## Appendix 1: Summary of the Townsville lung cancer referral pathway

### Lung Cancer: Background

**About lung cancer**

### Assessment

**Practice point**

**Have high index of suspicion**

1. If symptomatic, screen for lung cancer.
2. Consider lung cancer if:
   - unexplained *symptoms and signs* for > 3 weeks duration, or
   - *risk factors*.
3. Investigations:
   - 

### Management

1. If any *red flags*, request *acute respiratory assessment* (with CT chest with contrast arranged if it doesn't delay referral).
2. If a likely primary pulmonary nodule is visible on chest X-ray or CT scan, request *non-acute respiratory assessment* (mark as urgent) for tissue diagnosis and staging.
3. Request *non-acute respiratory assessment* if imaging shows:
4. If a tissue biopsy confirms lung cancer and CT chest shows a lung mass, request *non-acute cardiothoracic surgery assessment* if not already organized.
5. If consolidation seen on chest X-ray, treat as *pneumonia* and repeat imaging in 4 weeks.
6. If any solid nodule < 6 mm present in patient with *risk factors*, repeat CT chest with contrast in 12 months.

### Follow-up

A treatment summary and follow-up care plan will be provided after initial treatment (request if not provided).

1. Ensure the patient is making healthy lifestyle choices regarding:
2. Provide ongoing *support of patient and family* and *psychosocial management* throughout the course of cancer treatment and after.
3. Consider *Cancer Support Services*, addressing:
4. Offer patient information about:
   - *Lung Foundation resources*. 

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### Table: Lung Cancer Referral Pathway

<table>
<thead>
<tr>
<th>Practice point</th>
<th>Management</th>
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<tbody>
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### Follow-up

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1. Ensure the patient is making healthy lifestyle choices regarding:
2. Provide ongoing *support of patient and family* and *psychosocial management* throughout the course of cancer treatment and after.
3. Consider *Cancer Support Services*, addressing:
4. Offer patient information about:
   - *Lung Foundation resources*. 

• referral to a lung cancer support nurse for patient and family support.

5. Consider Advanced Care Planning (ACP).
6. If required, arrange palliative care.

Information

For health professionals

For patients