

Table: Measures of timeliness with cutoff values from different guidelines

Interval	Cutoff value	Guidelines	Naming of interval
Onset of symptoms to first doctor visit <sup>28 51</sup>	30 days	BTS	Patient's Application interval <sup>28 51</sup>
First clinical presentation to first suspicious investigation <sup>35 80</sup>	28 days	DLCG	
First abnormal investigation (CXR) to confirmation of diagnosis/specialist visit <sup>41</sup>	14 days	BTS	
	56 days	RAND	
GP to Specialist <sup>24 28 35-37 42 49 51 61 69 70 84</sup>	1 day for urgent referrals, 10 days for standard referrals	IOM	Referral delay <sup>49</sup> or Referral Interval <sup>28 51</sup>
	80% within 3–5 days	ACCP, DLCG, DAPPDT	
	7 days	BTS, NICE, NNG	
	14 days	UKNHS, Australian, UKDoH, SIGN, SMAC, CSCC, SLCG	
Primary care to initiation of treatment <sup>28 35 42 51 63 67 68 77</sup>	14 days	DLCG	System interval <sup>35</sup> or Doctor's interval <sup>28 51</sup>
	42 days	SLCG, CSCC	
	62 days	UKNHS, UKNCP, BTS, Joint Council for Clinical Radiology	
	98 days	RAND	
	28 days for treatment decision, 35 days for systemic therapy 42 days for surgery or radiotherapy	Norwegian National Guidelines	
Referral to secondary care to Diagnosis <sup>28 36 45 51 61 84</sup>	28 days	UKDoH, CSCC, DLCG	Diagnosis Interval <sup>28 51</sup>
	14 days	BTS	
First referral to secondary care to treatment start <sup>21 35 44 69-71 80</sup>	42 days	Australian	Secondary care interval <sup>35</sup>
	49 days	NOLCP	
	62 days	UKNHS, SEHD, NICE, BTS	
	42 days in ≥85% patients	DLCG	
First clinical presentation to Diagnosis <sup>35 84</sup>	28 days	CSCC	Diagnostic interval <sup>35</sup>
	60 days	RAND	
First investigation to treatment <sup>45</sup>	14 days	DLCG	
Diagnostic investigation to patient informed of diagnosis <sup>49</sup>	7 days	BTS	Informed diagnostic delay <sup>49</sup>
Diagnosis to Treatment start <sup>28 35 41 45-47 51 55 68 80 84 110</sup>	14 days	Australian, DLCG	Treatment interval <sup>28 35 51 55 68</sup>
	14 days in ≥80% patients, 35 days if mediastinoscopy	SLCG, DAPPDT	or Therapeutic delay <sup>47</sup>
	14 days until surgery	CSCC	
	21 days	DLCG, DAPPDT	
	28 days	NOLCP	
	31 days	UKNHS	
	42 days for NSCLC/14 days for SCLC	RAND	
	42 days	DLCG, *Other study	

Interval	Cutoff value	Guidelines	Naming of interval
First clinical presentation to treatment start <sup>24 34 35</sup>	56 days for surgery 52 days	SMAC, UKDoH, SIGN, Cutoff value proposed by authors	Total interval <sup>35</sup>
Decision to treatment to initiation of treatment <sup>43 67 71 77</sup>	21 days 31 days (28 days for surgery & radiotherapy, 7 days for chemotherapy)	UKNHS UKNCP, BTS, Joint Council for Clinical Radiology	
Surgery to chemotherapy (Adjuvant chemotherapy) <sup>43</sup>	48 days	UKNHS	
Referral receipt to specialist consultation <sup>21 43</sup>	14 days	UKNHS, SEHD, NICE	
Oncology referral to radiotherapy/ chemotherapy <sup>70</sup>	14 days	BTS, NICE	
Specialist consultation to surgery <sup>41 69 70 79</sup>	56 days	BTS, NICE	
Surgeon consultation/Surgical waiting list to surgery <sup>61 70 79</sup>	28 days 14 days	BTS, NICE CSCC, *Other study	
Onset of symptoms to treatment <sup>28 51</sup>	72 days	BTS, Canadian guidelines	Total interval <sup>28 51</sup>
Primary care referral to first diagnostic evaluation of symptom <sup>37</sup>	7 days	BTS	Type I missed opportunity (No evaluation or work-up was initiated within 7 days of appearance of a predefined clinical clue) <sup>37</sup>
Primary care referral to completion of evaluation at referral center <sup>37</sup>	30 days	BTS, *Other article	Type II missed opportunity (Failure to complete within 30 days a diagnostic procedure or consultation or the follow-up action requested in response to a predefined clue) <sup>37</sup>

\*Cutoff value adapted from other studies. IOM: Institute of Medicine, CSCC: Canadian Strategy for Cancer Control, NHMRC: National Health and Medical Research Council, ACCP: American College of Chest Physicians, BTS: British Thoracic Society, UKDoH: United Kingdom Department of Health, UKNHS: United Kingdom National Health Service, NICE: National Institute for Health and Care Excellence, UKNCP: United Kingdom National Cancer Plan, SLCG: Swedish Lung Cancer Group, RAND: Research and Development USA, NOLCP: National Optimal Lung Cancer Pathway, SEHD: Scottish Executive Health Department, DLGG: Danish Lung Cancer Group, SMAC: Standing Medical Advisory Committee, SIGN: Scottish Intercollegiate Guideline Network, CCA: Cancer Council Australia, DAPPDT: Dutch Association of Physicians for Pulmonary Disease and Tuberculosis, NNG: Norwegian National Guidelines.