Lung cancer in Australia

- Lung cancer is the fourth most commonly diagnosed invasive cancer in Australia. Around 6000 men and 3800 women were diagnosed with lung cancer in Australia in 2007.
- Lung cancer is the leading cause of cancer death, for both non-Indigenous and Indigenous men and women.
- Only 14% of those diagnosed with lung cancer survive five years after diagnosis.\(^2\)
- The incidence of lung cancer is strongly related to age, with over 80% of new lung cancers diagnosed in people aged 60 years and older.
- While tobacco smoking is the largest single cause of lung cancer, people who have never smoked may also be diagnosed with lung cancer.\(^2\) About 90% of lung cancer in males and 65% in females is estimated to be a result of tobacco smoking.
- Indigenous people are about 1.7 times as likely to be diagnosed with lung cancer as non-Indigenous people. This difference may be partly explained by higher rates of smoking by Indigenous adults.

Risk factors for lung cancer

- **Lifestyle factors:**
  - Tobacco smoking\(^*\)
- **Environmental factors:**
  - Passive smoking
  - Radon exposure
  - Occupational exposure e.g. asbestos, diesel exhaust\(^*\)
  - Air pollution
- **Personal factors:**
  - Age
  - Family history of lung cancer
  - Previous lung diseases

\(^*\)Differences in smoking rates may occur by:
- Geographical area
- Socio-economic status
- Aboriginal and Torres Strait Islander status
- Country of birth

Recommendations to facilitate referral and patient support

- Ensure referrals are timely and provide relevant and sufficiently detailed information to the specialist.
- Provide the patient with information that clearly describes:
  - where the patient is being referred
  - who the patient will see (for example, which specialist)
  - what the patient can expect from the specialty service
  - the expected timeframes.
- Advise the patient to carry their previous imaging results when they attend a new chest X-ray or chest CT scan.
- Advise the patient to stop smoking, and offer nicotine replacement therapy and/or other therapies to assist the patient to stop smoking.
- Ensure the patient’s need for continuing support is addressed whilst they are waiting for their referral appointment. Where possible, provide culturally-appropriate information and support.
- Share information between healthcare professionals about:
  - the management plan
  - what the patient has been told
  - what the patient has understood (where possible)
  - the involvement of other healthcare professionals
  - any advance decision made by the patient with regard to end-of-life care
  - other relevant patient information.

The role of multidisciplinary teams in early diagnosis and patient care

**Multidisciplinary care is the best practice approach to providing evidence-based cancer care.**

The GP’s role is vital in the early and rapid referral of patients with suspected lung cancer to lung cancer multidisciplinary teams (MDTs). Aboriginal Health Workers provide a critical link for Aboriginal and Torres Strait Islander people with cancer in providing information, support and co-ordination to improve health outcomes. Multidisciplinary care (MDC) is an integrated team-based approach to cancer care where medical and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient.\(^1\)

Evidence indicates that a team approach to cancer care can improve patient survival and quality of life, improve delivery of best practice care in accord with evidence-based guidelines, improve coordination of care, and facilitate the provision of information and support for patients.\(^6,7\)

In lung cancer, a small number of available studies have found improved survival of patients who had been diagnosed via an MDT.\(^10,11,12\) MDC has also been associated with improved patient satisfaction, increased rates of surgical resection, radical radiotherapy, chemotherapy and timeliness of care.\(^13\)

The existence of lung cancer MDTs across Australia provide the mechanism to improve patient care, outcomes and address variations in care.

References:

www.canceraustralia.gov.au
Investigating symptoms of lung cancer: a guide for GPs

### Symptoms and signs

<table>
<thead>
<tr>
<th>Unexplained haemoptysis</th>
<th>Abnormal chest signs</th>
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<tbody>
<tr>
<td>• New or changed cough</td>
<td>• Abnormal chest signs</td>
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<tr>
<td>• Chest and/or shoulder pain</td>
<td>• Finger clubbing</td>
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<tr>
<td>• Shortness of breath</td>
<td>• Cervical and/or supraclavicular lymphadenopathy</td>
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<tr>
<td>• Hoarseness</td>
<td>• Features suggestive of metastasis from a lung cancer (e.g. in brain, bone, liver or skin)</td>
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<tr>
<td>• Weight loss/ loss of appetite</td>
<td>• Signs of pleural effusion</td>
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</table>

- Persistent haemoptysis
- Signs of superior vena cava obstruction
- Massive haemoptysis
- Stridor

### Urgent referral

<table>
<thead>
<tr>
<th>Chest X-ray normal</th>
<th>Consolidation consistent with the clinical picture</th>
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<tbody>
<tr>
<td>Monitor for persistent symptoms</td>
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<table>
<thead>
<tr>
<th>Chest CT scan normal</th>
<th>Abnormal or non-specific findings</th>
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<tr>
<td>Monitor for persistent symptoms</td>
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<th>Chest CT scan suggests lung cancer</th>
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- Urgent referral to a specialist linked to a lung cancer multidisciplinary team and concurrent chest CT scan

### Immediate referral

<table>
<thead>
<tr>
<th>Chest CT scan normal</th>
<th>Pulmonary nodule(s) visible</th>
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<tr>
<td>Monitor for persistent symptoms</td>
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<th>Chest CT scan suggests lung cancer</th>
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- Urgent referral to a specialist linked to a lung cancer multidisciplinary team (consider immediate telephone contact)

- Immediate referral to Emergency Department

### Urgent referral to a specialist linked to a lung cancer multidisciplinary team

- Immediate referral

### Immediate referral

- Resource code: ILCS

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