Impact of COVID-19 on the timeliness to care in a Rapid Access Lung Lesions Clinic in a large Australian cancer centre.

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Background

Despite being the fifth most diagnosed cancer, lung cancer has the highest mortality rate in Australia[1]. The Rapid Access Lung Lesion Clinic (RALLC) was developed in our health service in 2017 to streamline assessment, diagnosis and management of patients with a suspected or new diagnosis of lung cancer.

Methods

- A retrospective review of patients referred to RALLC between 2017 and 2021 was undertaken to assess the impact that the COVID-19 pandemic had on timeliness to care.

- During this time, 285 patients were referred through RALLC.

- 19 patients were excluded from analysis as they did not undergo biopsy or were investigated externally.

- Of the remaining 266, 138 were referred between 2017-19 (pre-COVID) and 128 between 2020-21 (during COVID).

Results

- In terms of cancer stage, the two groups were similar with 60 (43.5%) and 54 (42.2%) patients presenting with stage 1 or 2 disease, 30 (21.7%) and 27 (21.1%) with stage 3, and 48 (34.8%) and 47 (36.7%) with stage 4 malignancy for the pre-COVID and during COVID cohorts respectively.

- During COVID a higher percentage of patients presented with metastatic disease.

- The median time from referral to first RALLC appointment was 7 days, to diagnosis was 18.5 days and to treatment was 41.5 days in the pre-COVID cohort, compared with 10, 21 and 47.5 days respectively during COVID.

- These results show a longer median wait time from referral to each point of care during COVID compared with pre-COVID. See table 1.

Conclusions

This review demonstrated that across all timepoints assessed, the median time between each timepoint through RALLC was delayed during the COVID-19 pandemic compared to pre-pandemic wait times.

Whether the delays in timeliness to care due to the COVID-19 pandemic resulted in poorer outcomes is currently being investigated at our institution.

Table 1: Timeliness to care

	Median time (days)	
	Pre-COVID 2017-19	During COVID 2020-21
Referral to first RALLC appointment	7	10
Referral to diagnosis	18.5	21
Referral to treatment	41.5	47.5
First RALLC appointment to diagnosis	9	11
First RALLC appointment to treatment	33	37
Diagnosis to treatment	20	26.5

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No conflicts of interest

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