer: a guide for all health professionals, Cancer Australia, Surry Hills, NSW

Figure 2: Lung cancer assessment tool for smokers³

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.9	0.8	1.2	1.3	2.1	1.8	4.2	4.0	4.5	Risk as a single symptom
1.3*	1.0	1.4	0.9	2.3	2.8	6.5	3.6	3.9	Cough
	1.2*	1.4	1.3	2.0	2.3	2.4	>10	6.1	Fatigue
		1.5*	2.2	3.1	5.5	2.4	>10	6.9	Dyspnoea
			1.4*	4.4	7.6	>10	>10	4.1	Chest pain
				1.7*	5.0	>10	>10	#	Loss of weight
					2.7*	#	#	#	Loss of appetite
							#	12	Haemoptysis

Figure 2 & 3: shows the probability of lung cancer for smokers and non-smokers for individual symptoms and pairs of symptoms, including second^{*} presentation of same symptom¹.


* Second presentation

The original study was not able to calculate figures for these boxes, but they are almost certainly red

Figure 3: Lung cancer assessment tool for non-smokers³

Cough	Fatigue	Dyspnoea	Chest pain	Loss of weight	Loss of appetite	Thrombocytosis	Abnormal spirometry	Haemoptysis	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.4	0.4	0.7	0.8	1.1	0.9	1.6	1.6	2.4	Risk as a single symptom
0.6*	0.6	0.8	0.8	1.8	1.6	2.0	1.2	2.0	Cough
	0.56*	0.9	0.8	1.0	1.2	1.8	4.0	3.3	Fatigue
		0.9*	1.2	2.0	2.0	2.0	2.3	4.9	Dyspnoea
			0.9*	1.8	1.8	2.0	1.4	5.0	Chest pain
				1.2*	2.3	6.1	1.5	9.2	Loss of weight
					1.7*	0.9	2.7	>10	Loss of appetite
							3.6	>10	Thrombocytosis
								>10	Abn. spirometry
								17	Haemoptysis

Probability of cancer

 <1%  1-2%  2-5%  >5%

Reference 3. Hamilton W. The CAPER studies: five case-control studies aimed at identifying and quantifying the risk of cancer in symptomatic primary care patients. British Journal of Cancer 2009 Dec 3; 101(Suppl 2): S80-S86.

Referral pathways

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments
- All patients with suspected or proven lung cancer should be referred to a specialist linked with a multidisciplinary team (MDT)
- Your local MDT can be found at <http://lungfoundation.com.au/mdt/> or by calling **1800 654 301**.

Local referral process and proformas can be found at:

To gain access to your local HealthPathways visit <https://vtphna.org.au/care-pathways-and-referral/> or equivalent care pathways site.

Referral information should include

- A summary letter that includes recent symptoms, smoking history, occupational exposure such as asbestos or other relevant risk factors, important psychosocial history and relevant past history
- Results of current clinical investigations (imaging and pathology reports)
- Results of all prior relevant investigations
- Notification of language spoken by patient and interpreter services required.

Patient resource checklist

- ✓ Explain to patient/carer why specific tests are being performed and what the results can indicate
 - ✓ Explain to patient/carer what the next steps are in the process, who they are being referred to and why
 - ✓ Arrange referral to behavioural intervention (**Quitline 13 7848**) for individual/group smoking cessation. Visit quit.org.au/generalpractice
 - ✓ Download the 'What to expect - Lung cancer' guide at www.cancerpathways.org.au
 - ✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse or visit www.cancervic.org.au for more information about lung cancer.
- For translator assistance call TIS on 13 14 50**
- ✓ **Lung Foundation Australia** – for free information packs, support and resources, visit lungfoundation.com.au or freecall **1800 654 301**.

The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia.

For more information on the Optimal Care Pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

