



Lung Cancer: Diagnosis Timelines in Cancer Care

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I'm Devika Das and I'm a Thoracic Medical Oncologist at the University of Alabama at Birmingham. I like taking care of patients with lung cancer. One of my areas of research interest is making sure that patients are provided diagnosis and treatment in a timely manner with all the highest quality metrics that are met. So what does that mean? Institute of Medicine defines high quality of care falling within six Domains of Quality. Anytime I take care of any patient — with lung cancer or other cancers — we need to make sure that the care that's provided is safe, effective, equitable, timely, patient centered, and efficient. When a patient, or a family member, or caregiver, gets diagnosed with lung cancer, there's a lot of information that comes to you. There is a lot of decisions that need to be made. But it is helpful to sort of think about things in a very structured manner, in terms of what are the things that need to happen in difference sequence to make sure we hit all the quality domains and our patients get the highest quality of care.

Timeliness of Diagnosis

We know there is a national push to increase the amount of lung cancer screening and to make sure that our patients are diagnosed in a timely manner, and are diagnosed with early disease as opposed to very advanced metastatic disease. Why is that? We want to make sure our patients are diagnosed with earlier stage disease than late stage disease because we are able to offer curative therapies in Stage 1, Stage 2, Stage 3; while we don't have the therapies that can cure the cancer in advanced malignancies. Also, as we go from Stage 1 to Stage 4, the risk of the cancer's aggression, the risk of it coming back, even after treatment is much higher. So, if we can diagnose and treat in an early stage, that provides maximum chance of survival and cure for our patients with lung cancer.

How soon should I get diagnosed? If I have a suspected nodule on my CT scan or if I have suspected lesion on my CT scan, how soon is good enough? There are no accepted gold standards but this is something that is always an ongoing discussion. The RAND Corporation suggested that the diagnosis of lung cancer should be established within two months of abnormal radiography, and treatment should begin within six weeks of diagnosis. We're not always able to hit those metrics, and I say the sooner the better. Why two months? Maybe we should be doing it sooner? Because from the moment somebody's told that they may have a lesion on their lung that's potentially cancer, sort of the clock is ticking for them and we want to make sure that we get them all the way — all the information — to treatment, as soon as possible.

So what do you need to make sure that happens? If you have a suspected lesion that is concerning for lung cancer, you need to go to a centre that has access to a multidisciplinary team. So if you have a spot or you have symptoms that re concerning for cancer, you need access to doctors that can give you a good biopsy and a diagnosis in time to be better. In our case, in lung cancer, most of our patients will need access to interventional pulmonary doctors or a thoracic surgeon first, who make sure we can get the biopsies. And we also need, once we have a diagnosis, we need access to a medical oncologist and a radiation oncologist. And all of these doctors often meet to talk about the different treatment modalities and different treatment options upfront so that when we see the patients in clinic



we are able to provide a plan that's been discussed with everyone. The care for a lung cancer has gotten incredibly complex in the last few years. We have good treatment options that are available but sometimes they just have to be sequenced and timed in a way that it all works out together. So, having access to all of these doctors in the same place, at the same time, is probably one of the things that we could do to make sure that our care is not delayed.