



Pathway of Care after Treatment of Lung Cancer

- These guidelines are being developed by the Saskatchewan Cancer Agency (SCA) to provide balance of managing caseloads and providing good quality patient care.
- There should be a uniform and consistent discharge policy across SCA but is subject to availability of established primary care provider e.g. surgical, respiratory, general practitioner or nurse practitioner. This varies significantly across the province since the service differs vastly outside the SCA.
- Patients of clinical trials will continue to follow up within the cancer centre if required.
- Discharge guidelines need to be discussed in detail with patient and families and needed to be adequately explained to the primary care provider.

Non-Small Cell Lung Cancer

Following adjuvant chemotherapy (and/or radiation therapy) for non-small cell lung cancer:

All patients after completion of chemotherapy and with resolution of acute toxicities can be discharged. Follow up outside of SCA will be with the established care provider willing for surveillance in the order of preference for surgical, respiratory, general practitioner or nurse practitioner.

Follow up during treatment will be provided by the Medical Oncology team.

Following completion of definitive radiation therapy alone for non-small cell lung cancer:

All patients can be discharged after completion of radiation therapy. Since radiation pneumonitis can happen few months after radiation therapy, follow up for one year is suggested.

The Radiation Oncology team will follow the patient.

Following SBRT:

RO will follow up 3 monthly in first year, 6 monthly in second year and then discharge.

Following completion of combined chemotherapy and radiation therapy for non-small cell lung cancer:

All patients can be discharged after completion of chemotherapy/radiation and immunotherapy once toxicities of treatment are addressed. Recommended cancer centre follow up of 3 years after completion of therapy.

Patients treated with concurrent chemo radiotherapy: Alternate MO and RO follow up 3 monthly in the first year, 6 monthly during the second year then discharge.

Patients treated with sequential chemotherapy followed by radiotherapy. MO to follow up for 2 years then discharge.

Patients treated with chemo radiotherapy followed by adjuvant immunotherapy: MO and RO to follow up while on immunotherapy for first year following completion of concurrent chemo radiotherapy then RO can discharge. MO to follow up for additional 2 years following immunotherapy.

Small Cell Lung Cancer

Limited stage disease after chemo/RT:

All patient can be discharged after two years of completion of therapy if there is no relapse of the disease.

Alternate MO and RO follow up 3 monthly for the first 2 years and 6 monthly during year 3 and then discharge. .

All extensive stage patients will continued to be followed up by MO team for life.

Mesothelioma:

Irrespective of stage and treatment patient will continued to be followed up at cancer centre by MO team.

Bronchial Carcinoid:

Localized resected with no evidence of disease: Patient can be discharged after consultation with MO.

Metastatic disease: Lifelong follow up with MO team.