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# **STANDARDIZED CANCER PATIENT PATHWAYS**

## **A perspective from primary healthcare in northern Sweden**

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### **Akademisk avhandling**

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Standardized cancer patient pathways: A perspective from primary healthcare in northern Sweden

**Abstract**

**Background:** Standardized cancer patient pathways (CPPs) based on the presence of alarm symptoms for potential cancer have been adopted in several countries to improve timely cancer diagnosis and treatment. The decision to adopt CPPs in Sweden was made at the top of the health system, requiring healthcare professionals to use CPPs when assessing patient symptoms of potential cancer. Primary healthcare (PHC) is often patients' first contact when seeking care, and using CPPs as a new way of working, raises the question of how CPPs were adopted in PHC.

**Aim:** To explore how the adoption of CPPs in northern Sweden influenced PHC organizations and provision.

**Methods:** Qualitative (studies I–III) and quantitative (study IV) methods were used. Data were collected through individual interviews with participants at national, regional, and local levels (I) and group interviews with PHC nurses and physicians (I–III) in northern Sweden. Also, data from the national cancer register and electronic health records concerning patients diagnosed with colorectal cancer (CRC) before and after the introduction of CPPs were collected (IV). Grounded theory was used to analyze interview data (I–III), while appropriate statistics methods were used to analyze the time to diagnosis (IV).

**Results:** All actors were not equally involved in adopting CPPs, particularly not the PHC at the local level. The adoption of CPPs involved actors employing strategies to achieve common goals, but their collaboration was insufficient (I). PHC organizations adjusted routines on their own and integrated CPPs into the practices they already used (II). PHC professionals experienced challenges in the application of CPPs when assessing patients' symptoms and informing patients about undertaking CPPs (III). The time to diagnosis was reduced for patients with CRC after the introduction of CPPs, but not for those with cancer located in the right-sided (ascending) colon (IV).

**Conclusion:** As PHC is the entrance into care, the perspectives of PHC professionals are important to integrate in developing and adopting new policies aiming to improve patient pathways to diagnosis and treatment of cancer. Despite signs of an improved diagnostic process after CPPs were introduced, challenges remain when clinical suspicions of cancer do not always match the CPP templates.

**Keywords**

Adoption, cancer, organization, policy, primary healthcare, providers, standardized cancer patient pathways

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