Database: Ovid MEDLINE: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily and Ovid MEDLINE® <1946-Present>

Search Strategy:

1. exp Lung Neoplasms/ (243663)
2. ((lung or pulmonary or bronch*) adj2 (cancer* or neoplasm* or carcino*)).tw,kf. (215245)
3. 1 or 2 (312518)
4. mass screening/ (107814)
5. "Early Detection of Cancer"/ (28568)
6. mass chest x-ray/ (1933)
7. low dose computed tomography.tw,kf. (1491)
8. low-dose chest CT.tw,kf. (253)
9. low-dose CT.tw,kf. (2181)
10. LDCT.tw,kf. (987)
11. sputum cytology.tw,kf. (725)
12. screen*.tw,kf. (817195)
13. or/4-12 (858187)
14. 3 and 13 (15986)
15. Health Promotion/ (76510)
16. Mass Media/ (11416)
17. Patient Education as Topic/ (86878)
18. Reminder Systems/ (3624)
19. "Appointments and Schedules"/ (9316)
20. "patient acceptance of health care"/ or patient compliance/ or patient participation/ or Decision Making,Shared/ (134088)
21. health communication/ or persuasive communication/ (6425)
22. health education/ or exp consumer health information/ or health fairs/ (72238)
23. "marketing of health services"/ or social marketing/ (17178)
24. Social Media/ (10230)
25. exp Correspondence as Topic/ (8353)
26. Community Health Workers/ (5652)
27. Patient Navigation/ (841)
28. (reminder* or incentive* or participation or uptake or outreach or campaign* or media or invit* or letter* or mail* or phone or telephon* or text messag* or recall or email* or e-mail* or appointment* or compliance or adherence or attend* or health education or health fair or health fairs or health promotion or marketing or decision aid* or patient education or consumer health or (screen* adj4 intervention*)).tw,kf. (1718647)
29. (community health navigat* or patient navigat* or community health worker* or Lay health advisor* or lay health worker* or Community Health Advisor* or community based or behavioral intervention* or behavioural intervention* or shared decision*).tw,kf. (91519)
30. or/15-29 (2008885)
31. 14 and 30 (1531)
32. 31 not ( Animals/ not (Animals/ and Humans/)) (1525)
33. limit 32 to english language (1445)
34. limit 33 to (case reports or comment or editorial or letter) (76)
35. 33 not 34 (1369)
Ten-year assessment of a cancer fast-track programme to connect primary care with oncology: reducing time from initial symptoms to diagnosis and treatment initiation.

Source
ESMO Open. 6(3):100148, 2021 May 11.

Abbreviated Source
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From MEDLINE, a database of the U.S. National Library of Medicine.

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BACKGROUND: Cancer is the second leading cause of mortality worldwide. Integrating different levels of care by implementing screening programmes, extending diagnostic tools and applying therapeutic advances may increase survival. We implemented a cancer fast-track programme (CFP) to shorten the time between suspected cancer symptoms, diagnosis and therapy initiation.

PATIENTS AND METHODS: Descriptive data were collected from the 10 years since the CFP was implemented (2009-2019) at the Clinico-Malvarrosa Health Department in Valencia, Spain. General practitioners (GPs), an oncology coordinator and 11 specialists designed guidelines for GP patient referral to the CFP, including criteria for breast, digestive, gynaecological, lung, urological, dermatological, head and neck, and soft tissue cancers. Patients with enlarged lymph nodes and constitutional symptoms were also considered. On identifying patients with suspected cancer, GPs sent a case proposal to the oncology coordinator. If criteria were met, an appointment was quickly made with the patient. We analysed the timeline of each stage of the process.

RESULTS: A total of 4493 suspected cancer cases were submitted to the CFP, of whom 4019 were seen by the corresponding specialist. Cancer was confirmed in 1098 (27.3%) patients: breast cancer in 33%, urological cancers in 22%, gastrointestinal cancer in 19% and lung cancer in 15%. The median time from submission to cancer testing was 11 days, and diagnosis was reached in a median of 19 days. Treatment was started at a median of 34 days from diagnosis.

CONCLUSIONS: The findings of this study show that the interval from GP patient referral to specialist testing, cancer diagnosis and start of therapy can be reduced. Implementation of the CFP enabled most patients to begin curative intended treatment, and required only minimal resources in our setting. Copyright © 2021 The Author(s). Published by Elsevier Ltd. All rights reserved.