Prevention

All current smokers should be offered advice to quit smoking.

✓ Ask do you currently smoke?
✓ Assess nicotine dependence
✓ Advise the most important thing they can do for their health is to quit smoking. The best way to quit is to use behavioural support and nicotine replacement therapy or pharmacotherapy
✓ Assist by offering pharmacotherapy or nicotine replacement therapy to all patients smoking more than 10 cigarettes a day, unless contraindicated. Follow up to support maintenance and prevent relapse
✓ Arrange referral for behavioural support via Quitline (www.quit.org.au) or individual/group stop smoking service. Quitline ph: 13 78 48

Common Risk Factors

Lifestyle factors
- Tobacco smoking (current or past)

Personal factors
- Age
- Family history of lung cancer
- Chronic lung disease

Environmental factors
- Passive smoking
- Radon exposure
- Occupational exposure (such as asbestos and diesel exhaust)
- Air pollution

Screening Recommendations

For average risk
- No population screening improves lung cancer outcomes.
- Chest X-ray not recommended for screening in asymptomatic individuals.

For high risk
- CT screening only considered in individuals aged 55-80 years who have a smoking history of at least 30 pack-years* and currently smoke or have quit within the past 15 years

Discussion should include:
- Benefits of early detection
- High rates of false positive tests
- Decreased motivation to quit after a negative test

References


* Pack years = number of packs of cigarettes smoked per day by the number of years the person has smoked

For more information on the optimal care pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways
Investigating symptoms of lung cancer: a guide for GPs

SYMPTOMS AND SIGNS

Unexplained haemoptysis or

Any of the following unexplained, persistent symptoms and signs lasting more than 3 weeks (or less than 3 weeks in people with known risk factors):

- New or changed cough
- Chest and/or shoulder pain
- Shortness of breath
- Hoarseness
- Weight loss/loss of appetite
- Unresolved chest infection

- Abnormal chest signs
- Finger clubbing
- Cervical and/or supraventricular lymphadenopathy
- Features suggestive of metastasis from a lung cancer (e.g. in brain, bone, liver or skin)
- Signs of pleural effusion

- Massive haemoptysis
- Sicker

Urgent referral

Chest X-ray

Chest X-ray normal

- Consolidation consistent with the clinical picture
- Pulmonary nodules visible
- Chest X-ray normal, but there is a high clinical suspicion of lung cancer
- Chest X-ray suggests lung cancer

- Monitor for persistent symptoms
- Treat accordingly
- Repeat chest X-ray within 6 weeks
- Change visible or no previous imaging available

Chest CT scan normal

- Abnormal or non-specific findings
- Pulmonary nodules visible
- Chest CT scan suggests lung cancer

- Monitor for persistent symptoms
- Refer to a respiratory physician or a specialist with expertise in lung disease
- Review previous chest X-rays and other imaging tests
- Change visible, or no previous imaging available

Immediate referral

Immediate referral to specialist linked to a lung cancer multidisciplinary team and concurrent chest CT scan

Immediate referral to Emergency Department

For more information on the optimal care pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

Lung Cancer Assessment Tool for Smokers

<table>
<thead>
<tr>
<th>Symptom</th>
<th>PPV (%)</th>
<th>Risk as a single symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>1.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>1.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Chest pain</td>
<td>1.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Loss of weight</td>
<td>1.7</td>
<td>0.3</td>
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<tr>
<td>Loss of appetite</td>
<td>12</td>
<td>0.3</td>
</tr>
</tbody>
</table>

PPV = Positive predictive value (%)

For more information on the optimal care pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

Lung Cancer Assessment Tool for Non-Smokers

<table>
<thead>
<tr>
<th>Symptom</th>
<th>PPV (%)</th>
<th>Risk as a single symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Chest pain</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Loss of weight</td>
<td>2.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>3.6</td>
<td>0.3</td>
</tr>
</tbody>
</table>

PPV = Positive predictive value (%)

For more information on the optimal care pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

Figure 1 & 2: shows the probability of lung cancer for smokers and non-smokers for individual symptoms and pairs of symptoms, including second presentation of some symptom. Probabilities highlighted in red are >5% and urgent referral should be considered.

* Second presentation
# The original study was not able to calculate figures for these boxes, but they are almost certainly red

Reference
Referral pathways for suspected lung cancer

- All patients with suspected or proven lung cancer should be referred to a specialist linked with a multidisciplinary team (MDT).
- Your local MDT can be found at http://lungfoundation.com.au/mdt/ or by calling 1800 654 301
- HealthPathways for lung cancer are currently under development refer https://melbourne.healthpathways.org.au/

Referral information should include

- A summary letter that includes recent symptoms, smoking history, occupational exposure such as asbestos or other relevant risk factors, important psychosocial history and relevant past history
- Results of current clinical investigations (imaging and pathology reports)
- Results of all prior relevant investigations
- Notification of language spoken by patient and interpreter services required.

Conversations to have

- Explain to patient/carer why specific tests are being performed and what the results can indicate
- Explain to patient/carer what the next steps are in the process, who they are being referred to and why
- Provide printed versions or encourage patients to access ‘What to expect’ guides at www.cancerpathways.org.au. Translated versions available in Chinese, Vietnamese, Arabic, Greek and Italian
- Encourage patients waiting for results or specialist appointment to call Cancer Council 13 11 20 for additional practical and emotional support. For other languages call 13 14 50
- Patients with a diagnosis can call the Lung Foundation Australia on 1800 654 301 for information about lung cancer and where to go for support and help or visit www.lungfoundation.com.au

For more information on the optimal care pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways