

Lung Cancer Automated Triage:

- Patient is within appropriate catchment area (if patient is from Kitchener/Waterloo, Cambridge, Windsor, Owen Sound and Sarnia referring physician should be directed to closest cancer center).
- If requirements met patients should be booked into next available medical oncology consultation slot without medical oncologist triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with triaging oncologist.
- All referrals must come from CLIPS or Hepatologist, if not then refer to CLIPs or Hepatology.

If all criteria present then book in next available consult slot, otherwise return to referring physician to complete indicated investigations/documentation.

Non-Small Cell Lung Cancer Adjuvant: Referrals from surgery/DAP following Lung Cancer Surgery

- Pathology report confirming malignancy.
- EGFR and PDL1 status.
 - If not available it has been requested.
- Staging CT Chest/Abdomen/Pelvis within 3 months.
- Operative note.
- If positive margin or stage III NSCLC with pN2 positive on pathology report, book to RO in addition to MO

Ideal timing to book: Book to MO within 4-6 weeks of Surgical Resection

Non-Small Cell Lung Cancer Stage I and II that have not undergone Lung Cancer Surgery:

- Pathology report confirming malignancy.
 - If tissue confirmation/pathology not available -> review with triaging oncologist.
- EGFR and PDL1 status.
 - If not available it has been requested.
- Staging PET/CT.
 - If no PET/CT then CT Chest/Abdomen/Pelvis + Bone Scan completed within past 3 months is adequate.
- CT head completed within past 3 months

Booking: Book to next available RO

Non-Small Cell Lung Cancer Stage III that have not undergone Lung Cancer Surgery:

- Pathology report confirming malignancy.
 - If tissue confirmation/pathology not available -> review with triaging oncologist.
- EGFR and PDL1 status.
 - If not available it has been requested.

- Staging PET/CT.
 - If no PET/CT then CT Chest/Abdomen/Pelvis + Bone Scan completed within past 3 months is adequate.
- CT head completed within past 3 months

Booking: Book to next available RO and MO (for combined modality treatment)

Non-Small Cell Lung Cancer Stage IV - palliative:

MO booking:

- Pathology report confirming malignancy.
- EGFR and PDL1 status.
 - If not available it has been requested.
- NGS testing for EGFR and other molecular markers has been requested.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months

RO booking:

- Imaging confirming palliative RT target needed for RO. If in doubt, review with triaging RO

Non-Small Cell Lung Cancer Special Situations– stage IV Untreated Brain Metastases

- Pathology report confirming malignancy.
- CT Head (+/- MRI) within 4 weeks
- Ensure MR head requested if not available
- Review plan:
 - If asymptomatic, book to SRS RO for Oligometastatic disease (≤ 4 metastatic lesions)
 - If > 4 metastatic lesions/widespread -> book to Thoracic RO or RRC* within 7 days;
 - If symptomatic, call RO on call (preferred) or book into same/next day RRC*
- If no tissue – review with RO on call

Small Cell Lung Cancer Limited Stage with no metastasis outside the Lung on the side of the primary tumor:

- Pathology report confirming malignancy.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months.
- Staging CT Head or MR Head completed within past 3 months
- Staging PET or Bone Scan
- If no PET/CT -> review with triaging oncologist.

Ideal timing to book: Book to MO and RO within 1-2 weeks

Small Cell Lung Cancer metastases outside the Lung on the side of the primary tumor:

- Pathology report confirming malignancy.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months.

Ideal timing to book: Book to MO within 1-2 weeks

Small Cell Lung Cancer following lung cancer surgery:

- Pathology report confirming malignancy.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months.
- Operative note.

If positive margin on pathology report, book to RO in addition to MO

Ideal timing to book: Book to MO within 4 weeks of Surgical Resection

Small Cell Lung Cancer Untreated brain metastases:

- Pathology report confirming malignancy.
- CT Head (+/- MRI) within 4 weeks
 - Ensure MR head requested if not available

If asymptomatic, book to Thoracic RO or RRC* within 7 days;

If symptomatic, call RO on call (preferred) or book into same/next day RRC*

Also book into MO clinic

If no tissue – review with RO on call

Thymoma/Thymic Carcinoma:

- Pathology report confirming malignancy.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months

Mesothelioma:

- Pathology report confirming malignancy.
- Staging CT Chest/Abdomen/Pelvis completed within past 3 months

Emergent/Urgent (RO on call should be called):

- Symptomatic Spinal Cord Compression
- Referrals from the inpatient service for uncontrolled large volume hemoptysis
- Referrals from for Lung/Mediastinal Mass causing severe respiratory distress/ symptomatic or clinical Superior Vena Cava obstruction (SVCO) / ICU consults
- Referrals from Inpatient Services for severe pain crisis

Semi Urgent (Consult within 7 days booked into Thoracic RO Consider RRC):

- Impending (asymptomatic) Cauda Equina Compression
- Impending (asymptomatic or mildly symptomatic) respiratory compromise
- Minor bleeding
- Radiographic SVCO (asymptomatic or mildly symptomatic)

- Symptomatic bone metastases
- Symptomatic soft tissue metastases or lesions
- Symptomatic lung or mediastinal mass (not in severe respiratory distress)
- Symptomatic Brachial Plexopathy
- Symptomatic impending fracture

All new cases to be referred to MO and/or RO unless otherwise specified in this document.