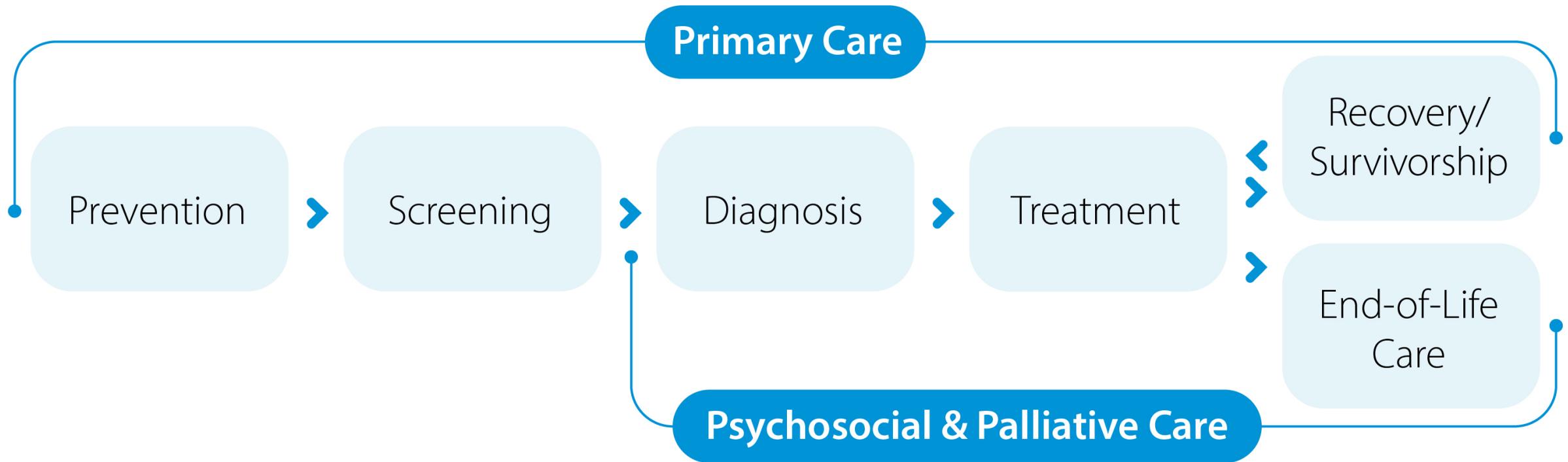


Lung Cancer Follow-up Care Pathway Map

Version 2023.04



Disclaimer: 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 Ontario Health (Cancer Care Ontario) and the reader.



Ontario Health
Cancer Care Ontario

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 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

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

Shape Guide

-  Intervention
-  Decision or assessment point
-  Patient (disease) characteristics
-  Consultation with specialist
-  Exit pathway
-  Off page reference
-  Referral

Line Guide

-  Required
-  Possible

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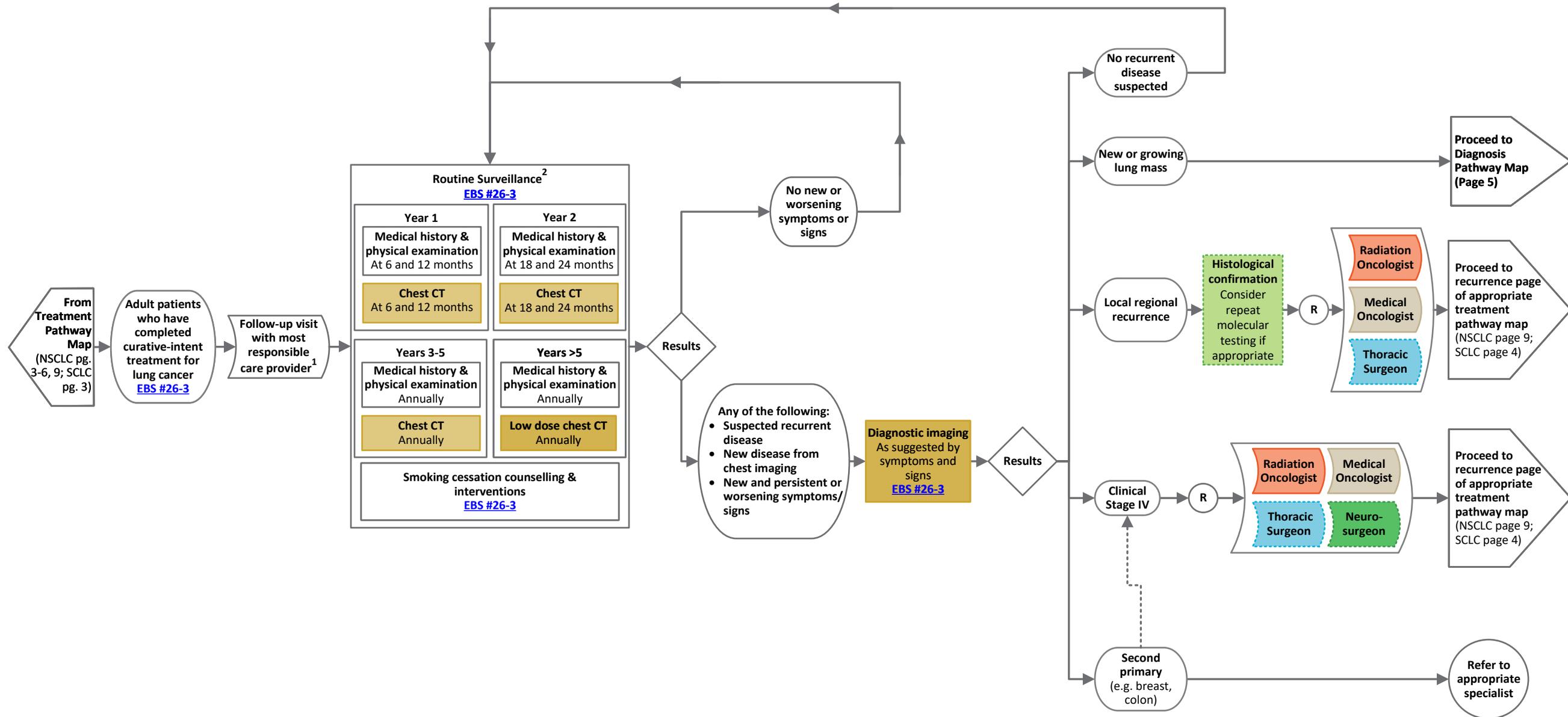
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* **Note. EBS #19-2 and EBS #19-3** are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information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

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¹Most responsible care provider may be a specialist, family physician, hospital-based nurse, or nurse practitioner in affiliation with most responsible physician.

²Visits and/or imaging may be more frequent if clinically appropriate.