

— DIAGNOSTIC DELAY SERIES · PART 4

The Lost Follow-Up

Cancer Delay Cases

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Cancer delay cases run on a different clock than stroke or sepsis. Months, not hours. And the record is scattered across a primary care office, an imaging center, a specialist, a pathology lab, and a hospital. The delay usually lives in the gap between two of them.

The single most common pattern: the incidental finding nobody followed up. A CT ordered for kidney stones or a car accident. The radiologist notes a lung nodule or a liver lesion in the last paragraph and recommends follow-up in three to six months. The ordering physician treats the kidney stone. The report sits unopened until the patient returns with a mass.

WHAT WE DO, AND WHAT TO LOOK FOR

- ◆ **Read every imaging report to the end.** Recommendations are buried in the final paragraph. We list each one and trace what happened next: follow-up ordered, scheduled, attended, resulted, communicated. The delay is wherever that chain broke.
- ◆ **Get every institution's record, not just primary care.** The finding often lives in one chart while the decision not to act lives in another. Check that the imaging reports in the primary care chart match the originals from the imaging center. They don't always.
- ◆ **Look for the repeated complaint.** Rectal bleeding at three visits over eighteen months, each time called hemorrhoids. A breast lump the patient was told to watch. Persistent symptoms with the same benign explanation and no workup are a timeline signature.
- ◆ **Check the screening history.** A smoker over 50 qualifies for annual lung screening. Age-based colonoscopy, mammography, and PSA thresholds are published. If a screen was never offered, the delay began before any finding.

- ◆ **Check how results were communicated.** Many health systems require direct notification of abnormal results, not just a portal post. Radiology departments often have a critical results policy requiring direct contact with the ordering physician for suspicious masses. Ask for both policies.
- ◆ **Ask for the patient portal.** Portal messages and result releases show what the patient was actually told. The gap between the report and what reached the patient is often the whole case.

ON CAUSATION

The question is stage at the missed finding versus stage at diagnosis. We use pathology, imaging, and tumor growth rates to estimate the earlier stage, and we translate the difference into treatment options and survival. When the pathology shows the delay didn't move the stage, we tell you that before you file.

Episode 84 of Lexcura Clinical Insights covers this in full.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a case that turns on what the medical record really shows, we'd welcome the conversation.

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