Prevention

Smoking cessation

CXR is not recommended for lung cancer screening

Emerging approaches are under investigation but not yet recommended

Low-dose CT screening

• Biomarkers

- Liquid biopsies
 (eg circulating tumour DNA, protein markers)
- Sputum and breath biomarkers

Timely clinical assessment of symptomatic patients

Assessment of symptoms of lung cancer and locally advanced or metastatic disease (eg lymphadenopathy, SVC obstruction, bony pain)

Urgent investigation – within one week For persistent haemoptysis,

signs of SVC obstruction or respiratory compromise – refer to emergency

Investigations

CXR/CT of the chest (CXR may be normal)

- Lung nodules compare to previous imaging, use nodule guidelines (eg Fleischner) to determine follow-up
- Suspicious nodules refer for specialist assessment

 Lung cancer suspected – refer for urgent specialist assessment, ideally by lung cancer multidisciplinary team – to be seen by specialist within two weeks of referral

Specialist assessment

Tissue diagnosis – via bronchoscopy (central lesions), transthoracic needle biopsy of lung (peripheral lesions) or metastatic disease

• Testing for cancer subtype and targetable tumour mutations to guide treatment

Staging

 Defining disease extent via CT scan, PET/CT scan, tissue diagnosis of suspicious metastatic disease (lymph node biopsy, pleurocentesis of effusions, etc)

Precision MDT assessment to evaluate treatment options

Figure 1. An approach to lung cancer diagnosis in 2020³⁵

CT, computed tomography; CXR, chest X-ray; MDT, multidisciplinary team; PET, positron emission tomography; SVC, superior vena cava