

LUNG CANCER DIAGNOSIS PATHWAY

PREAMBLE:

This Pathway is a resource to healthcare providers, health system partners and the public to support the steps and decision making on clinical care from presentation of initial symptoms through to diagnosis and treatment within the PEI health system. The establishment of target timeline, lung cancer diagnosis pathway and ongoing monitoring has been developed and advised by the Lung Cancer Action Group under the direction of the Provincial Cancer Coordination Steering Committee.





The Pathway map is intended to be used for information purposes only. The pathway map is not intended to constitute or 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.

For more information or enquiries please contact the Provincial Cancer Coordinator at 902-368-6714

Risk Factors:

- 1) Smoker, Former smoker, Second-hand smoke exposure
- 2) History of COPD 3) Previous Cancer 4) History of TB, Silicosis
- 5) Asbestos, Radon, Wood dust, Silica exposure

Legend:

-  Process/Action
-  Document
-  Practice Point
-  Decision Point

Practice Point: All referrals sent within 24 hours of visit.

Provide complete information as requested to avoid delays and to facilitate appropriate triaging of service. If available, use standardized referral forms.

Additional Supports:

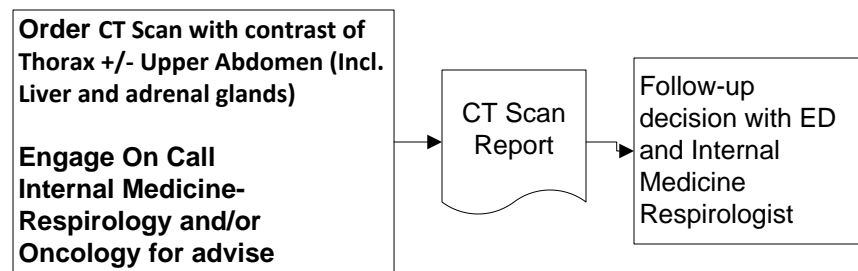
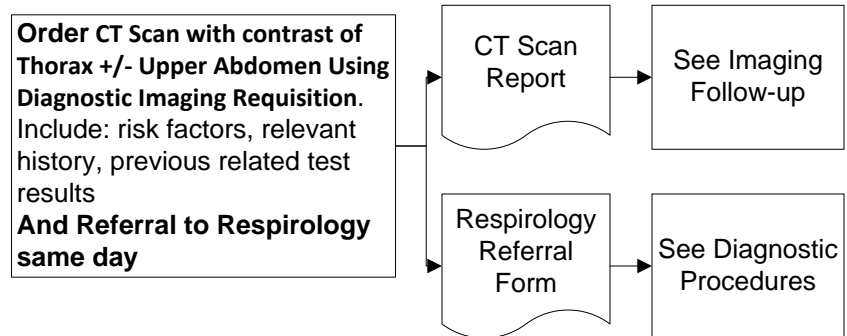
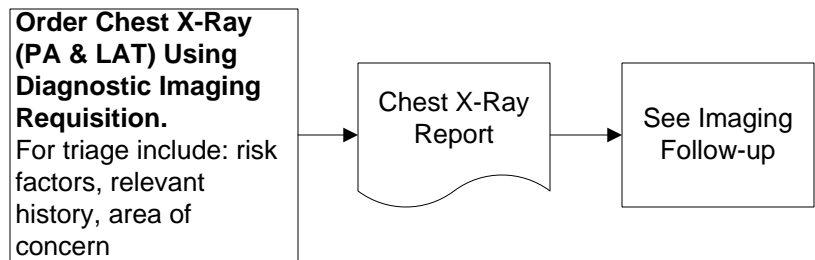
Cancer Patient Navigator
Integrated Palliative Care Program
PEI Cancer Treatment Center:
Smokers' Helpline
Lung Association of PEI
Canadian Cancer Society's Cancer Information Services

Work-up of Suspected Primary Lung Cancer

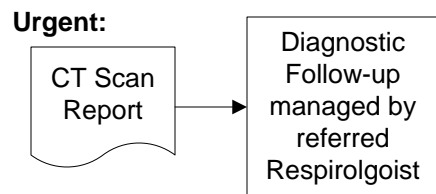
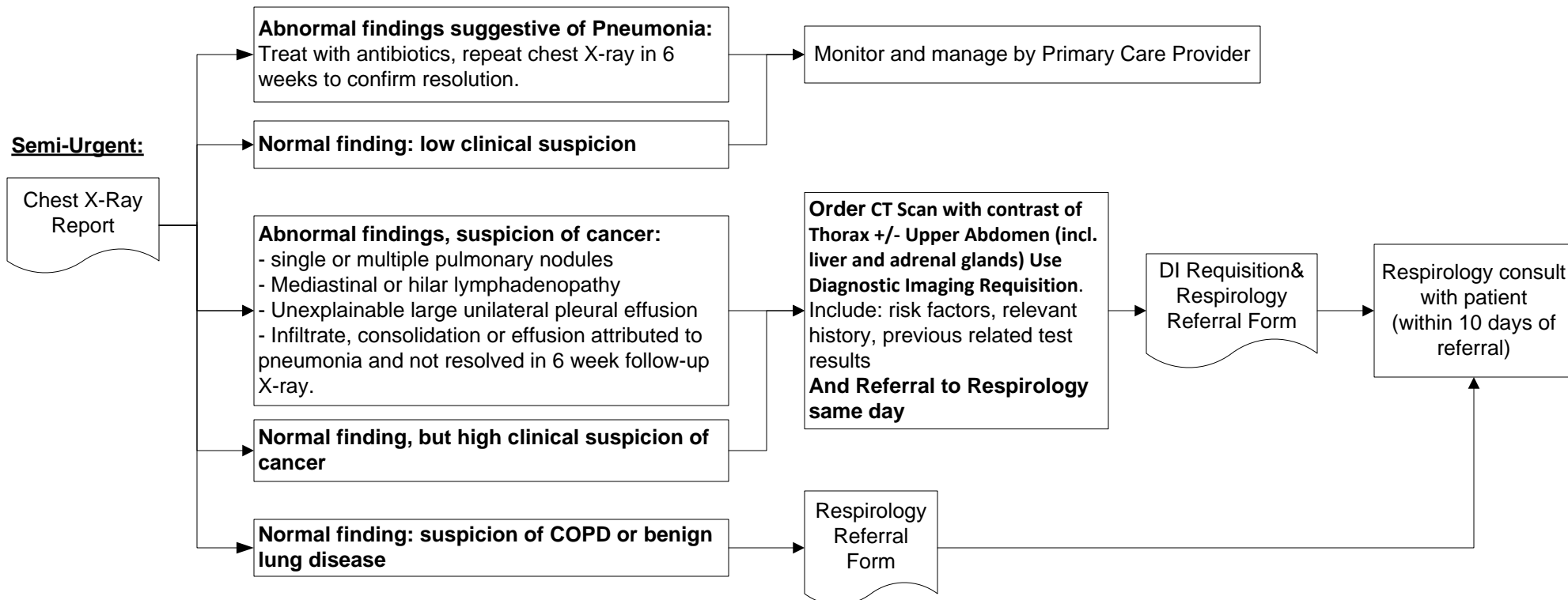
PEI Lung Cancer Diagnostic Pathway (DRAFT-Jan 2/18)

Triage & Work-up based on Presentation of Symptoms to Healthcare Provider

- Presentation of any the following:** (Semi-Urgent)
- Hemoptysis
 - New finger clubbing
 - Suspicious cervical lymphadenopathy
 - Dysphagia
 - Features of metastatic lung cancer
 - Features suggestive of paraneoplastic syndromes
- Unexplained symptoms for > 3 weeks (or sooner in patients with risk factors):
- Cough
 - Weight loss/loss of appetite
 - Shortness of breath
 - Chest and/or shoulder pain
 - Abnormal chest signs
 - Hoarseness
-
- Presentation of any of the following:** (Urgent)
- Two or more episodes of hemoptysis (1 tblsp/15ml or more of clotted blood)
 - Supraclavicular lymphadenopathy
 - Incidental CT finding: any solid or ground glass nodule greater than 1cm
(Source MB pathway)
- Abnormal Chest X-Ray findings triggering suspicion of cancer:
- Single or multiple pulmonary nodules
 - Mediastinal or hilar lymphadenopathy
 - Unexplainable large unilateral pleural effusion
 - Infiltrate, consolidation or effusion attributed to pneumonia and not resolved in 6 week follow-up X-ray
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- Emergent (To be Managed at Emergency Department)**
- Signs of superior vena cava obstruction (swelling of the face or neck with fixed elevation of jugular venous pressure, prominent veins on chest)
 - Stridor
 - Massive hemoptysis (more than 1 cup/250ml in 24 hrs)
 - New neurological signs (suggestive of brain metastases or cord compression)



Follow-up to Imaging for Urgent and Semi-Urgent Primary Lung Cancer PEI Lung Cancer Diagnostic Pathway (DRAFT)



Information to include on Respirology Referral:

- Known risk factors (symptoms, smoking history, COPD, exposure to asbestos or occupational hazards, personal history of cancer, silicosis, tuberculosis)
- pre-existing imaging
- relevant medical conditions
- medications taken by the patient
- recent blood work

