Provincial Lymphoma and Colorectal Cancer Diagnosis Pathways

While many patients receive excellent end-to-end care, it is recognized that there are delays and lack of supports during cancer diagnosis. There is variability in recommendations, access to diagnostic tests, and multiple referral processes for primary care providers. Alberta patients have reported considerable stress and anxiety, poor understanding of the diagnostic period and investigation process, and long periods of time in different steps leading to diagnosis.

For lymphoma and colorectal cancer, approximately thirty percent of patients are diagnosed during hospital admissions, which is associated with higher mortality, higher system costs, and potentially unnecessary investigations. Innovations in Alberta for other cancer types, including breast, lung and prostate cancer, have successfully expedited cancer diagnosis and improved supports and care coordination for patients through implementation of cancer diagnosis pathways. Pathways, which have also been adopted as best practices in other jurisdictions, include: standardized reporting, facilitated diagnostic investigations, streamlined referral processes, urgent assessment and triage, and access to navigation, psychosocial, and education supports.

This initiative aimed to expedite and support symptomatic patients highly suspected of having lymphoma or colorectal cancer by co-designing and implementing provincial cancer diagnosis pathways.

For lymphoma, strategies for improvement included:

- Early identification of patients with highly suspicious clinical and/or diagnostic imaging findings following newly established evidence-based assessment criteria
- Co-notification from radiology to referring providers and cancer centre triage teams of suspicious findings before diagnosis
- Facilitation of appropriate diagnostic investigations by cancer centre triage team
- Standardization of core needle biopsy criteria and lab processing of biopsy specimen
- Psychosocial support for patients from point of suspicion.

Preliminary outcomes include: early identification of patients with suspicion of lymphoma; facilitation of diagnostic workup; early access to navigation; and patient education and psychosocial support from point of suspicion.

For colorectal cancer, strategies for improvement included:

 Early identification of patients at high risk for colorectal cancer following newly established evidence-based assessment criteria



- Development of Primary Care Referral Pathways and Checklists for High Risk IDA and High Risk Rectal Bleeding
- Enhanced triage process within referral intake sites resulting in expedited investigations for patients meeting assessment criteria

Preliminary outcomes include: assisting primary care physicians in the early identification and management of these patients; reducing the number of colorectal and GI cancers diagnosed on hospital admission; and improvement of average time to diagnosis for symptomatic patients.

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