The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.
**Pathway Map Preamble**

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

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability. CCO and the pathway map's content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the pathway map.

This pathway map may not reflect all available scientific research and is not intended as an exhaustive resource. CCO 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.

**Pathway Map Disclaimer**

© CCO retains all copyright, trademark and all other rights in the pathway, including all text and graphic images. No portion of this pathway may be used or reproduced, other than for personal use, or distributed, transmitted or "mirrored" in any form, or by any means, without the prior written permission of CCO.

---

**Target Population**

Lung cancer survivors: adult patients who have completed curative-intent treatment for lung cancer. Patients who are on palliative or active treatment are not included in this pathway map.

**Pathway 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, [Health Care Connect](#) is a government resource that helps patients find a family 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-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.

*Note. EBS #19-2 is older than 3 years and is 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.*

---

**Pathway Map Legend**

- **Primary Care**
- **Palliative Care**
- **Pathology**
- **Surgery**
- **Radiation Oncology**
- **Medical Oncology**
- **Radiology**
- **Multidisciplinary Cancer Conference (MCC)**
- **Psychosocial Oncology (PSO)**

---

**Shape Guide**

- **Line Guide**
  - Required
  - Possible

- **Decision or assessment point**
- **Consultation with specialist**
- **Exit pathway**
- **Referral**
- **Wait time indicator time point**

---

**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.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability. CCO and the pathway map's content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the pathway map.

This pathway map may not reflect all available scientific research and is not intended as an exhaustive resource. CCO 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.
Lung Cancer Follow-up Care Pathway Map

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

1. Most responsible care provider may be a specialist, family physician, hospital-based nurse, or nurse practitioner in affiliation with most responsible physician.
2. Visits and/or imaging can be more frequent if clinically appropriate.
3. Smoking cessation counseling is recommended for patients who have completed curative-intent therapy for lung cancer. Interventions that involve behavioural and pharmacotherapy support in addition to verbal advice is recommended.
4. Rapid access to cancer team if required.
5. Ongoing surveillance beyond 5 year follow-up with annual low dose CT by family doctor, thoracic surgeon, or screening program if available.

From Treatment Pathway Map (NSCLC pg. 3-6; SCLC pg. 1-3)

Follow-up visit with most responsible care provider

Adult patients who have completed curative-intent treatment for lung cancer EBS #26-3

Routine Surveillance

EBS #26-3

Year 1

- Medical history & physical examination
  - At 6 and 12 months

- Chest CT
  - At 6 and 12 months

Year 2

- Medical history & physical examination
  - At 18 and 24 months

- Chest CT
  - At 18 and 24 months

Years 3-5

- Medical history & physical examination
  - Annually

- Chest CT
  - Annually

Smoking cessation counselling & interventions

EBS #26-3

Results

- No new or worsening symptoms or signs

Any of the following:
- Suspected recurrent disease
- New disease from chest imaging
- New and persistent or worsening symptoms/symptoms

Diagnostic imaging

As suggested by symptoms and signs

EBS #26-3

Results

No recurrent disease suspected

New or growing lung mass

Proceed to Diagnosis Pathway Map (Page 5)

Local regional recurrence

Refer to appropriate specialist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Thoracic Oncologist

Medical Oncologist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Thoracic Oncologist

Medical Oncologist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Thoracic Oncologist

Medical Oncologist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Thoracic Oncologist

Medical Oncologist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)

Thoracic Oncologist

Medical Oncologist

R

Rapid access to cancer team if required.

Clinical Stage IV

Thoracic Surgeon

Neuro-surgeon

Second primary (e.g., breast, colon)

Refer to appropriate specialist

Proceed to recurrence page of appropriate treatment pathway map (NSCLC page 9; SCLC page 4)