

Providence TSI Care Pathway Standardization:

Post curative lung cancer resection clinical & radiographic surveillance

Endorsed by TSI Executive Committee 02/10/2015 & TSI 4th Meeting 2/23/15

1. Literature prior to 2014 failed to consistently document benefit of any particular post-curative resection clinical schedule or chest X-rays.
2. After curative resection of lung cancer, clinic follow up with history & physical examination is recommended every 3-4 months for the first 2 yrs, then every 6 months until 5 years after surgery, and then annually thereafter.*
3. Radiographic surveillance consists of lowest locally available radiation dose, noncontrast CT of the chest at 3-4, 6-8, 12-14, 18-20, 24 and annually thereafter.*
 - a. Consider minimal dose CT of the chest (MnDCT) technique results in an average effective dose of 0.2 mSv.*
4. Participation in RCT regarding post resection CT technique (low dose vs MnDCT) & schedules is encouraged.

*Hanna et al. Minimal-dose computed tomography is superior to chest X-ray for the follow-up and treatment of patients with resected lung cancer. J Thorac Cardiovasc Surg 2014;147:30-5.

Huang et al. Comprehensive long-term care of patients with lung cancer: development of a novel thoracic survivorship program. Ann Thorac Surg 2014;98:955-61.