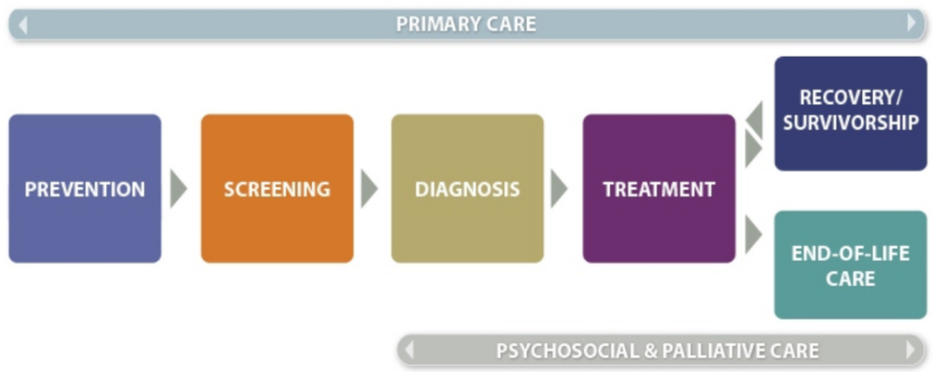
Cancer Care Ontario

Lung Cancer Diagnosis Pathway Map

Version 2017.11



Ontario
Cancer Care Ontario

Target Population

Patients who present with signs or symptoms suspicious of lung cancer.

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. For patients who do not have a primary care provider, Health Care Connect, is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway, 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 to provide information about relevant CCO tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- For more information on the Diagnostic Assessment Program (DAP) refer to the Organizational Standards for DAPs
- 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*
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary Program Training & Consultation Centre – Hospital Based Resources

* Note. EBS #19-2 and EBS #19-3 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

Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Diagnostic Assessment Program (DAP)
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Respirologist
- Psychosocial Oncology (PSO)

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/Provider interaction
- Referral
- Wait time indicator time point

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.

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.

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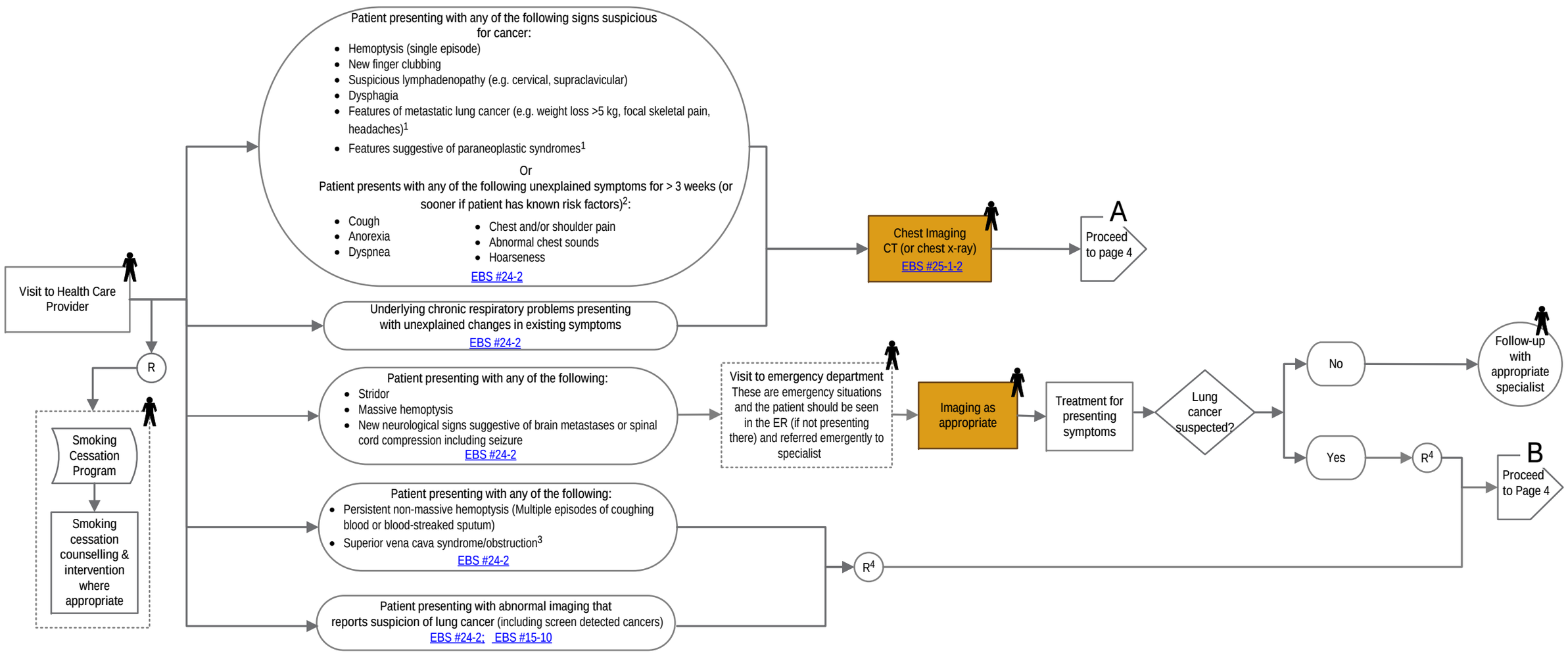
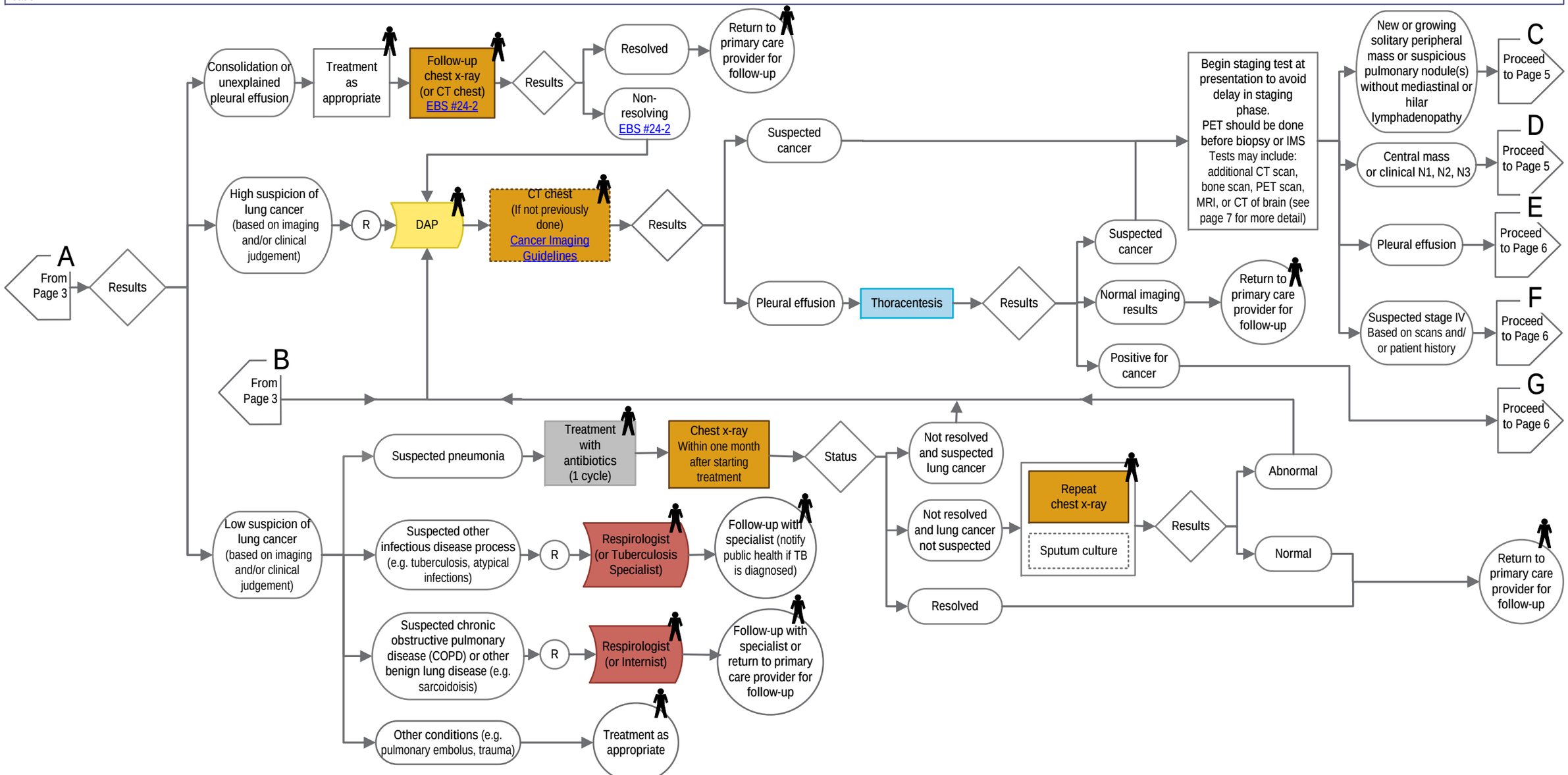


[1] Refer to the American College of Chest Physicians Clinical Practice Guideline, *Chest*, 132, 149-160 for features of a standardized evaluation for systematic metastases and a list of paraneoplastic syndromes associated with lung cancer.

[2] The following factors have been shown to increase the risk of lung cancer: current or previous smoker or second-hand exposure to tobacco smoke, history of chronic obstructive pulmonary disease, previous exposure to asbestos or other known carcinogens (e.g. radon, chromium, nickel), occupational exposure to dust or other microscopic particles (e.g. wood dust, silica), personal or family history of cancer (especially lung, head & neck), silicosis, tuberculosis.

[3] These patients should be accepted by the lung DAP if the lung DAP can facilitate a diagnosis within one week.

[4] An abnormal chest x-ray or an abnormal CT scan of chest suspicious of lung cancer is required with each DAP referral. A CT scan of the chest is not required for acceptance of a lung DAP referral if the chest x-ray is abnormal but a CT scan-chest is required prior to assessment at a lung DAP. Patient history should be mandatory as part of the referral and include, at a minimum: comorbidities, medications, allergies major health issues and symptoms that prompted the DAP referral.



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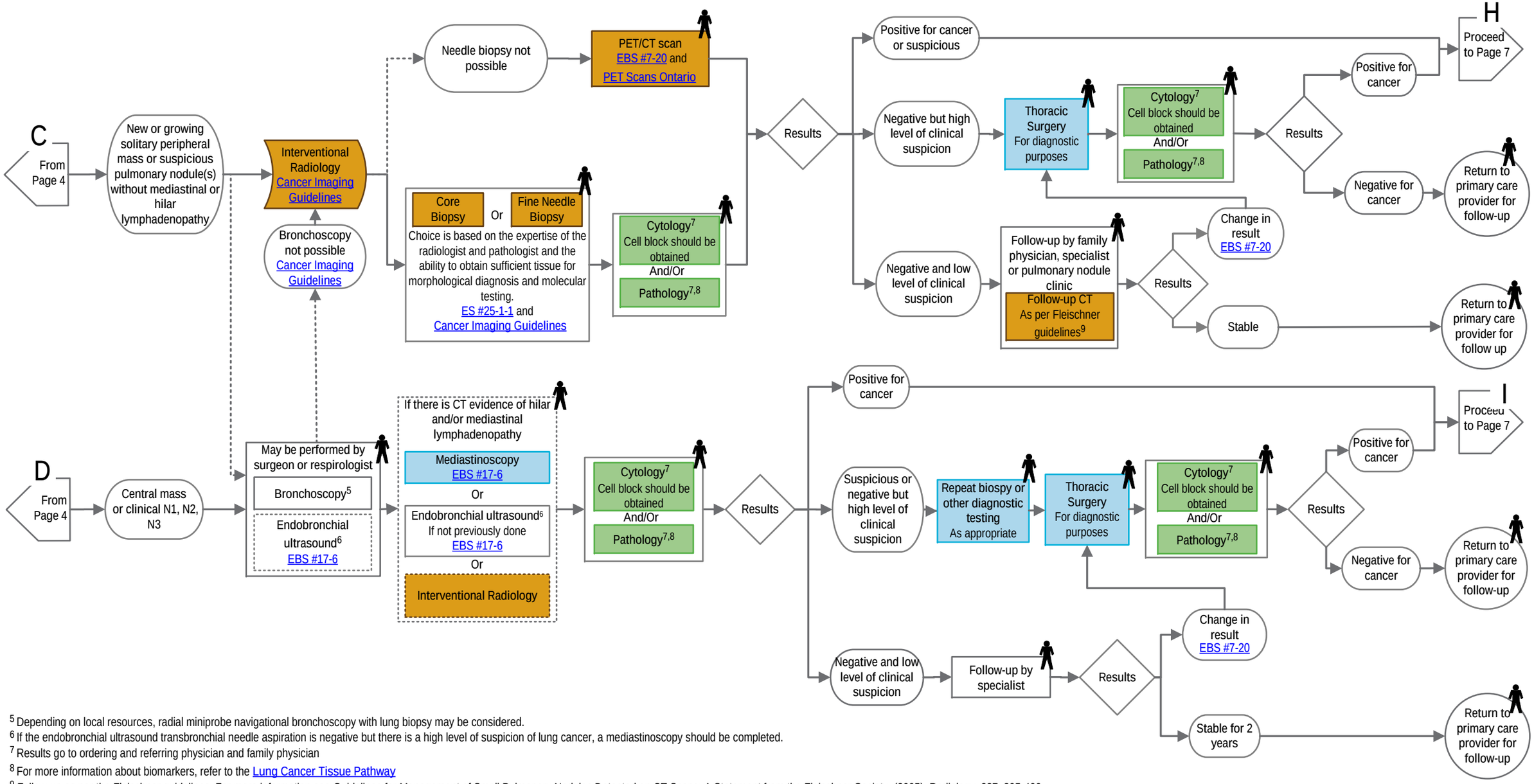


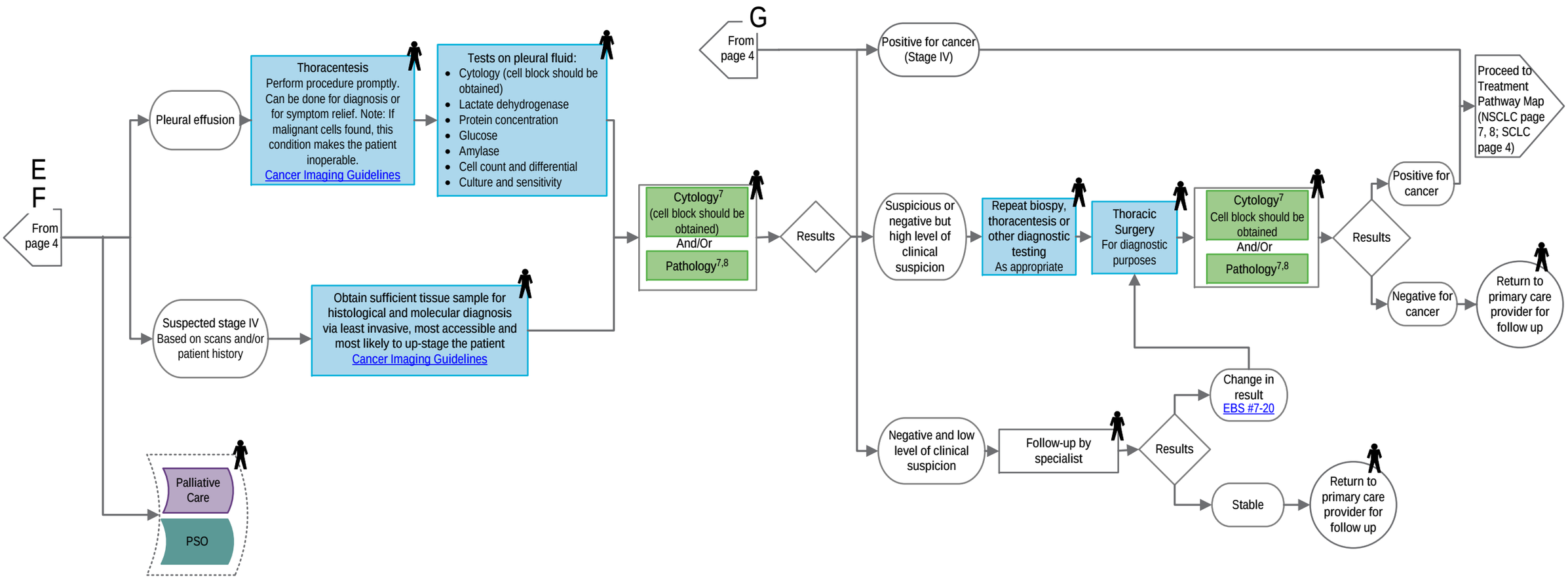
[5] Depending on local resources, radial miniprobe navigational bronchoscopy with lung biopsy may be considered.

[6] 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.

[7] Results go to ordering and referring physician and family physician

[8] For more information about biomarkers, refer to the Lung Cancer Tissue Pathway

[9] Follow-up as per the Fleischner guidelines. For more information see Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans: A Statement from the Fleischner Society. (2005). Radiology, 237, 395-400.



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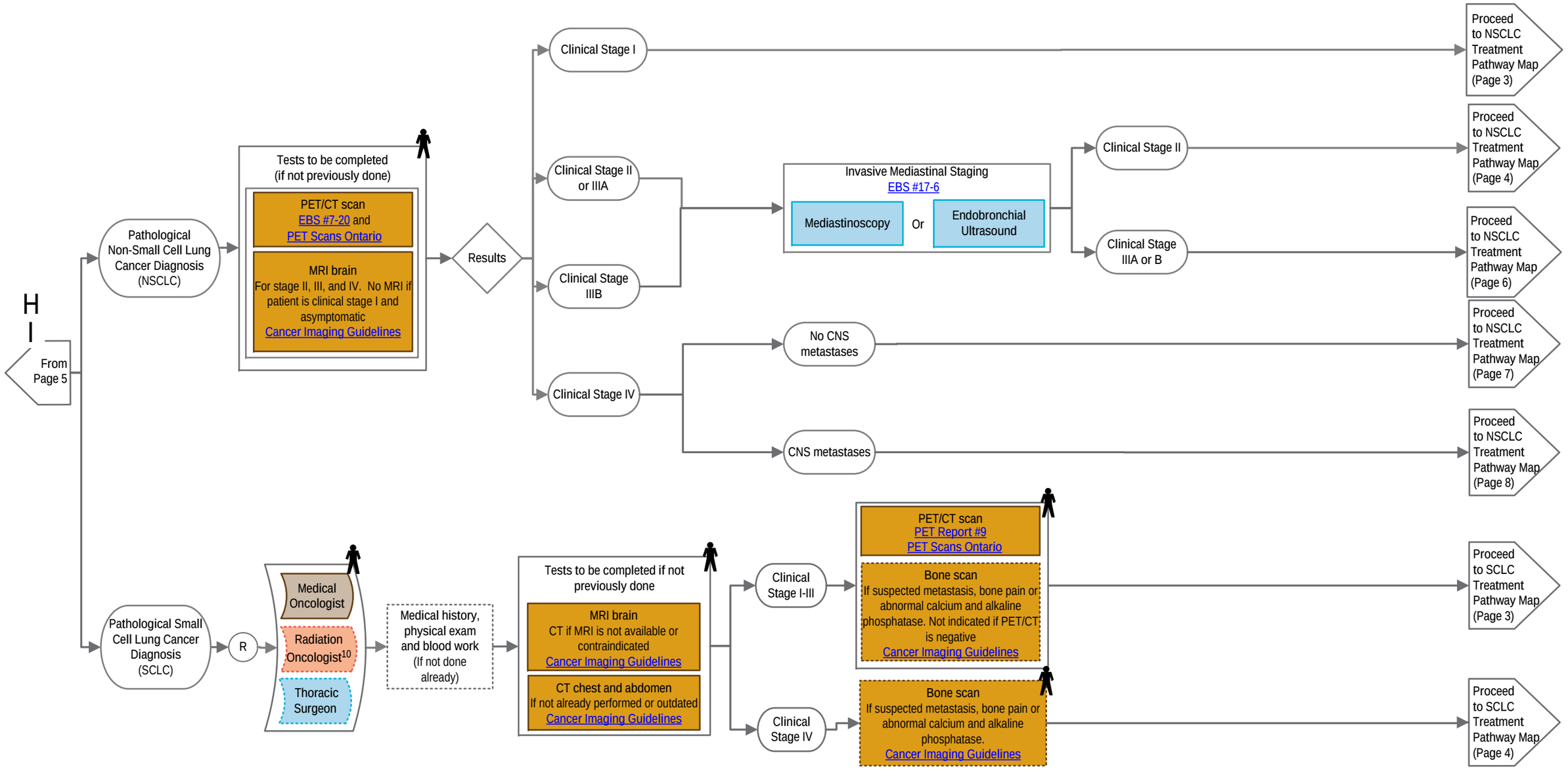

[10] If emergency situation, symptomatic brain metastases, superior vena cava obstruction, spinal compression or stage I-III disease.