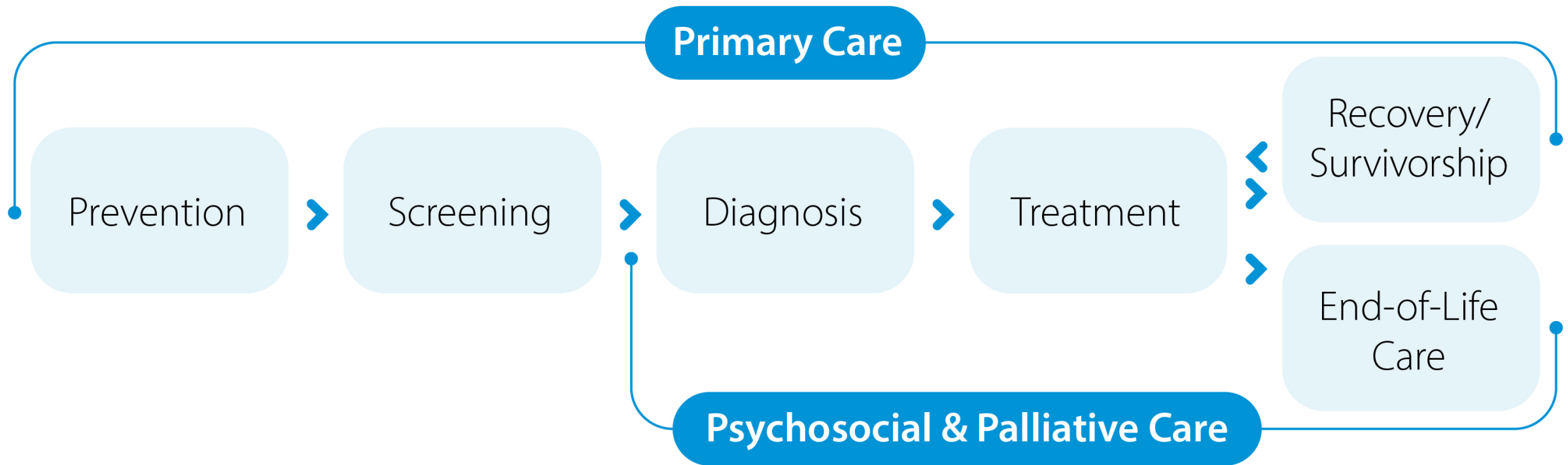


Lung Cancer Diagnosis Pathway Map

Version 2023.04



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Ontario Health
Cancer Care Ontario





















Target Population

Patients who present with signs or symptoms suspicious of lung cancer, have an abnormal chest CT or X-ray, or who are asymptomatic.

Pathway Map Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centred Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).*

Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Surgery	 Consultation with specialist	
 Radiation Oncology	 Exit pathway	
 Medical Oncology	 Off page reference	
 Radiology	 Referral	
 Multidisciplinary Cancer Conference (MCC)		
 Psychosocial Oncology (PSO)		
 Respirology		
 Organized Diagnostic Assessment		

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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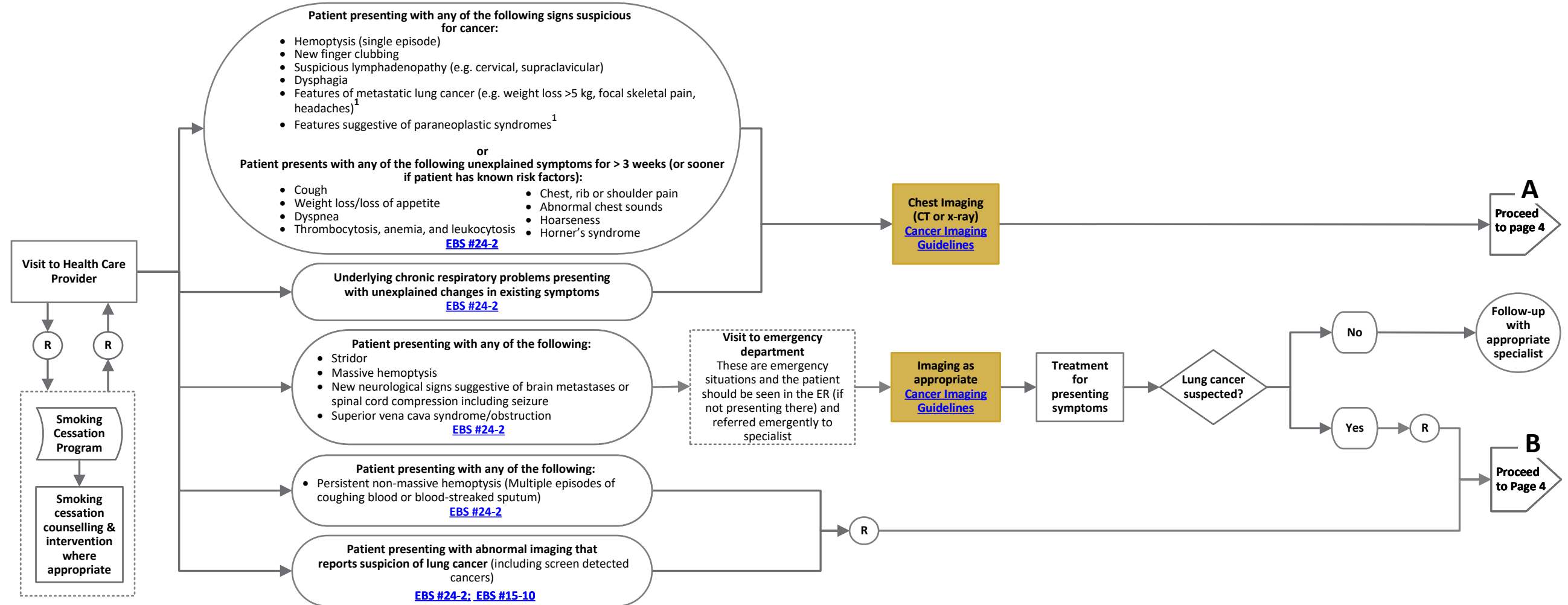
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

* **Note. EBS #19-2 and EBS #19-3** are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey. [Click here for more information about palliative care](#)



¹Refer to the American College of Chest Physicians Clinical Practice Guideline, *Chest*, 143, 121-141 (2013) for features of a standardized evaluation for systematic metastases and a list of paraneoplastic syndromes associated with lung cancer.

Lung Cancer Diagnosis Pathway Map

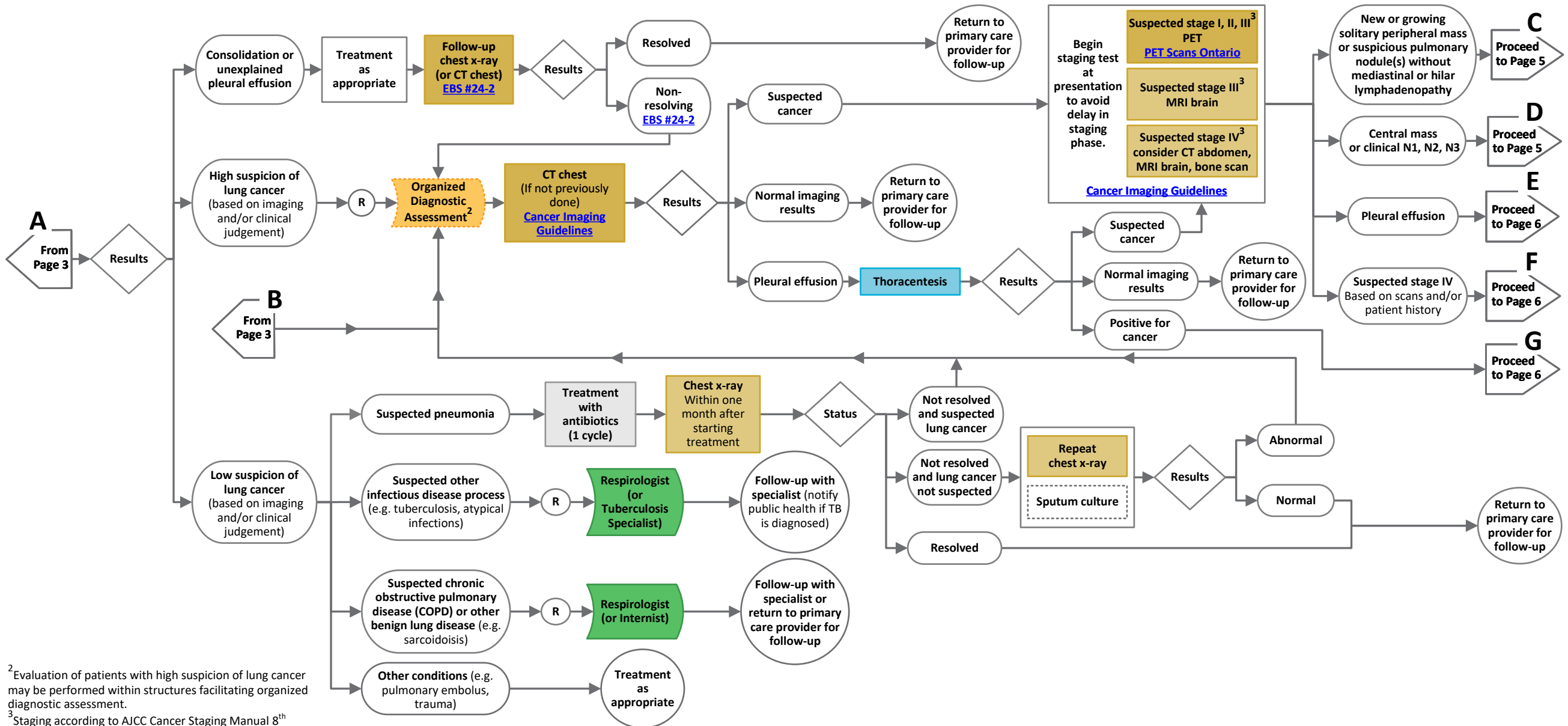
Initial Presentation and Imaging

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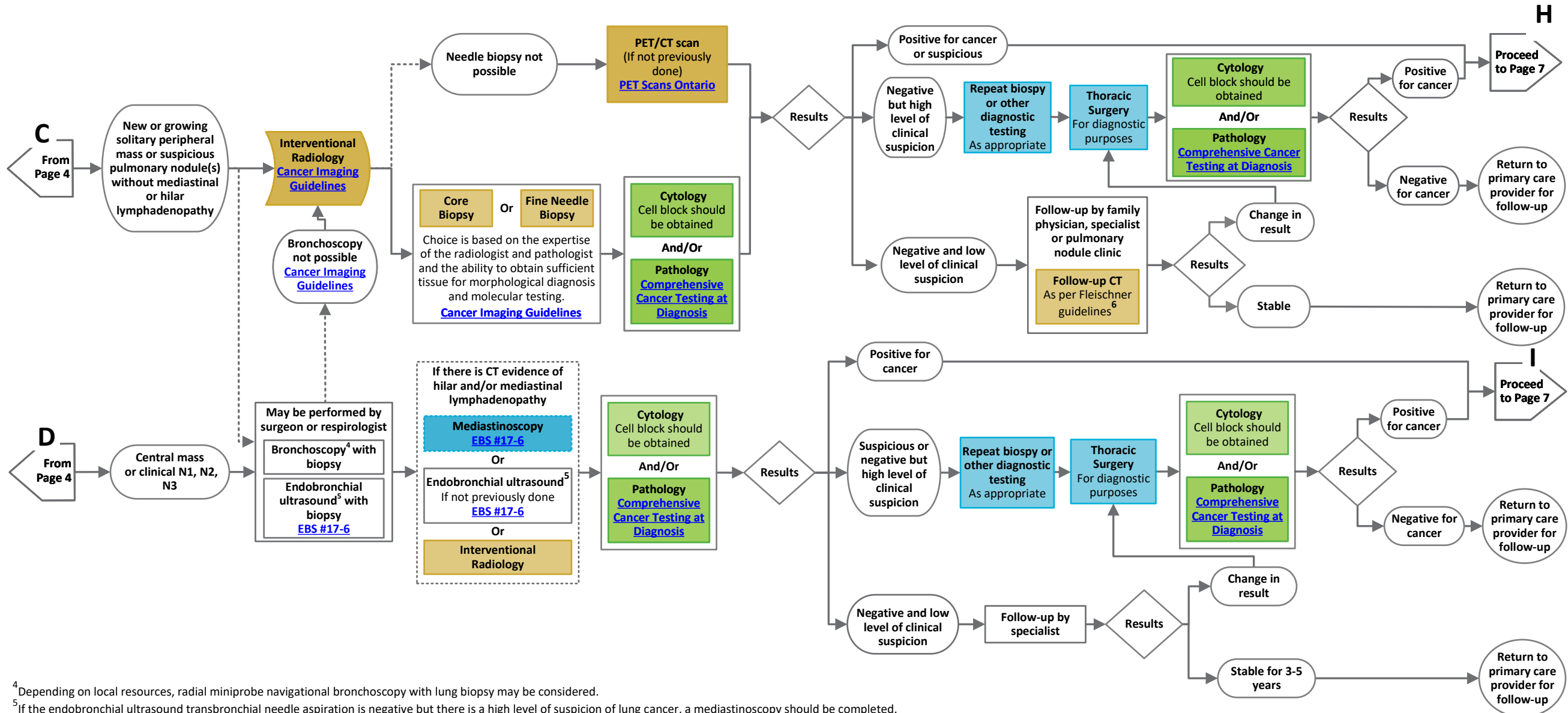
²Evaluation of patients with high suspicion of lung cancer may be performed within structures facilitating organized diagnostic assessment.

³Staging according to AJCC Cancer Staging Manual 8th edition.

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⁴ Depending on local resources, radial miniprobe navigational bronchoscopy with lung biopsy may be considered.

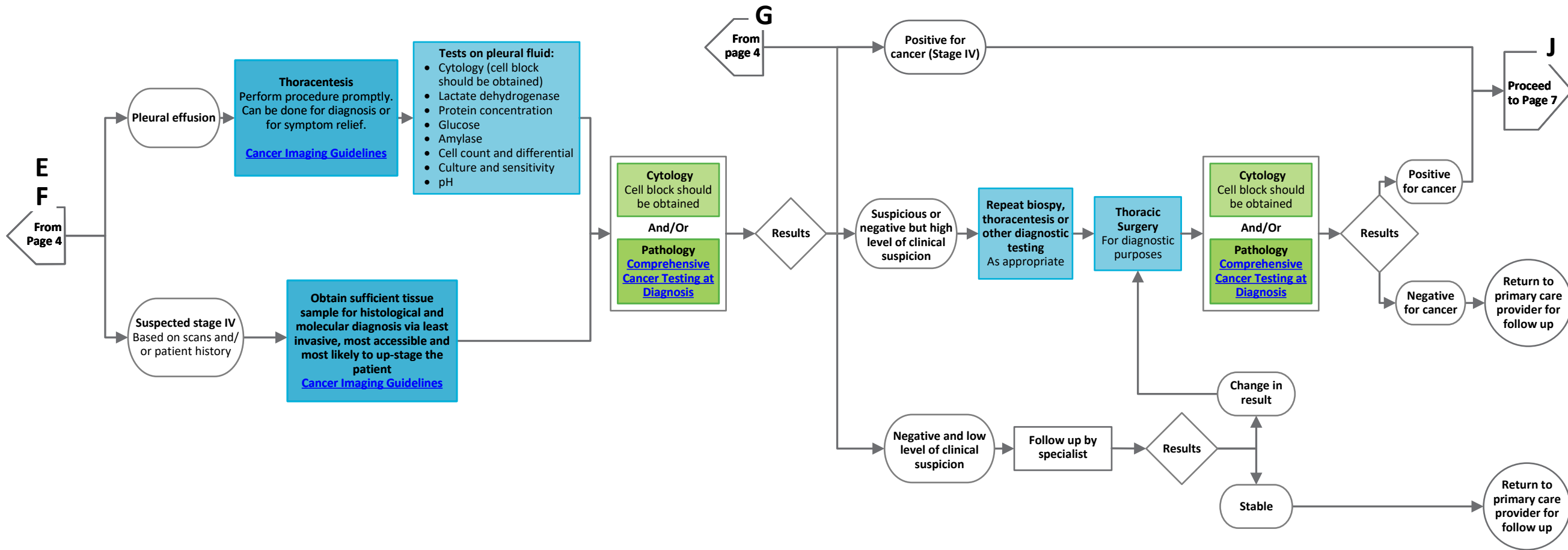
⁵ If the endobronchial ultrasound transbronchial needle aspiration is negative but there is a high level of suspicion of lung cancer, a mediastinoscopy should be completed.

⁶ For more information see Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images: From the Fleischner Society 2017. Radiology, 284, 228-243.

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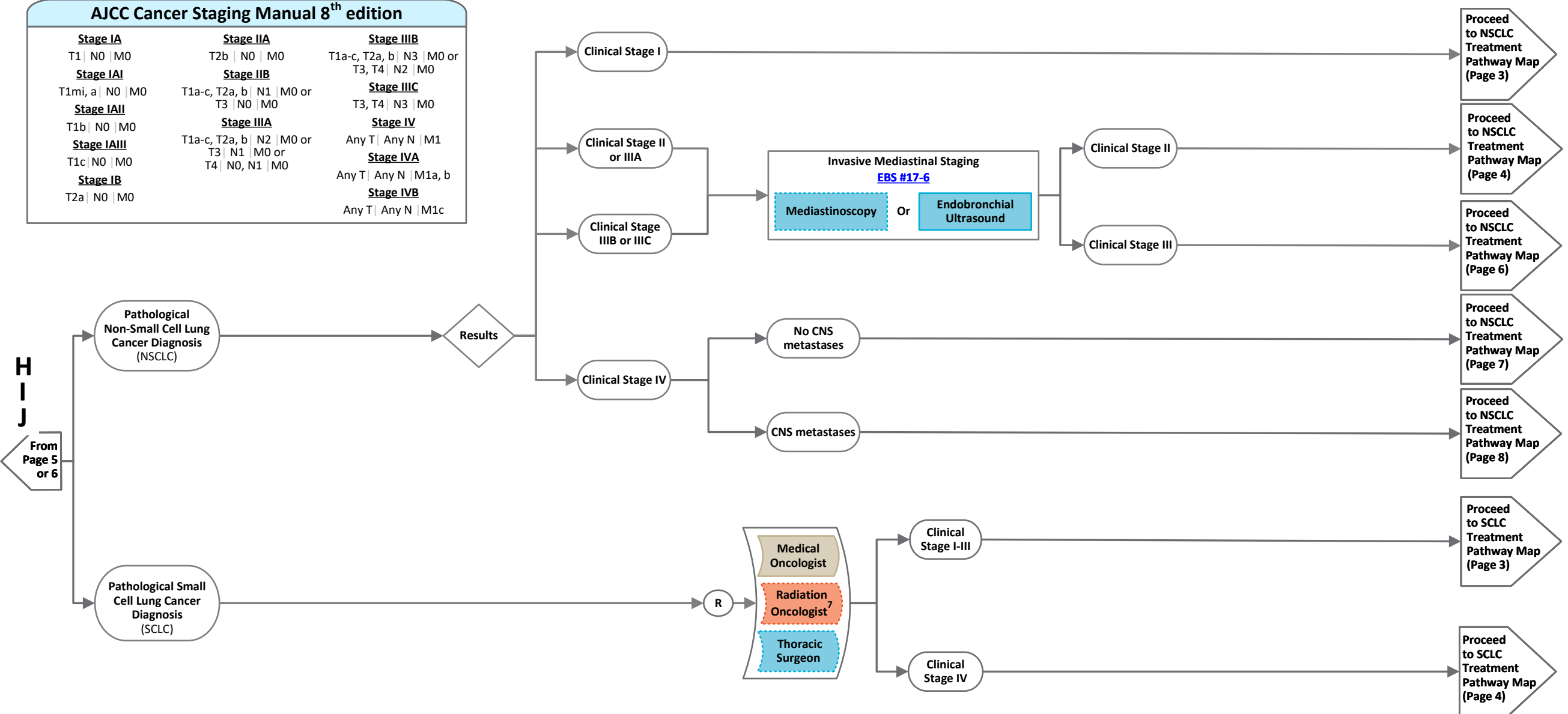
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AJCC Cancer Staging Manual 8th edition

Stage IA T1 N0 M0	Stage IIA T2b N0 M0	Stage IIIB T1a-c, T2a, b N3 M0 or T3, T4 N2 M0
Stage IAI T1mi, a N0 M0	Stage IIB T1a-c, T2a, b N1 M0 or T3 N0 M0	Stage IIIC T3, T4 N3 M0
Stage IAII T1b N0 M0	Stage IIIA T1a-c, T2a, b N2 M0 or T3 N1 M0 or T4 N0, N1 M0	Stage IIV Any T Any N M1
Stage IAIII T1c N0 M0		Stage IVA Any T Any N M1a, b
Stage IB T2a N0 M0		Stage IVB Any T Any N M1c



⁷ If emergency situation, symptomatic brain metastases, superior vena cava obstruction, spinal compression or stage I-III disease.