**Introduction**

Patients with advanced lung cancer are a special population whose presenting symptoms of malignancy often require urgent palliative radiotherapy.

To meet the needs of this population, the Vancouver Cancer Center (VCC) launched a pilot Rapid Access Interdisciplinary Clinic (RAIC) known as the Vancouver Rapid Access Clinic (VARA).

**Clinic Details**

Team Members: Nurse practitioner (NP), Advanced Practice Nurse, Radiation Oncologist (RO), Residents/Fellows

- Referred patients are triaged and then assessed by NP
- If appropriate, the patient is simulated and treated with radiotherapy (RT) on the same day in a pre-booked slot
- Referrals to additional services are made by the collective efforts of the team

**Purpose**

- Prospectively collect patient population characteristics
- Evaluate the effectiveness of the clinic in terms of RT delivery and referral to support services compared to standard practice
- Assess the viewpoints of staff members and learners involved in the clinic

**Methods**

Patient and treatment characteristics of VARA were prospectively collected for a 9 month period.

A chart review of palliative lung patients was performed for the same nine months in the pre-VARA and VARA period.

The proportion of palliative lung patients urgently “worked into” RO schedules compared in pre-VARA compared to standard practice.

VARA staff completed a multiple choice anonymous survey

**Results**

**Characteristics of Patients Referred to VARA**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-VARA</th>
<th>VARA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Referred</td>
<td>76</td>
<td>37</td>
</tr>
<tr>
<td>Number of males</td>
<td>39 (51%)</td>
<td>14</td>
</tr>
<tr>
<td>Mean Age</td>
<td>69 (range 33-87)</td>
<td>50</td>
</tr>
<tr>
<td>Number with new Cancer Diagnosis</td>
<td>61 (80%)</td>
<td>37</td>
</tr>
</tbody>
</table>

**Proportion of patients triaged to the following clinics**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Pre-VARA</th>
<th>VARA</th>
</tr>
</thead>
<tbody>
<tr>
<td>VARA</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Radical Lung New Patient (LGNP) Clinic</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Patient refused assessment</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Best Supportive Care</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

**Proportion of patients to receive supportive service referrals in pre-VARA period and VARA**

**Proportion of Radical Cases in LGNP Clinics**

**Comparison of urgent “work-in” appointments in pre-VARA and VARA period**

**Trainee Perceptions of VARA**

All trainees described participation in VARA as either a “definitely valuable” (67%) or “somewhat valuable” (33%) adjunct to education.

**Lung RO Perceptions**

- 80% reported a decrease in weekly workload since starting VARA;
- 20% reported an increase
- 80% noticed a decrease in the demand for urgent palliative consults for patients with lung cancer
- 100% report having more staff to address the holistic needs of their patients in VARA compared to their regular practice

**Conclusions**

VARA has improved the delivery of care to patients with advanced lung cancer

- Improved patient triage, allowing a greater proportion of patients with potentially curative cancer to be assessed in lung new patient clinics
- Wait times for RT are significantly less in VARA compared to standard practice in the pre-VARA period
- RO’s report a decrease in their weekly workload
- The number of urgent “work-in” appointments in RO schedules have decreased
- Patients from VARA are connected with more supportive resources than palliative patients in standard clinics

Future study will include a 6 week follow up survey of VARA patients to assess outcomes

With continued benefits of VARA, the VCC should consider extension of the clinic model to other tumor sites as well as the incorporation of other health professionals into the team model.