

<b>Title</b>	<b>Non-Small Cell Lung Cancer (NSCLC) Tissue Pathway Improvement Project</b>
<b>Organisations Involved</b>	Amgen Ltd, Manchester University NHS Foundation Trust on behalf of North West GLH, NW Genomic Laboratory Hub, Liverpool University Hospitals NHS Foundation Trust, Salford Royal NHS Trust
<b>Collaborative Working Project Description</b>	<p>This collaborative working project seeks to bring together a cross functional team from the Genomics Laboratory Hub who in collaboration with Amgen will design and implement a 'service optimisation project'.</p> <p>The primary aim of this project is to support the optimisation of clinical pathways and outcomes, improving and standardising access and turnaround times within the NSCLC Tissue pathway.</p> <p>In addition, this project will also inform and support the delivery of improvements in the National Optimal Lung Cancer Pathway<sup>3</sup>, ensuring that molecular testing is embedded and funded across local Lung Cancer pathways in all GLHs.</p>
<b>Expected Outcomes</b>	<p>The expected core outputs and outcomes of the of the project were as follows:</p> <p>Outputs</p> <ol style="list-style-type: none"> <li>1. The delivery of a detailed pathology pathway map for non-small cell lung cancer</li> <li>2. A detailed report identifying the key barriers and delays within the local non-small cell lung cancer pathology pathway and/or across the local network</li> <li>3. The development of Optimal Tissue Management guidelines and standard operating policy to support the effective delivery of the non-small cell lung cancer tissue pathway</li> <li>4. The development of a local 'case for change' which supports the continued improvement/ adoption and uptake of genomics testing and informs the local service model</li> </ol> <p>Pathway Outcomes</p> <ol style="list-style-type: none"> <li>1. An increased number of lung cancer samples are sent to the GLH vs baseline</li> <li>2. An improvement in the turnaround time (TAT) from the point of tumour sampling to genomic result v's baseline</li> <li>3. An increase and/or standardisation of the quality/type of samples sent for genomic analysis, resulting in the increased success rate of next generation sequencing (NGS) panel and single genome test results</li> </ol> <p>Local System Outcomes</p> <ol style="list-style-type: none"> <li>1. There is an increased level of education and awareness of local clinical teams, who are better able to engage with the processes supporting genomic analysis of non-small cell lung cancer</li> </ol>

<p>Actual Outcomes</p>	<p>The actual core outputs and outcomes of the of the project were as follows:</p> <p>Outputs</p> <ol style="list-style-type: none"> <li>1. The delivery of a detailed pathology pathway map for non-small cell lung cancer testing pathway for the 3 NHS structures involved in project</li> <li>2. A detailed report identifying the key barriers and delays within the local non-small cell lung cancer pathology pathway for the 3 NHS structures involved in the project</li> <li>3. Information and insights identified from the project have informed the development of Optimal Tissue Management guidelines and standard operating policy to support the effective delivery of the non-small cell lung cancer tissue pathway across the 3 regions involved in the NW wide project</li> <li>4. A local 'case for change' has been delivered via the ICB Pathology workstream in one of the NW Regions which supports the continued improvement/adoption and uptake of genomics testing and informs the local service model</li> </ol> <p>Pathway Outcomes</p> <ol style="list-style-type: none"> <li>1. The number of lung cancer samples sent to the GLH vs baseline has increased across the 3 NHS structures reviewed</li> <li>2. An improvement in the turnaround time (TAT) from the point of tumour sampling to genomic result testing has been delivered and is effective not just in the NHS structures in the project but affecting all of the NW region. This improvement is due to the GLH testing pathway adapting and developing during the project informed by learnings and data identified during the project</li> </ol> <p>Local System Outcomes</p> <ol style="list-style-type: none"> <li>1. The final report has been circulated to ensure best practice and learnings are captured and used by local clinical teams across the NW Region</li> </ol>
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