

Patient Pathway Is It Lung Cancer?

A pathway map of
your lung cancer
diagnosis journey

A **Patient Pathway** is a way for you to learn about your journey and what to expect as you move through the health care system. This pathway will guide you through four main steps in order to either rule out lung cancer or confirm that you do have lung cancer: Suspicion, Initial Presentation and Imaging, Diagnostic Tests and Staging. It is recommended to bring a family member or friend with you to your appointments throughout your journey for support and to take notes.



To view this pathway online, please visit www.cancercare.on.ca/patientpathway

The Patient Pathway – Is It Lung Cancer? (Pathway) is to be used for informational purposes only. It is not a substitute for medical advice. You should always consult a doctor if you have any questions regarding the information set out in the Pathway. All of the steps outlined here are subject to clinical judgment and your journey may not follow the steps set out in the Pathway. The information in the Pathway does not create a physician-patient relationship between Cancer Care Ontario (CCO) and you.

STEP 1

Suspicion

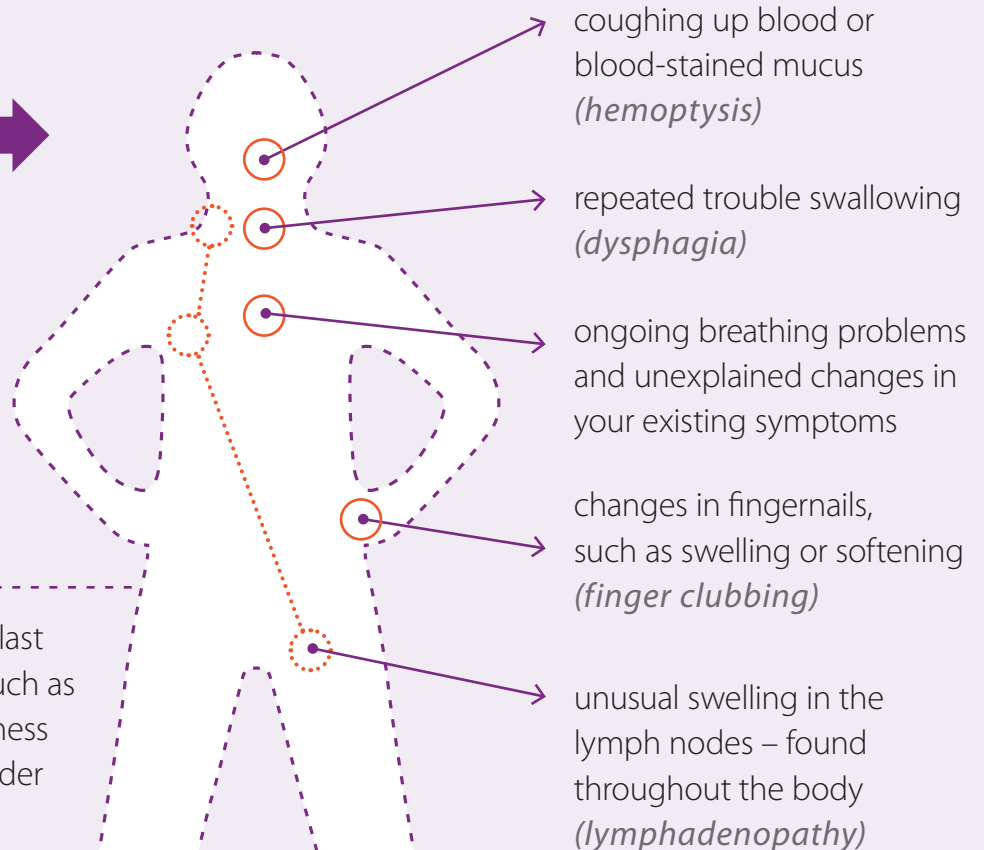


Suspicion is the time from when you share your symptoms with your family doctor to the time that you are sent (or referred) to a lung specialist (such as a surgeon, respirologist or other specialist).

Your doctor may become suspicious of a lung abnormality based on your symptoms and must find out whether it is due to cancer or some other cause.

Your family doctor will send you for a chest X-ray if you have any of the following symptoms or signs:

unexplained symptoms that last for more than three weeks such as coughing, weight loss, shortness of breath, chest and/or shoulder pain, hoarse or rough voice



STEP 2 Initial Presentation & Imaging



Initial Presentation and Imaging is the time from when you take your first imaging tests (such as a chest X-ray) to the time that your doctor either rules out lung cancer or confirms lung cancer.

The first step is a chest X-ray. Your doctor looks at your chest X-ray report in order to determine the next steps in your diagnosis. There are **THREE** potential outcomes:

1.

You doctor **does not** suspect lung cancer. In this case, you may have an infection in your lungs or some other condition that is not cancer. You may be sent to a specialist for further investigation.

2.

Your doctor suspects that fluid has built up in your lungs (*consolidation*) or that excess fluid or air has built up in the space that surrounds your lungs (*pleural effusion*).

3.

Your doctor suspects lung cancer based on the chest X-ray result or his/her clinical judgment. He/she may refer you to a specialist such as a:

Diagnostic Assessment Program – DAP

where a nurse navigator will coordinate healthcare team members (respirologists, thoracic surgeons, and administrative staff) to work together to coordinate the care of patients with suspected lung cancer from referral to diagnosis.

Or, when not available:

Thoracic Surgeon
(a doctor who performs operations on the lungs or other structures in the chest)

OR

Respirologist
a doctor who specializes in the diagnosis and treatment of lung disease



If your doctor needs more information to make a diagnosis, he/she may request follow-up X-rays or a CT scan (a more detailed imaging process) of the chest and/or upper abdomen. Your specialist may also suggest other tests.

Go to Step 3

STEP 3

Diagnostic Tests



Diagnostic Tests are tools used by your specialist to take a closer look at a suspected mass in order to make a diagnosis of cancer or other disease.

Your specialist may remove a tissue sample of the abnormal area (*perform a biopsy*).

There are different ways to look at an abnormal area in the lungs:

- A special probe can send sound waves through the walls of your airways into your lungs and chest (*endobronchial ultrasound*)
- A device can be inserted into the airways leading into the lungs (*bronchoscopy*)

And there are different ways to take a tissue sample of the suspected mass:

- A needle (*needle biopsy*)
- A lighted instrument can be inserted into the space in the chest between the lungs to take a tissue sample of the lymph nodes (*mediastinoscopy*)

If a biopsy of a nodule in the lung is not possible:

You may need a PET/CT scan. A PET/CT scan uses two types of imaging techniques to create a three-dimensional computerized picture of the body.

A pathologist (*a doctor who identifies diseases by studying cells and tissues*) will then look at the tissue sample under a microscope.

If NO cancer cells are found

as a result of your biopsy, the specialist may order further tests to figure out the cause of the mass.

If cancer cells ARE found

in the sample, a lung cancer diagnosis may be confirmed. If you are diagnosed with lung cancer, the next step is to determine the stage of your cancer.

Go to Step 4

