Follow up Guidelines for Family Physicians/Nurse Practitioners
Non Small Cell Lung Cancer

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, co-morbidities, performance status, age, available resources and funding considerations. The Saskatchewan Cancer Agency (SCA) disclaims all liability for the use of guidelines except as expressly permitted by SCA.

Clinical Visit and Evaluation:

In patients treated with curative intent, perform a history and physical examination every 3-6 months for the first 3 years, every 6-12 months for the next 2 years, annually thereafter.

Diagnostic Imaging:

In patients who might be candidates for additional treatment on relapse or progression, chest X-ray may be performed every 3-6 months for the first 3 years, every 6 monthly until 5 years and then annually, although there is currently no randomized evidence to justify this approach. Low dose CT chest or minimal dose CT chest without IV contrast may be a reasonable alternate option instead of chest X-ray and can be alternated between the two.

If patient is symptomatic, imaging modality specific to patient's symptoms is recommended. Diagnostic CT scan can be considered if recurrence or new disease is suspected especially in some high risk patients including (but not limited to) where there are any abnormalities within the mediastinum (such as equivocal lymph nodes), where the primary tumor encroaches upon the hilum or mediastinum, any node positive, or stage III lung cancer or as recommended by a radiologist. If CT scan is needed it should be including Chest extending to adrenals, with or without contrast.

After 5 years of follow-up surveillance, follow up can return to standard screening for lung cancer. Screening should continue as long as the patient would be clinically appropriate to consider for therapy of any malignancy identified.

At this time, routine PET CT scan for follow up is not routinely indicated for surveillance.

Refer Back to SCA:

If there are any clinical concerns suggestive of recurrent or metastatic disease, or if there are significant toxicities related to cancer therapy which are outside of your scope of practice requiring intervention, please refer back the patient to the SCA.