

Referral framework

All referrals are to include information below.

During normal working hours, contact can Registrar to discuss any referrals.

Name of clinical condition / presentation

- Lung Cancer suspect

Indications for specialist referral

- Persistent haemoptysis or signs of superior vena caval obstruction.
- Suspicious lesion on Chest X-ray or CT scan.
- High clinical suspicion of lung cancer and or significant risk factors

Referral information required

Please use the Lung Cancer **Fast Track Referral form** [WNSWLHD Lung Cancer Suspect Fast Track referral form](#)

Investigations required

- Chest X-ray – (PA and Lateral). A normal Chest X-ray does not exclude lung cancer
- CT Scan of Chest and upper Abdomen. (Low resolution with contrast)

Initial management

- Manage the patient's symptoms and provide psychosocial support.
- Consider a [smoking cessation program](#).
- If the patient is Aboriginal, consider involving an Aboriginal Health Worker.

Send referral to;

Dubbo - Send referral via Argus to

[WNSWLHD-ccdubonc @health.nsw.gov.au](mailto:WNSWLHD-ccdubonc@health.nsw.gov.au)

Fax referral 6882 5063

- For all patients, a Cancer Nurse Specialist can help with psychosocial support.

'Red Flag' items

- Massive haemoptysis (> 100 mL blood)
- Stridor
- Respiratory distress
- Signs to suggest superior vena cava obstruction



How to access care in the event of a 'red flag'

- Refer any patient with red flags to the emergency department immediately.

Other information

- Find your Lung Cancer MDT specialists on <https://www.canrefer.org.au/>
- Information on optimum cancer care pathways <https://canceraustralia.gov.au/publications-and-resources/cancer-australiapublications/investigating-symptoms-lungcancer-guide-gps> and <http://gp.cancer.org.au/gp-tools/>
- Patient information sheets <http://www.cancervic.org.au/downloads/resources/booklets/Understanding-Lung-Cancer.pdf>

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