

Guidelines for referral to Thoracic Surgery for suspected lung cancer

When referring suspected lung cancer patients to a thoracic surgeon, **items 1 to 5 of the table below should be provided for all patients**. For those patients referred for consideration of surgical resection items 6 to 8 may also be required, as per clinical indications notes below.

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| 1 | Chest X Ray | No older than 2 weeks, from referral date |
| 2 | CT chest scan | No older than 4 weeks, from referral date |
| 3 | Bronchoscopy <i>(at the discretion of the referring physician)</i> | No older than 4 weeks, from referral date |
| 4 | PET scan | <p>Patients who would be considered for radical treatment should be referred for a PET Scan. A PET should be order if the CT suggests the tumour is suitable for radical treatment.</p> <p>The PET scan should be ordered by day 9. UHSM will accept a referral at day 18 without the PET report on the condition that the patient has a date for the scan.</p> |
| 5 | Histological diagnosis | If obtainable |
| 6 | Spirometry with transfer factor | For all cases considered for resection |
| 7 | Full lung function test with shuttle test (or exercise oximetry) | For patients: with multiple co-morbidities requiring major lung resections, borderline lung function tests |
| 8 | Echocardiogram | In patients: with co-morbidities, aged 70 or over, likely to require a pneumonectomy, with previous cardiac history |

Please note that timeframes from investigation to referral are indicative and some slippage is acceptable.

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