Novel Referral Pathway for Patients with New Solid Tumors Discharged from the Emergency Department: A Pilot Study

"New Cancer Pathway"

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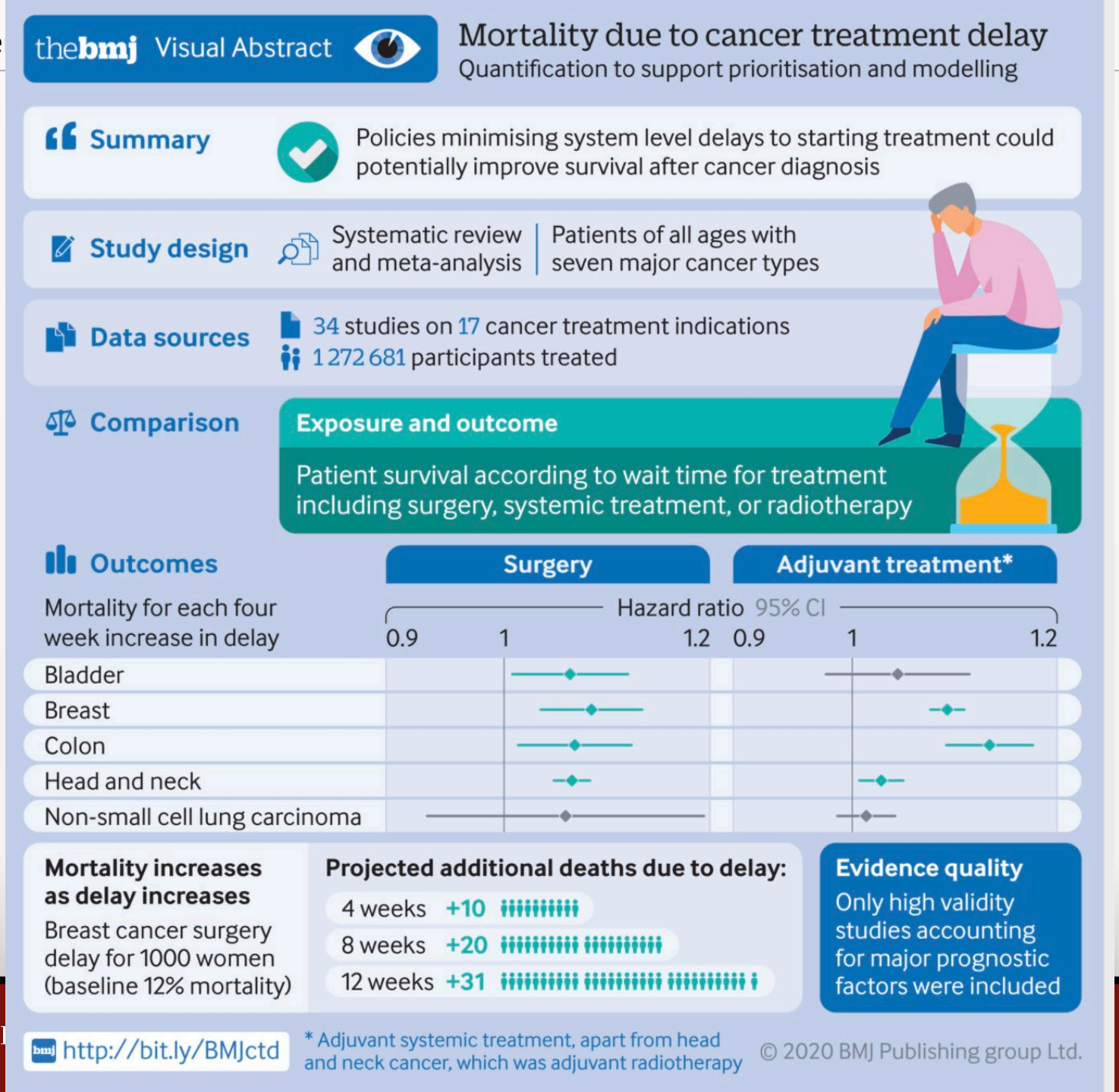
Comparative Study > Am J Emerg Med. 1992 Jul;10(4):290-3.
doi: 10.1016/0735-6757(92)90004-h.

Cancer presentation in the emergency department: a failure of primary care

S W Hargarten [1], M J Richards, A J Anderson

Affiliations + expand

PMID: 1616514 DOI: 10.1016/0735-6757(92)90004-h


thebmj Visual Abstract
Mortality due to cancer treatment delay
Quantification to support prioritisation and modelling
Summary
Policies minimising system level delays to starting treatment could potentially improve survival after cancer diagnosis
Study design
Systematic review and meta-analysis
Patients of all ages with seven major cancer types
Data sources
34 studies on 17 cancer treatment indications
1 272 681 participants treated
Comparison
Exposure and outcome
Patient survival according to wait time for treatment including surgery, systemic treatment, or radiotherapy
Outcomes
Surgery
Adjuvant treatment*
Mortality for each four week increase in delay
Hazard ratio 95% CI
0.9
1
1.2
0.9
1
1.2
Bladder
Breast
Colon
Head and neck
Non-small cell lung carcinoma
Mortality increases as delay increases
Breast cancer surgery delay for 1000 women (baseline 12% mortality)
Projected additional deaths due to delay:
4 weeks +10
8 weeks +20
12 weeks +31
Evidence quality
Only high validity studies accounting for major prognostic factors were included
http://bit.ly/BMJctd
* Adjuvant systemic treatment, apart from head and neck cancer, which was adjuvant radiotherapy
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Review > Nat Rev Clin Oncol. 2017 Jan;14(1):45-56. doi: 10.1038/nrclinonc.2016.155.
Epub 2016 Oct 11.

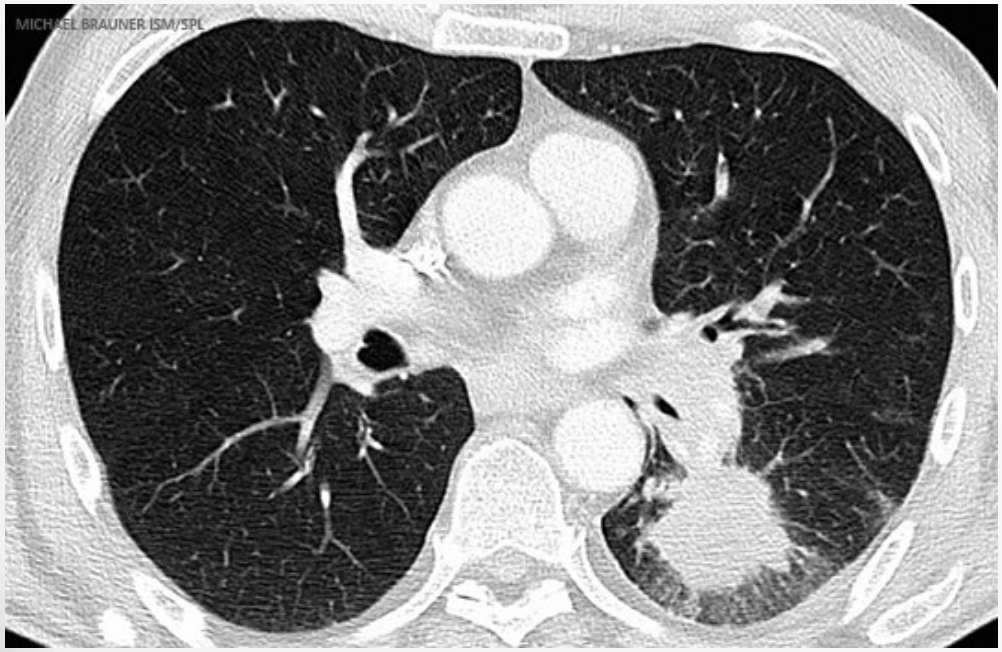
Diagnosis of cancer as an emergency: a critical review of current evidence

Yin Zhou [1], Gary A Abel [1 2], Willie Hamilton [2], Kathy Pritchard-Jones [3 4], Cary P Gross [5], Fiona M Walter [1], Cristina Renzi [6], Sam Johnson [7], Sean McPhail [7], Lucy Elliss-Brookes [7], Georgios Lyratzopoulos [1 6 7]

Affiliations + expand

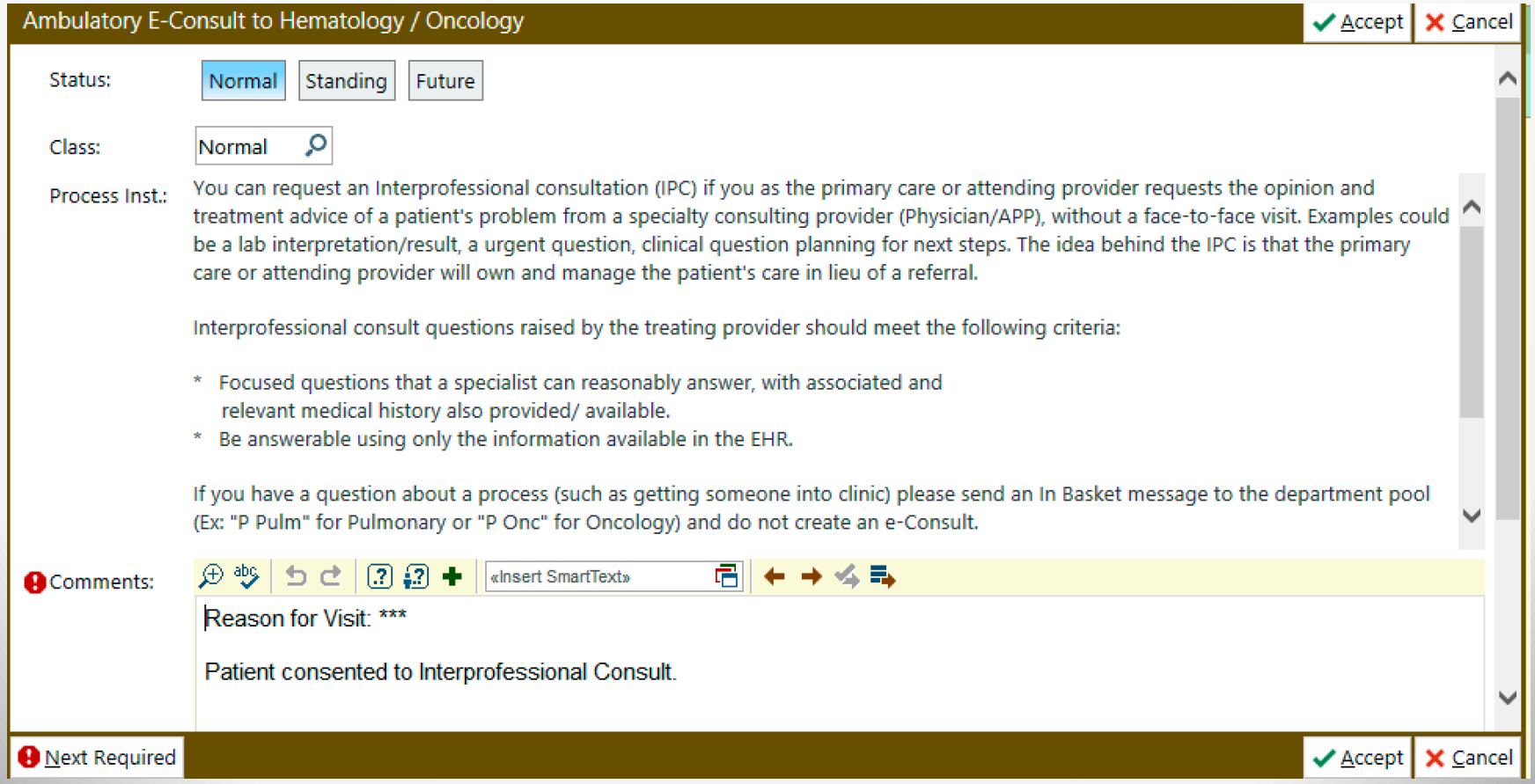
PMID: 27725680 DOI: 10.1038/nrclinonc.2016.155

How do you manage this CT scan in the ED?



1. Admit the patient
2. Discharge
    1. Pcp
    2. Pulmonary
    3. Thoracic
    4. IR
    5. Give them paperwork to call a doctor
3. What factors influence
    1. Race/ethnicity/SES

Feasibility of an E-oncology consult service



	N = 28 (unless otherwise specified)	95% CI
Age (IQR)	55.0 (11)	
Gender (female)	12 (42.9%)	0.25-0.63
Race		
White	18 (64.3%)	0.44-0.81
Black	10 (35.7%)	0.19-0.56
Ethicity (latino)	8 (28.6%)	0.13-0.49
Self-pay insurance	11 (39.3%)	0.22-0.59
Alcohol Use	16 (57.1%)	0.37-0.76
Tobacco Use	20 (71.4%)	0.51-0.87

Days to consult (IQR)?	1 (1)	
Minutes spent managing E-referral (IQR)	8 (2.5)	
What did e-referral do?		
Refer to subspecialist	9 (32.1%)	0.16-0.52
Order IR guided biopsy	8 (28.6%)	0.13-0.49
Order imaging	7 (25%)	0.11-0.45
Refer to pcp	5 (17.9%)	0.06-0.37
Arrange oncology clinic appointment	4 (14.3%)	0.04-0.33
Order labs	2 (7.1%)	0.008-0.24
Present at tumor board	1 (3.6%)	0.001-0.18
Did patient get a biopsy? -yes	18 (72%)	0.51-0.88
Days to biopsy (IQR)?	14 (14.5)	
Appropriate Consult? -No	3 (10.7%)	0.04-0.27

Stage (n =15)		
I	2 (13.3%)	0.04-0.38
II	2 (13.3%)	0.04-0.38
III	2 (13.3%)	0.04-0.38
IV	9 (60.0%)	0.36-0.80
Definitely not cancer	4 (14.3%)	0.06-0.32
Mortality - deceased	2 (7.1%)	0.02-0.23
Lost to follow up	4 (14.3%)	0.06-0.31

Type of confirmed cancer		
Lung cancer	4 (14.3%)	0.06-0.32
Renal cell carcinoma	3 (10.7%)	0.04-0.27
Breast cancer	2 (7.1%)	0.02-0.23
Oral cancer	1 (3.6%)	0.006-0.18
Neck squamous cell carcinoma	1 (3.6%)	0.006-0.18
Pancreatic cancer	1 (3.6%)	0.006-0.18
Germ cell tumor	1 (3.6%)	0.006-0.18
Lymphoma	1 (3.6%)	0.006-0.18
Testicular cancer	1 (3.6%)	0.006-0.18

Conclusions

- Referring patients from the ED for cancer work up is safe and feasible
- Most advanced stage
- Can measure time to biopsy from referral

- Next steps:
  - Improve outcomes?
  - Target specific cancers (lung)