

Comprehensive management for lung cancer programs

The Lung Cancer Orchestrator helps you manage CT lung screenings and incidental pulmonary findings while fostering collaborative treatment decision making.

At Philips, we understand the need for a simplified, automated tool to guide lung cancer patients through their oncology journey. Philips Lung Cancer Orchestrator helps you identify and track patients – and streamline workflows. It makes managing lung cancer screening programs easier, providing the right information when you need it.

Lung cancer is the leading cause of cancer-related deaths.¹ When lung nodules are found, the lack of infrastructure, coordination and capacity to manage patients in a timely manner can lead to delays in diagnosis and treatment.²



Bringing the Quadruple Aim to your lung cancer program



Improve patient experience

More than 70% of all incidental lung nodules are not followed and managed appropriately.² With automated tools such as notifications, reminders, and status updates, we help ensure patients receive thorough care.



Gain financial benefits

Treating late-stage patients is three times costlier for hospitals and payers than it is for cancers caught at an earlier stage.³ With a screening program that can help detect lung nodules, hospitals can lower these costs as well as drive additional revenue by treating cancer that may otherwise have been missed.⁴



Streamline workflow

With Lung Cancer Orchestrator, you can enroll patients in a management protocol with automated notifications, reminders, and status updates. You can monitor and manage patient status using convenient and secure web-based tools.

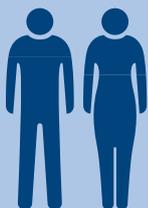


Better health outcomes

When diagnosed early and resected immediately, a lung cancer patient's chance of survival at ten years jumps to 92%.⁵ Empowering users with the tools to successfully monitor lung cancer at all stages ensures each patient receives appropriate care.

Reliably keep track of patients with Lung Cancer Screening Manager

To coordinate and manage an effective lung cancer screening program, you have to simultaneously handle a wide variety of tasks on a daily basis. Determining who is eligible, notifying and scheduling follow-ups, and reporting program status can be labor intensive – and potentially risky if details are overlooked.



CT screening reduces ten year lung cancer mortality by **24% for men** and **33% for women**, compared to no screening.⁶

Philips Lung Cancer Screening Manager helps simplify and automate this process. It uses a defined set of steps to ensure you complete proper follow-up of screening examinations and diagnostic testing on time. Then, results are communicated to the participant, their primary care physician, and can be uploaded and documented in the Electronic Medical Record (EMR).

You can also seamlessly upload required data to the American College of Radiology (ACR) Lung Cancer Screening Registry (LCSR). Integrating these compliance and documentation steps helps reduce administrative tasks, allowing you more time for patient care.



Find the hidden patients with Incidental Nodule Manager

Typical lung cancer screening workflows only screen and treat patients with explicit cancer symptoms. However, patients with incidental nodules are a critical population. Incidental nodules have an approximate 25% malignancy rate, risk stratified, compared to approximately just two percent within the screening population.^{3,7} Of those nodules, approximately 30% are followed and properly managed.²

Philips Incidental Nodule Manager helps identify suspicious pulmonary findings in patients that might otherwise be overlooked. It uses Natural Language Processing to mine radiology reports for the relevant keywords to trigger referral for follow up, management and treatment. Using multiple methods for analysis and checking, Philips aims to help ensure patients are not lost to follow up.

Work together efficiently with Oncology Tumor Board Collaborator

Currently, the tumor board process of preparation, execution, and documented follow-up can be time-consuming, fragmented, and inconsistent. At Philips, we believe in simplified, collaborative processes that enhance clinical decision making and ultimately, help provide excellent patient care.

Our Oncology Tumor Board Collaborator securely integrates clinical patient information together from disparate sources – including EMRs, lab systems, pathology, radiology and genomics. The result is one dashboard for users to view entire patient profiles at once. Integrating lung cancer screening management and incidental pulmonary findings programs, Tumor Board Collaborator automates routine administrative and instructive tasks based on your established workflow protocols. When you have everything you need at hand, you can make the most of your time together.

Take advantage of:

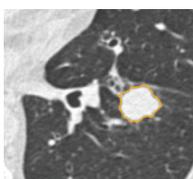
- Rich dashboards
- Similar patients cohort analysis
- Tumor board management
- Cloud-based implementation
- Longitudinal patient timeline

40% of patient treatment plans and **60%** of patient staging recommendations **changed** after a multidisciplinary tumor board review.⁸

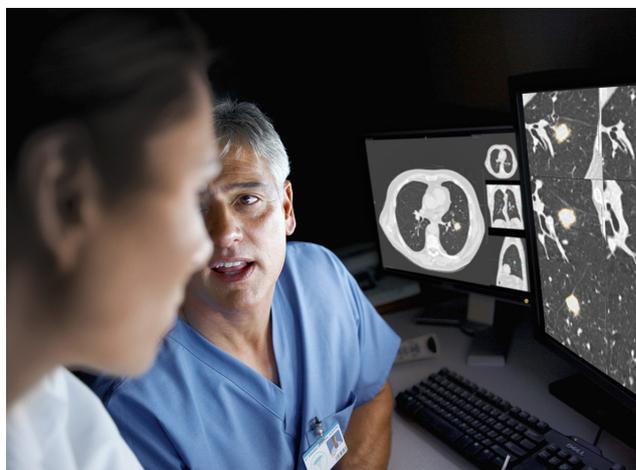


Complete your solution with DynaCAD Lung

When it comes to the details of detection, radiologists can count on our vendor neutral medical imaging software system, DynaCAD Lung. As well as providing fast, efficient viewing, it also enables quantification, manipulation, communication and reporting of multislice CT exams of the chest. Its integrated computer-aided detection (CAD) feature serves as a “second pair of eyes,” helping users detect actionable lung nodules based on size, shape, density and anatomical context.



Automated segmentation of pulmonary nodules.



Note: DynaCAD Lung is sold separately.

Enhance confidence and productivity with a solution built around you

Identifying lung cancer patients early can make an immense difference to their outlook and yours. Philips Lung Cancer Orchestrator is a comprehensive solution to arm your clinical team with the tools they need to successfully implement an effective lung cancer program.

By enabling effective patient screening and follow-up as well as efficient collaboration, you can prioritize early intervention – saving costs³ and time. Lung Cancer Orchestrator is just one solution from the Philips Oncology portfolio. **Talk to us today: let's see how we can help you guide your patients along their journeys.**

Visit Philips Lung Cancer Orchestrator on our website.

¹ International Agency for Research on Cancer, World Health Organization. Press Release N° 263. Latest global cancer data: Cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018. 12 September 2018.

² Blagev DP, Lloyd JF, Conner K, et al. Follow-up of Incidental Pulmonary Nodules and the Radiology Report; J Am Coll Radiol 2014;11:378-383.

³ Gildea TR, DaCosta Byfield S, Hogarth DK, Wilson DS, Quinn CC. A retrospective analysis of delays in the diagnosis of lung cancer and associated costs. Clinicoecon Outcomes Res. 2017;9:261-269.

⁴ Estimated for illustrative purposes based on various assumptions and expectations using: Advisory Board. Lung Cancer Screening Volume and Revenue Calculator. November 18, 2014. Updated April 12, 2016. Available at <https://www.advisory.com/research/imaging-performance-partnership/resources/2014/lung-screening-toolkit/lung-cancer-screening-calculator>. Last accessed August 3, 2020.

⁵ International Early Lung Cancer Action Program Investigators, Henschke CI, Yankelevitz DF, et al. Survival of patients with stage I lung cancer detected on CT screening. N Engl J Med. 2006;355(17):1763-1771.

⁶ National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011;365(5):395-409.

⁷ Tanner NT, Aggarwal J, Gould MK, et al. Management of Pulmonary Nodules by Community Pulmonologists: A Multicenter Observational Study. Chest. 2015;148(6):1405-1414.

⁸ Schmidt HM, Roberts JM, Bodnar AM, et al. Thoracic multidisciplinary tumor board routinely impacts therapeutic plans in patients with lung and esophageal cancer: a prospective cohort study. Ann Thorac Surg. 2015;99(5):1719-1724.

