PULMONOLOGISTS' POCKET GUIDE TO NON-SMALL CELL LUNG CANCER CARE:

Your Role in Diagnosing and Guiding Patients with Non-Metastatic Disease

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The Role of Pulmonologists in the Care of Patients with NSCLC

Providing care from initial suspicion of lung cancer and throughout the patient journey

The Patient Journey

The Pulmonologist's Role



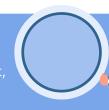
Incidental finding or **finding on** screening exam of nodule suspicious for lung cancer



Patient presents with **symptoms**, such as persistent cough and breathlessness



PULMONOLOGIST collaborates with provider throughout diagnosis, treatment, and long-term management.





















PULMONOLOGIST, in collaboration with the pathologist, ensures biopsy samples are sufficient to support comprehensive biomarker

testing and reduce the need for re-biopsy

PULMONOLOGIST may initiate a



PULMONOLOGIST guides the patient through diagnosis and aligns with current

Diagnosis of NSCLC



Biopsy

Tissue samples of sufficient number, size, and quality are taken at biopsy to enable full biomarker testing.



Biomarker Testing

Predictive molecular biomarkers that influence treatment decisions for early-stage NSCLC include ALK rearrangements and EGFR mutations



Staging

Based on physical exam, medical history, biopsy, and imaging tests (CT, FDG-PET/CT)

> Invasive staging procedures may be used (e.g., thoracotomy, mediastinoscopy)



Referral



PULMONOLOGIST completes initial staging to evaluate the size, Further staging is completed



PULMONOLOGIST refers the patient with a surgeon, medical oncologist, radiation oncologist, factors, including disease status.

Referral Pathways*

Simultaneous referral to medical oncologist and thoracic surgeon to determine resectability

MDT collaborates to determine the best course of treatment for each patient[†]

RESECTABLE NSCLC

Patients with resectable disease (straight-to-surgery pathway)



Surgery

Observation OR Re-resection

OR Radiotherapy OR Adjuvant systemic therapy

OR A combination of some of the above

Surveillance

Patients with resectable disease



Neoadjuvant systemic therapy (chemotherapy alone or chemotherapy plus immunotherapy)



Surgery



Adjuvant systemic therapy, where indicated



UNRESECTABLE NSCLC

Patients with unresectable disease, at high surgical risk, or who decline surgery



Concurrent chemoradiation followed by immunotherapy/targeted therapy



Surveillance

*The pulmonologist plays a key role throughout the

patient journey. [†]The pulmonologist has an important role in establishing multidisciplinary collaboration for patients with NSCLC. Timely interactions between the pulmonologist, thoracic surgeon, medical oncologist, and other healthcare providers are essential to

prevent treatment delays and optimize patient care.



Patient Follow-Up and Long-Term Management

Monitor recurrence

(e.g., imaging, nodule detection) Manage treatment complications

and coexisting lung conditions

Support survivorship care (e.g., smoking cessation advice, counseling)



PULMONOLOGIST conducts ongoing surveillance and monitoring of the patient, in close collaboration with the MDT.

Key takeaway:

Pulmonologists play a critical role in NSCLC care, from initial suspicion to referral and long-term management.

FDG-PET/CT: 18 F-fluorodeoxyglucose positron emission tomography/computed tomography; MDT: multidisciplinary team; METex14: mesenchymal-epithelial transition factor exon 14; NCCN: National Comprehensive Cancer Network; NSCLC: non-small-cell lung cancer; PD-L1: programmed death-ligand 1.

1. National Comprehensive Cancer Network (NCCN). NCCN Guidelines. 2025.

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