LungPoint - Navigation and Planning System

Initiative Type

Technology

Status

Close

Added

20 September 2018

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URL

https://clinicalexcellence.qld.gov.au/improvement-exchange/lungpoint-navigation-and-planning-system

Summary

Pathological confirmation of lung cancer enables definitive diagnosis of cancer and differentiates the two major types of lung cancer which are managed quite differently. The choice of diagnostic technique to diagnose lung cancer depends on the performance of each technique, the likely type and size of lung cancer and overall health of the patient. LungPoint is a new diagnostic tool

comprised of two components: 1. Virtual Bronchoscopic Navigation (VBN) System and 2. LungPoint Satellite Planning System. The main goals are to maximize the yield for both diagnostic and staging purposes and to minimise risk to the patient.

Key dates

Jan 2014

Oct 2017

Implementation sites

The Prince Charles Hospital

Key Contacts

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Aim

Provides an opportunity to pilot and evaluate new technologies within 'real world' clinical settings in

Benefits

Benefits of LungPoint include:

- In a small number of cases, LungPoint contributed to improved bronchoscopic navigation to the lesion by experienced Bronchoscopists.
- LungPoint allowed collaborative teaching and discussion with trainees.

Background

This technology was funded through the New Technology Funding and Evaluation Program (NTFEP). The NTFEP funds the introduction and evaluation of new technologies that:

- Are safe and effective
- Provide better health outcomes
- Provide value for money
- Provide greater access to care.

The evaluation findings will inform recommendations regarding the future use and/or investment of the technology within Queensland.

Evaluation and Results

- Beneficial to improved bronchoscopic navigation to the lesion in a small number of cases. LungPoint pathways would often result in a significantly lower diagnostic yield than EBUS RP.
- In many cases, the best path determined by the operator using 3-view CT scans was different from the path provided by Lungpoint.

Lessons Learnt

- Planning of pathways took an additional 5 minutes (approximatly) compared to current processes.

- User-defined pathways are not permitted.

Resources

[Technology Evaluation Summary](#)

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