The RoaDmaP pilot study: feasibility of implementing a primary care intervention for referral of potential lung cancer cases to specialist care

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Disclosures

• The authors have no conflicts of interest to disclose
Early diagnosis overview

(Source: WHO, 2014)
Model of Pathways to Treatment (Walter 2012)
Olesen (2009): milestones & intervals

Olesen, F., et al. (2009). Delay in diagnosis: the experience in Denmark *BJC* 101: S5-S8
Publications from our team

Evidence-practice gaps in lung cancer: A scoping review

(Rankin, EJCC 2016)

Adapting the nominal group technique for priority setting of evidence-practice gaps in implementation science

(Rankin, BMC Medical Research Methodology, 2016)

Closing evidence-practice gaps in lung cancer: Results from multi-methods priority setting in the clinical context

(McGregor, APJCO 2016)

Pathways to Lung Cancer Diagnosis: A Qualitative Study of Patients and General Practitioners about Diagnostic and Pretreatment Intervals

(Rankin, Annals American Thoracic Society, 2017)
Interventions mapped to intervals

Public Awareness Campaigns
- CHEST trial
- IRCO trial

RoaDmaP feasibility Study
- Fast track/rapid access clinics
- Navigator interventions
- MDT interventions

Appraisal
- First symptom

Help-seeking
- First presentation/clinical appearance

Diagnostic
- First investigation, primary care responsible for the patient

Pretreatment
- First referral to secondary care/refer responsibility
- First specialist visit
- Diagnosis
- Treatment start

Working together to help beat cancer
Study aims

• Aim 1: Develop a Referral Decision Prompt (RDP) to support GPs in referring patients with a suspicious lung lesion on CT, for specialist care

• Aims 2: To determine feasibility, acceptability and integration of the RDP into radiology practices

• Objectives
  • Incorporate RDP into standard radiology reporting
  • Patient recruitment and consent procedures in radiology practices
  • GP recruitment & consent, data collection and evaluate feasibility
  • Hospital follow-up data: test measures and data collection
  • Process evaluation at radiology practices
Referral Decision Prompt

Respiratory Specialist Information
It is recommended that you refer suspected new lung cancer cases to a respiratory physician attached to a Lung Cancer Multidisciplinary Team (Sydney Health Pathways) and that patients are seen by the specialist within 2 weeks of referral (Optimal Care Pathway for People with Lung Cancer, 2015)

Lung Cancer specialists affiliated with a Lung Multidisciplinary Teams in Sydney Local Health District include:

<table>
<thead>
<tr>
<th>Hospital A Lung Cancer Multidisciplinary Team</th>
<th>Hospital B Lung Cancer Multidisciplinary Team</th>
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<tbody>
<tr>
<td>Doctor A Ph: 02 7777 8888</td>
<td>Doctor D Ph: 02 9999 2222</td>
</tr>
<tr>
<td>Doctor B Ph: 02 6666 5555</td>
<td>Doctor E Ph: 02 7777 3333</td>
</tr>
<tr>
<td>Doctor C Ph: 02 4444 2222</td>
<td>Doctor F Ph: 02 5555 4444</td>
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</tbody>
</table>

For more information on how to assess, manage and refer patients with symptoms or radiology suggestive of lung cancer and other conditions go to: Link to Sydney Health Pathways website

For information regarding specialists attached to Lung Multidisciplinary Teams in other Local Health Districts, please refer to: Link to Cancer Institute NSW CanRefer website

For patient information please refer to: Link to Cancer Council website
RoaDmaP Phase 1 pilot

ALL PATIENTS REFERRED BY GP FOR CHEST CT WITH CONTRAST

PATIENT PROVIDES CONSENT

CT SCAN RESULTS INDICATE LUNG LESION SUSPICIOUS FOR LUNG CANCER

RDP ATTACHED TO PATIENT RESULTS AND SENT TO GP

RESEARCH TEAM SEND CONSENT DOCS, DATA COLLECTION SHEET AND SURVEY TO GP

GP CONSENT, SURVEY AND PATIENT DATA NOT RECEIVED

RESEARCH TEAM PHONE FOLLOW UP WITH GP/PRACTICE

GP CONSENT, SURVEY AND PATIENT DATA NOT RECEIVED

COLLECT PATIENT HOSPITAL DATA
Methods

1. Feasibility study
2. Process evaluation: GPs, radiologists & practice staff
3. Retrospective audit of chest CT scans

Setting: Three community based radiology practices

Eligibility criteria: anyone presenting for chest CT-scan

Radiologists assessment of ‘CT chest findings suspicious for primary lung malignancy’ – include the RDP
Results

22 GPs, radiologist and practice staff rated the implementation strategy to be:

• Feasible
• Acceptable
• Appropriate

‘I think it’s definitely a good idea, and because I do see patients at the (lung cancer) multidisciplinary meetings finding their way quite late into the process’

Insufficient GPs to test whether the RDP will impact on timely and appropriate referral practices
Next steps

• Low cost intervention easy to integrate with existing reporting
• Results inform study design, sample size calculations, recruitment and consent procedures, data collection, refining intervention content and potential inclusion of LUNG-RADS to classify lesions
• Cluster RCT; radiology practice is the unit of randomisation
• 12 radiology companies across Sydney and Western NSW have expressed keen interest in rolling out RDP and are willing to evaluate
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