

The Effectiveness of Implementing a Community-Based Lung Clinic in the Cape Breton Cancer Centre

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Objectives:

Nova Scotia Eastern Zone (EZ) experiences the highest lung cancer incidence rate in NS, and 50% of lung cancer patients are diagnosed with stage IV LC. In Canada, patients with lung cancer are typically first assessed by a thoracic surgeon to confirm the diagnosis and stage of the disease. Prior to implementing the community-based Lung Clinic (CLC) in the Cape Breton Cancer Center (CBCC), patients were required to travel to Halifax to be assessed by a thoracic surgeon. The CLC is run by a registered nurse 5 days a week with about two in-person and two virtual clinics per month. This study aims to evaluate the effectiveness of implementing a CLC in the CBCC.

Method:

This study prospectively evaluates wait times for diagnosis and treatment of lung cancer (LC), determines whether LC patients are diagnosed at an early stage, evaluates whether specific factors were associated with longer wait times and late diagnosis and whether implementing this clinic enhances patient's access to lung cancer care programs in the EZ, quality of life, and satisfaction. All patients referred assessed in the clinic were eligible for study participation. Data were collected from patient medical records, and descriptive statistical analysis was performed.

Outcomes:

In the first 18 months of operation, the CLC received 644 patient referrals, with 89.4% (n=576) patients being assessed in the clinic, resulting in over 1,000 patient visits. Notably, 94% of these patients were seen in the EZ, avoiding the need to travel to the central zone (CZ). Lung cancer constituted 66% of the referrals, with 79% of these patients receiving in-person consultations initially. Of the referred patients, 37% were diagnosed with Stage IV lung cancer, while 34% were diagnosed with Stage I. The median wait time to see a thoracic surgeon was 18.5 days [IQR: 13 - 27.75], which is lower than the provincial average of 22 days. Furthermore, the median time from initial consultation to diagnosis was 20 days [IQR: 10 - 32].

Conclusion:

Implementing the CLC clinic in the EZ has enhanced access to thoracic surgeons for LC patients, reduced wait times for initial assessment and reduced travel to CZ. The result of this study is beneficial for health policymakers, healthcare providers, and other health service providers to support and deliver interventions and care that are more meaningful and patient-centred care to this group of cancer patients.