

## **7.7 LUNG CANCER**

### **Introduction**

Each year in Northern Ireland around 911 people are diagnosed with lung cancer. 821 people die from the disease. Survival is very poor – around one in four patients are alive one year after diagnosis; just under one in ten patients are alive 5 years after diagnosis. Because of the low survival there are fewer people alive with lung cancer in the community than the other major cancers, approximately 1,100.

A major risk factor for lung cancer is tobacco smoking. 95% of lung cancer patients had a history of smoking. 45% of lung cancer cases are found when a patient attends accident and emergency, 13% were deemed fit for surgery and for this group the survival was good and had improved to 55% 2 year relative survival in 2001. However, 35% of patients present with late stage IV disease and their survival is very poor.

***Other relevant standards*** – Radiotherapy

**Overarching standard 41:**

All patients suspected of having lung cancer and who have an abnormal chest x-ray should have a *CT Scan* of their chest and abdomen before having any invasive procedures such as a *bronchoscopy*.

**Rationale:**

*Biopsies* of the lung are not always successful first time round. Some patients may have to have more than one biopsy in order to confirm their diagnosis. Almost all patients being investigated for suspected lung cancer will have a CT scan. Having a CT scan before a bronchoscopy or CT-guided biopsy means that both of these investigations are more likely to give a diagnosis first time. It also means that some patients can avoid having *invasive diagnostic tests* such as a bronchoscopy.

**Evidence:**

National Institute for Health and Clinical Excellence (NICE) (2005) Lung Cancer: diagnosis and treatment <http://guidance.nice.org.uk/CG24>

Laroche, C., Fairbairn, I., Moss, H., Pepke-Zaba, J., Sharples, L., Flower, C., Coulden, R. (2000) Role of computed tomographic scanning of the thorax prior to bronchoscopy in the investigation of suspected lung cancer. *Thorax* 2000;55:359-363 (May) <http://thorax.bmj.com/cgi/content/abstract/55/5/359>

Traill Z.C., Gleeson F.V. (2003) Bronchoscopy and surgical staging procedures and their correlation with imaging. *European Journal of Radiology*, Volume 45, Number 1, pp. 39-48 (January 2003) [http://www.ejradiology.com/article/S0720-048X\(02\)00298-X/abstract](http://www.ejradiology.com/article/S0720-048X(02)00298-X/abstract)

**Responsibility for delivery / implementation**

HSC Trusts  
Multidisciplinary teams

**Quality Dimension****Safe & efficient**

Having a CT scan prior to bronchoscopy means that fewer patients will need to have a bronchoscopy. CT scans carry a lower risk of health complications than bronchoscopy.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Percentage of patients having a CT scan (chest and upper abdomen) prior to their diagnostic procedure ( <i>Bronchoscopy</i> or <i>FNA</i> )	Lung cancer dataset & patient case records	60% 75% 95%	March 2010 March 2011 March 2012

**NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14.**