

Lung Cancer Automated Triage:

- In terms of medical oncology referral: patient should be 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). Exception: Referred for a specific clinical trial available at the LHSC/LRCP.
- In terms of radiation oncology referral: all patients within catchment area should come to LRCP. Patients from Windsor/ Kitchener/Waterloo/Cambridge should generally be referred to those centres unless being referred to LRCP for clinical trial.
- If requirements met patients should be booked into next available medical oncology and/or radiation oncology consultation slot without oncologist triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with triaging oncologist.

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/other molecular markers via NGS 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.
- Where tissue confirmation/pathology is available, EGFR/other molecular markers via NGS 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
 - If no PET/CT -> review with triaging oncologist.
- CT head/MR 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/other molecular markers via NGS 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
 - If no PET/CT -> review with triaging oncologist.
- CT head/MR 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 urgently (as soon as possible) and within 1 week of referral.
If no available clinic spot in that time-frame – review with Thoracic MO on call

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 urgently (as soon as possible) and within 1 week of referral.
If no available clinic spot in that time-frame – review with Thoracic MO on call

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

Inpatient consults: Referring MD to be asked to indicate clearly the reason the patient should be seen as an inpatient on the referral form - eg. pain, SVCO, hemoptysis, etc. (e.g: "New diagnosis of lung cancer" insufficient). Review with Thoracic oncologist on call for the requested service.

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