A REFERRAL PROFORMA REDUCES TIME FROM SURGICAL RESECTION TO ADJUVANT CHEMOTHERAPY IN LUNG CANCER PATIENTS
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Objectives: Adjuvant chemotherapy (AC) within 60 days of surgery has been shown to successfully reduce recurrence rates following resection of stage II and III NSCLC and larger stage IB tumours. A fast track referral system (FTRS) to the oncology department was implemented in 2011. We compared the effectiveness of the FTRS from October 2011 to January 2013 with a previous departmental audit from 2005-2009.

Methods: In the FTRS, patients are advised at preadmission clinic about possible need for oncology assessment and postoperative AC. A field stating, “AC maybe indicated” is generated in the pathology report of appropriate patients. This triggers an email to the thoracic surgery specialist nurse who then faxes a referral to the oncology unit and intimates the patient. Prior to this, patients were referred when the surgeon had reviewed the histology and a referral letter subsequently dictated to the oncologist.

Results: Between 2005 and 2009, 282 patients were referred for AC. One hundred and twenty-two patients (43%) commenced AC of whom 35 patients (29%) did so >60 days post-surgery. Following the implementation of the FTRS, 238 patients were referred for AC. One hundred and sixty patients (67%) commenced AC of whom only 30 (19%) did so >60 days post surgery. The median time from surgery to oncology clinic with the FTRS was reduced from 40 to 35 days (IQR 29-42). The main reasons for delay in AC include slow recovery following surgery and pre-booked holidays.

Conclusions: The FTRS is a significant service improvement resulting in a greater proportion of patients commencing AC within 60 days of surgery.

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