

LUNG CANCER

Interactive Care Journey Map



This map highlights key roles, responsibilities, and experiences of the principal players involved in the lung cancer care journey.

Designed for primary care providers (PCPs) practicing in British Columbia, this interactive tool focuses on the PCP's role within a shared care model for lung cancer.



UBC CPD



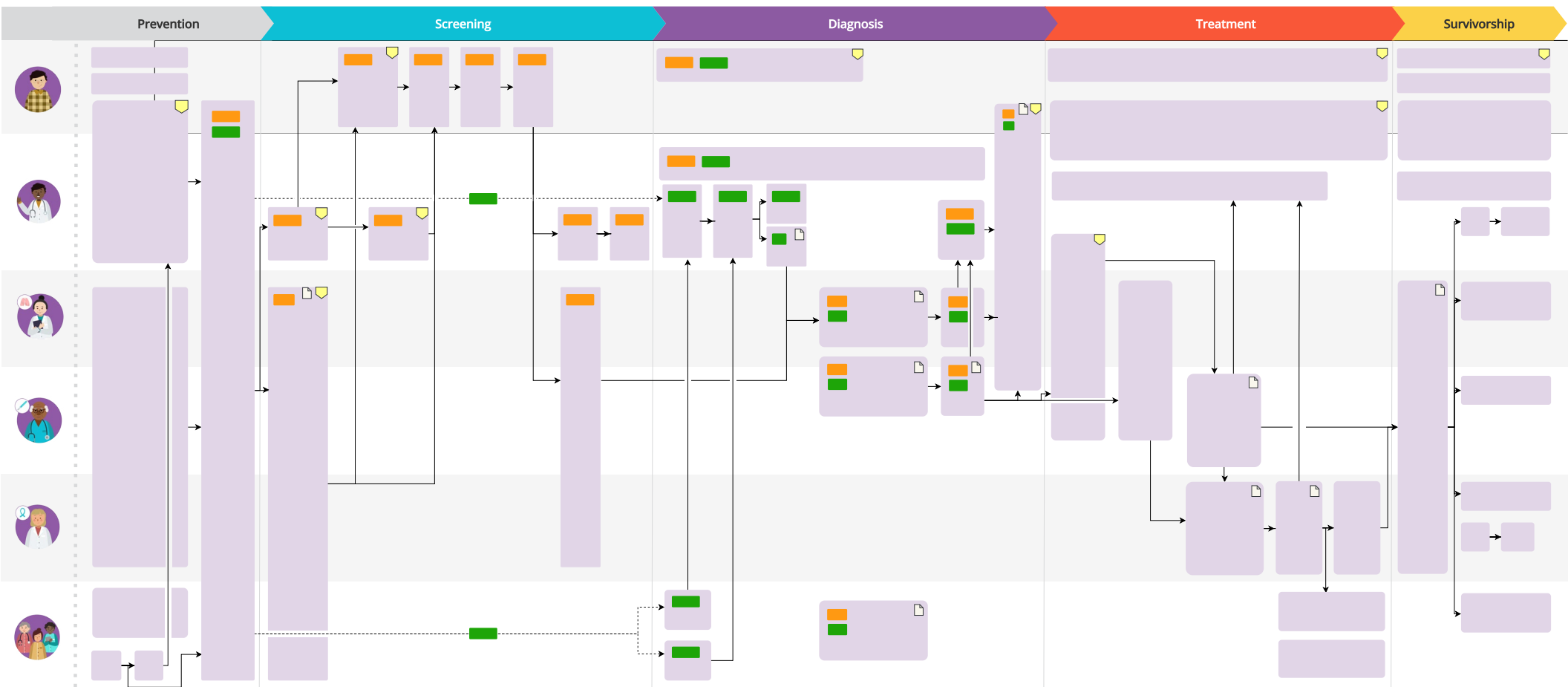
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Course material for:

BC Cancer Primary Care Learning Sessions - Lung Cancer
Last updated: 31 March 2023

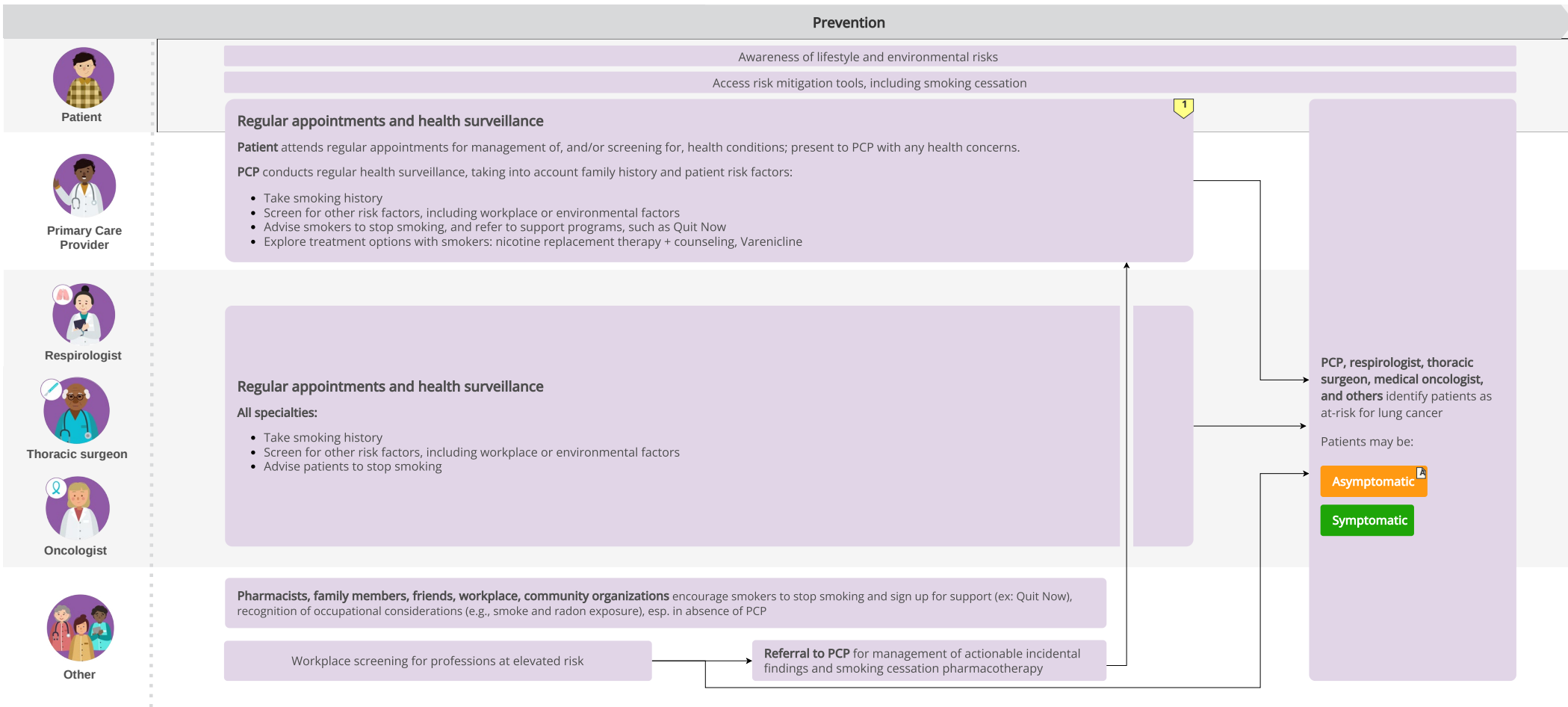
The authors acknowledge that the content presented herein represents an ideal, which may or may not reflect the reality of every community in BC.

Lung Cancer Care Journey Map: Overview



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Resources

1 [QuitNow BC](#)

[Initiating Pharmacologic Treatment in Tobacco-Dependent Adults: An Official American Thoracic Society Clinical Practice Guideline](#)

[Downloadable educational materials and Smart Steps Booklets to help people quit](#)

[Order print material to support quitting smoking](#)

[Occupational Cancer \(WorkSafeBC\)](#)

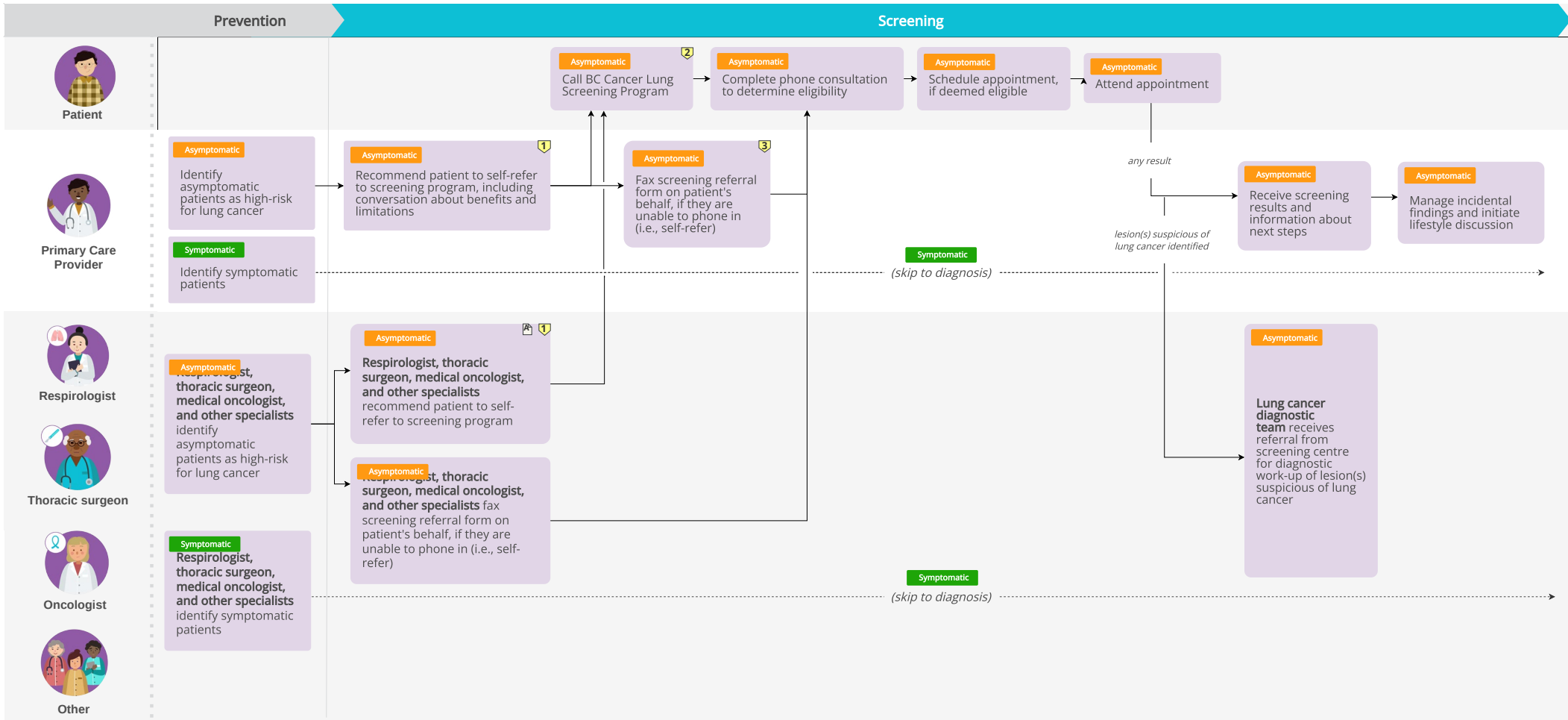
[Report: Identifying Possible Work-related Lung Cancer in the Clinical Setting](#)

Notes

-  Asymptomatic patients who are at risk of lung cancer are those who:
- Do not have symptoms of lung cancer
 - Are between the ages of 55 and 74 years
 - Are currently smoking or have smoked in the past
 - Have a smoking history of 20 years or more

Lung Cancer Care Journey Map: Screening

Filter by patient type: Asymptomatic Symptomatic Both



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Notes and Resources for Screening Stage (All Patients)

Resources

- 1 [Information for patient self-referral to lung cancer screening program](#)
- 2 BC Cancer Lung Screening Program telephone: 1-877-717-5864
- 3 [BC Cancer Lung Screening Referral Form](#)
BC Cancer Lung Screening fax (for lung screening referral forms): 1-604-877-6114

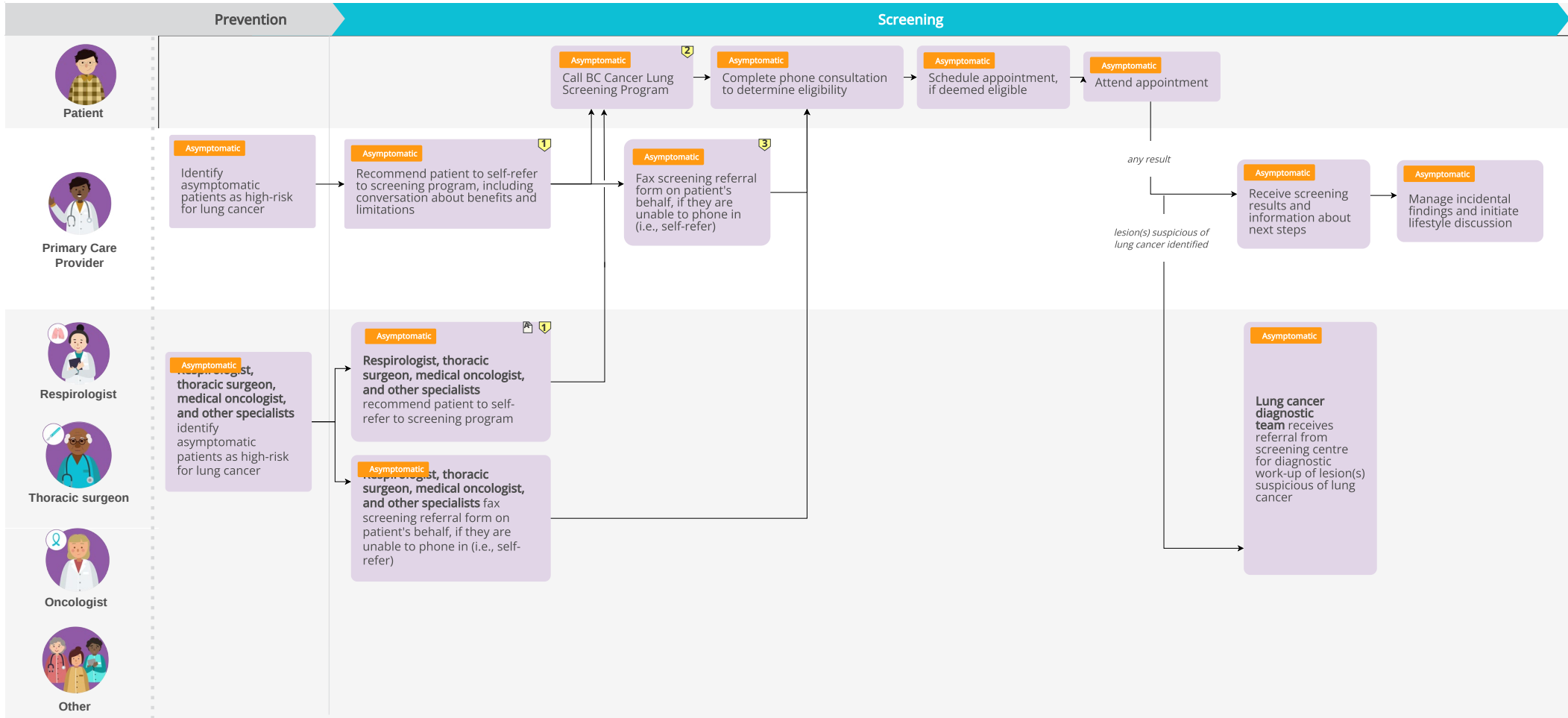
Notes

- A Patient must have a PCP in order to self-refer to the BC Cancer Lung Screening program.

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Lung Cancer Care Journey Map: Screening

Filter by patient type: Asymptomatic Symptomatic Both



Notes and Resources for Screening Stage (Asymptomatic Patients)

Resources

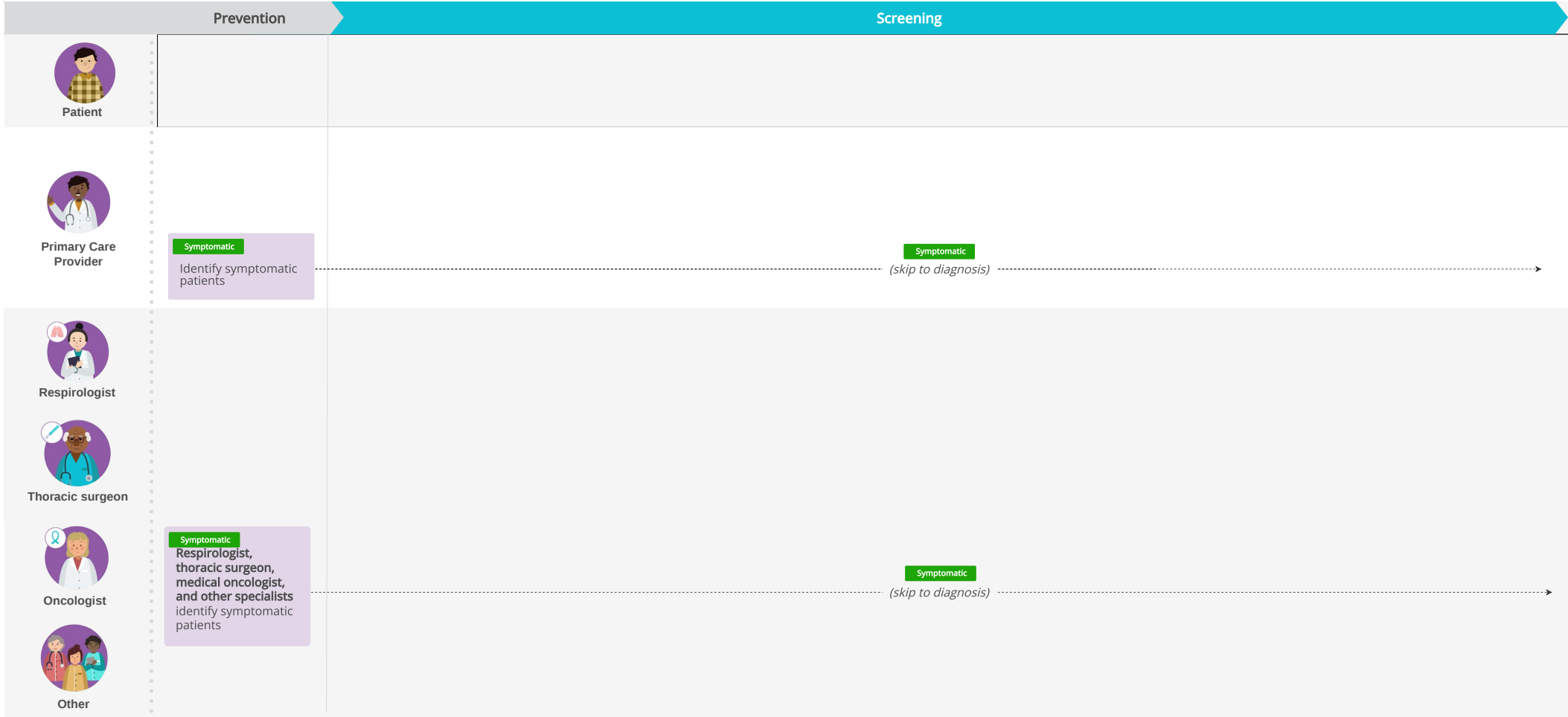
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Notes

- 1 Patient must have a PCP in order to self-refer to the BC Cancer Lung Screening program.

Lung Cancer Care Journey Map: Screening

Filter by patient type: Asymptomatic Symptomatic Both

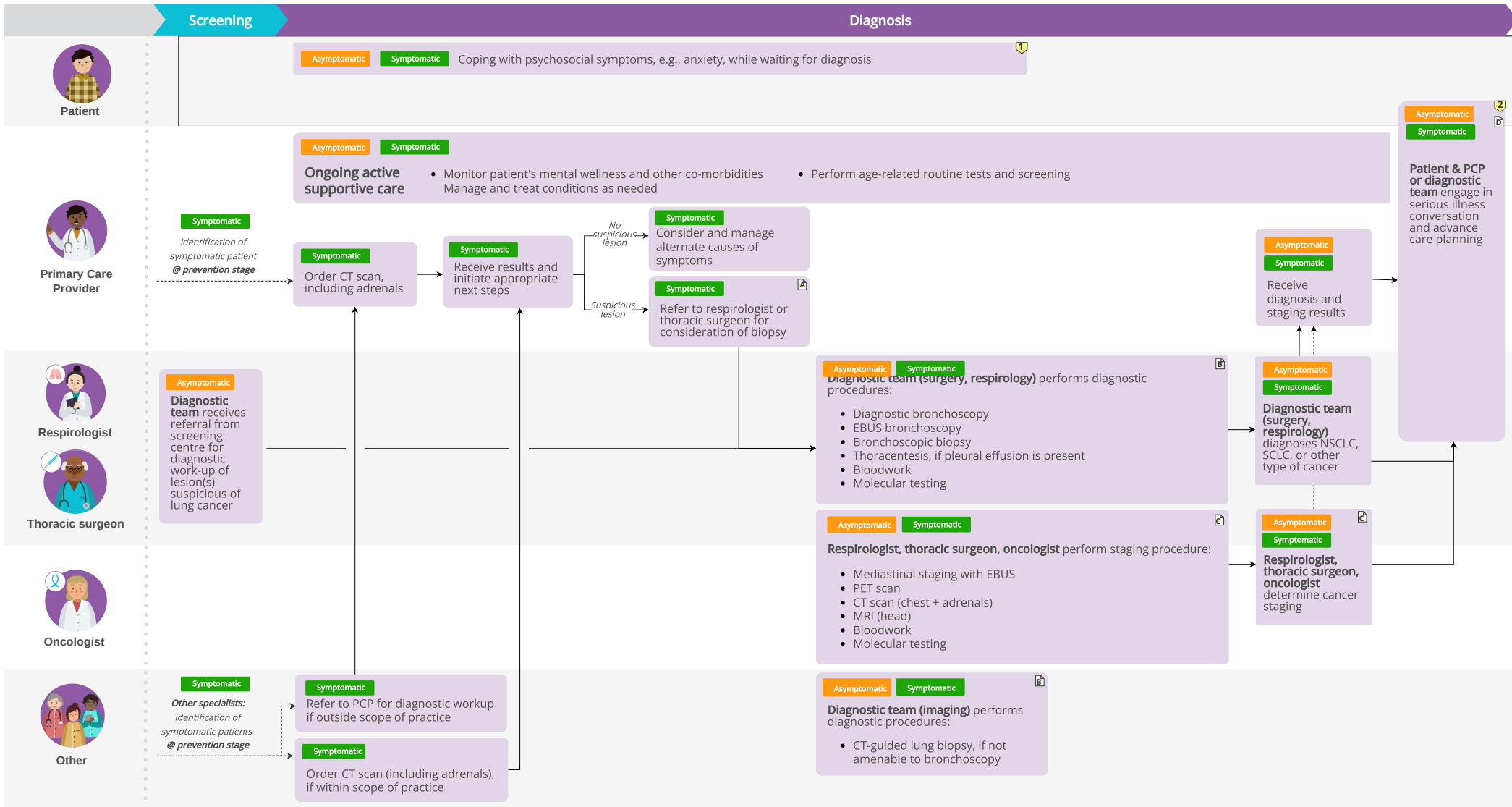


Notes and Resources for Screening Stage (Symptomatic Patients)

[none]

Lung Cancer Care Journey Map: Diagnosis

Filter by patient type: Asymptomatic Symptomatic Both



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Notes and Resources for Diagnosis Stage (All Patients)

Resources

- 1 [Emotional Support \(BC Cancer\)](#)
- 2 [Serious Illness Conversation Guide \(BC Cancer\)](#)
[Advance Care Planning for Patients \(BC Cancer\)](#)
[Advance Care Planning Pathfinder \(BC Cancer\)](#)

Notes

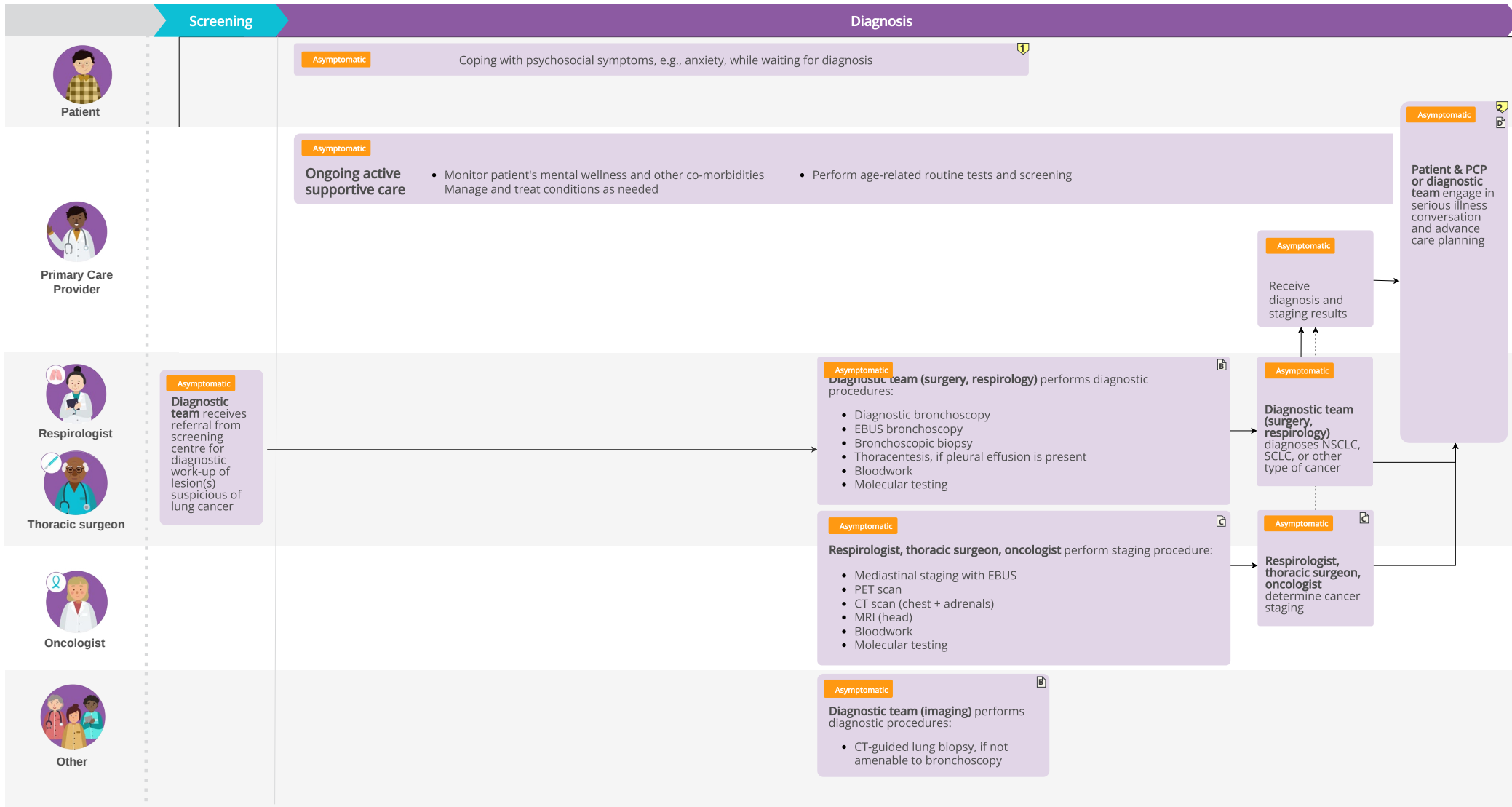
- A To whom the PCP should make a referral will depend on the community and the resources available, as well as the patient situation.
- B Diagnostic team will differ depending on the community and resources available. However, they will most often be composed of healthcare providers who fulfill the following roles:
 - **Imaging:** interventional radiology or someone else who reads CTs and MRIs
 - **Surgery:** thoracic or other
 - **Internist or anesthesiology:** general internist, respirologist, or anesthesiologist (someone who can do bronchoscopy)
- C In case of urgent need to initiate treatment, staging may be performed in parallel with treatment initiation.
- D Which HCP engages the patients in a serious illness conversation depends on the community and resources available.

Often, it is the PCP who has this conversation with the patient if the patient traveled elsewhere for diagnostic and staging procedures and don't remain there afterward.

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Lung Cancer Care Journey Map: Diagnosis

Filter by patient type: Asymptomatic Symptomatic Both



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Notes and Resources for Diagnosis Stage (Asymptomatic Patients)

Resources

- 1 [Emotional Support \(BC Cancer\)](#)
- 2 [Serious Illness Conversation Guide \(BC Cancer\)](#)
[Advance Care Planning for Patients \(BC Cancer\)](#)
[Advance Care Planning Pathfinder \(BC Cancer\)](#)

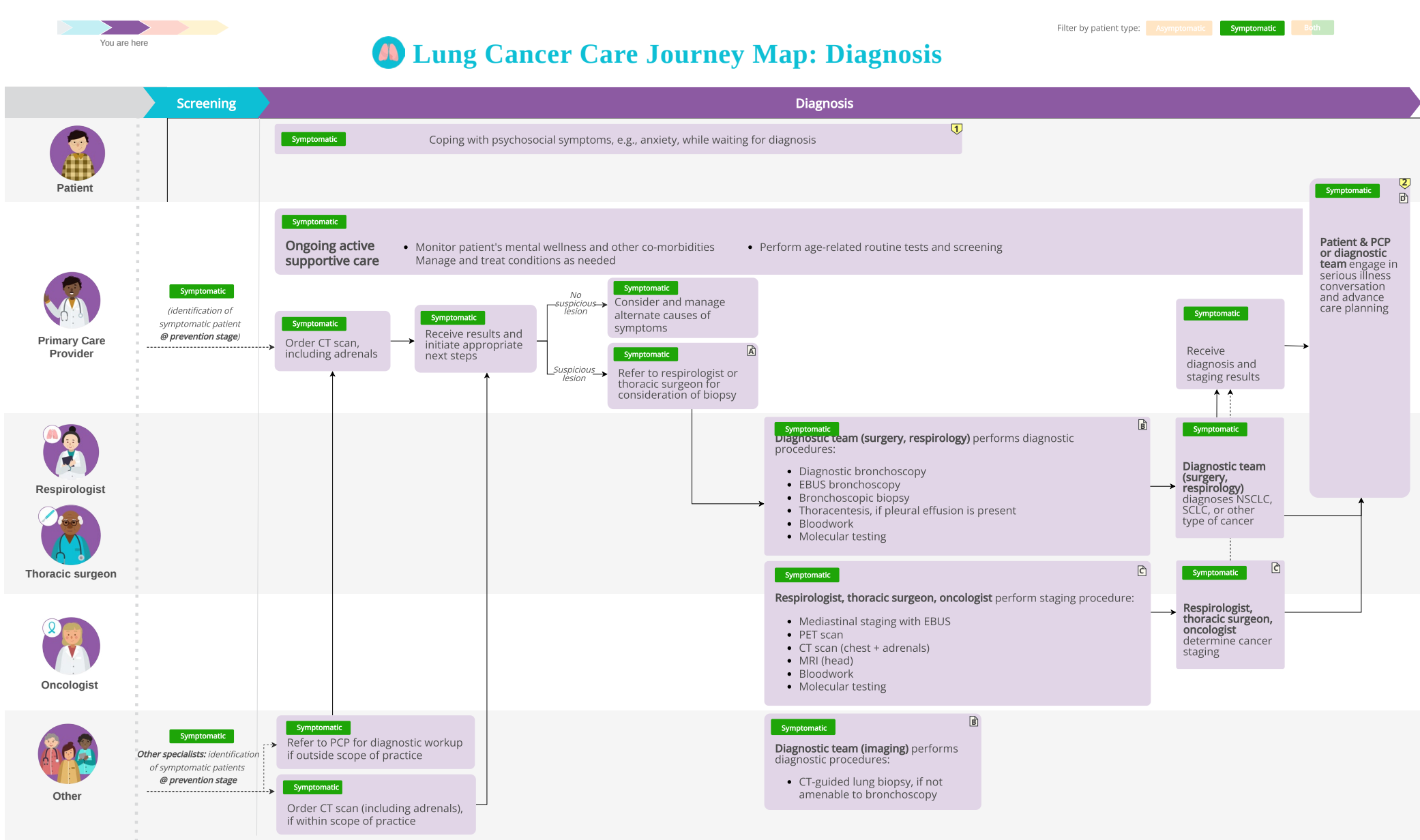
Notes

- B Diagnostic team will differ depending on the community and resources available. However, they will most often be composed of healthcare providers who fulfill the following roles:
 - **Imaging:** interventional radiology or someone else who reads CTs and MRIs
 - **Surgery:** thoracic or other
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It is expected that patients be informed they have cancer before they are seen at BC Cancer.

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Filter by patient type: Asymptomatic Symptomatic Both

Notes and Resources for Diagnosis Stage (Symptomatic Patients)

You are here

Resources

- 1 [Emotional Support \(BC Cancer\)](#)
- 2 [Serious Illness Conversation Guide \(BC Cancer\)](#)
[Advance Care Planning for Patients \(BC Cancer\)](#)
[Advance Care Planning Pathfinder \(BC Cancer\)](#)

Notes

A To whom the PCP should make a referral will depend on the community and the resources available, as well as the patient situation.

B Diagnostic team will differ depending on the community and resources available. However, they will most often be composed of healthcare providers who fulfill the following roles:

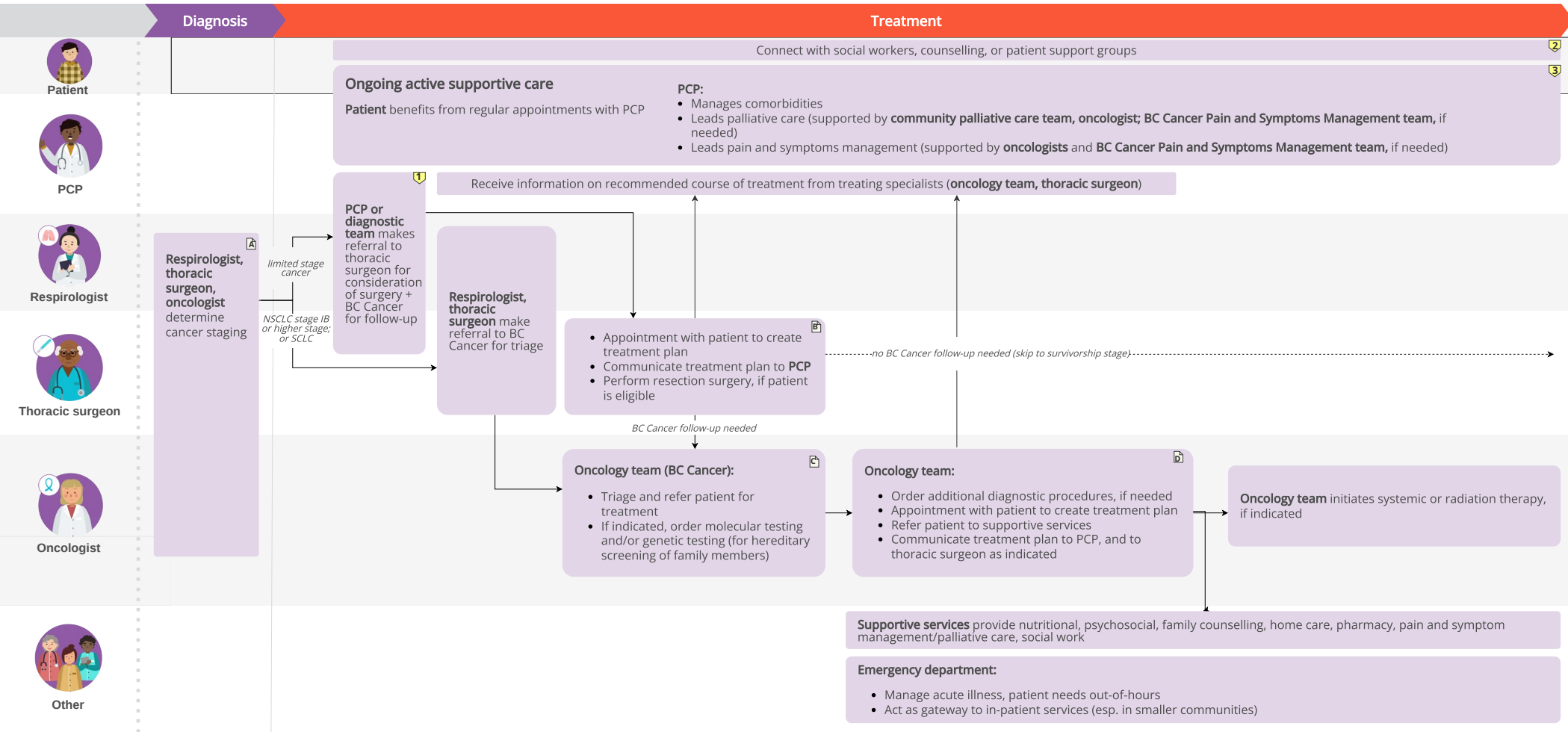
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C In case of urgent need to initiate treatment, staging may be performed in parallel with treatment initiation.

D Which HCP engages the patients in a serious illness conversation depends on the community and resources available.

Often, it is the PCP who has this conversation with the patient if the patient traveled elsewhere for diagnostic and staging procedures and don't remain there afterward.

Lung Cancer Care Journey Map: Treatment



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Notes and Resources for Treatment Stage

Resources

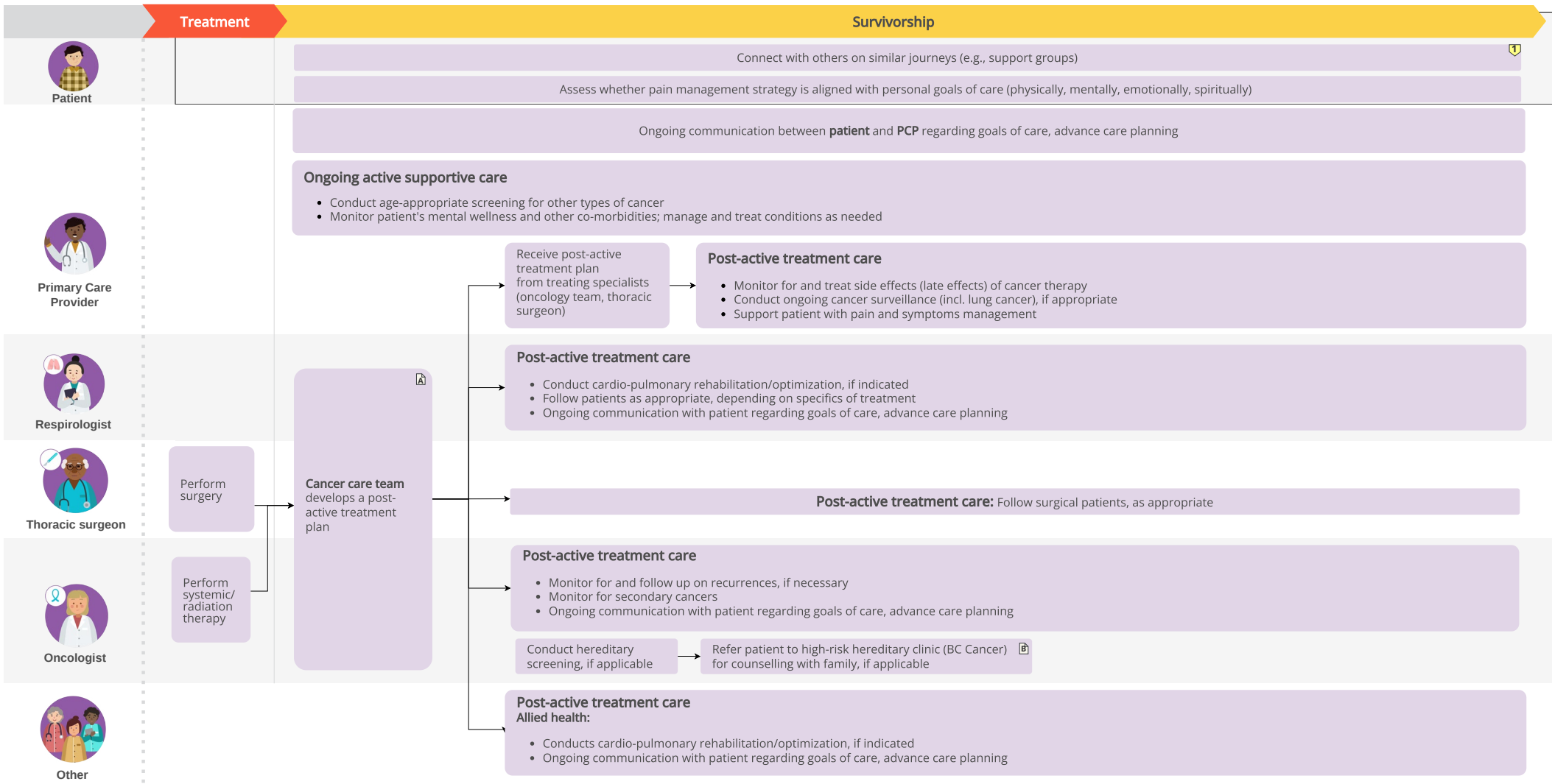
- 1 [New Patient Referral Guide \(BC Cancer\)](#)
- 2 [BC Cancer Support Programs](#)
- 3 [Referral Form for BC Cancer Pain and Symptoms Management](#)

Notes

- A In case of urgent need to initiate treatment, staging may be performed in parallel with treatment initiation.
- B A patient's eligibility for surgery is determined by the thoracic surgeon, with consideration of input from respirology (lung function assessment, EBUS staging) and oncology (in the case of multi-modality treatment or solitary metastases).
- Cancer staging is an important part of the decision making process.
- C Respirologists and surgeons who do interventional procedures can also request molecular testing if the patient has Stage IIIB or IV NSCLC to expedite the process. The medical oncologists who treat the patient will do the follow-up.
- D Additional diagnostic procedures may include:
- PET
 - MRI (head)
 - molecular profiling

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Lung Cancer Care Journey Map: Survivorship



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Notes and Resources for Surveillance Stage

Resources

1 [BC Cancer Support Programs](#)

Notes

- A** The post-active treatment plan can include:
- Cardio-pulmonary rehabilitation/optimization
 - Surveillance and follow-up for recurrences, if necessary
 - Surveillance for secondary cancers
 - Surveillance of late effects of cancer therapies
 - Goals of care and advance care planning
 - Pain and symptoms management
- B** Referral to high-risk hereditary clinic may occur if molecular testing of the tumour reveals genetic changes suspicious for germline mutation, or if clinical features warrant further investigation (e.g., very young age, multiple cancers in one person).

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