



Lung Cancer Survivorship Proforma

Patient Addressograph

Patient Age:

Date of Assessment: __ / __ / __

Time since treatment:

Trust:

Clinician:

Initial Assessment: Baseline Physiology

Blood Pressure: ____/____

Pulse:bpm

Pulse: Regular Irregular

Respiratory Rate:

Oxygen Saturations:%

Temperature:.....

QRISK3 score:

Calculate QRISK score at:

<https://qrisk.org/three/>

LN-PATH Score:

Low risk

Moderate risk

High risk

Initial Assessment: Nutrition

Height (cm):

Weight (kg): BMI:.....

Unplanned weight loss in the last 3-6 months? Yes No

% weight loss: <5% 5-10% >10%

MUST SCORE:

Please see Nutritional Care Pathway for appropriate interventions based on MUST score

Initial Assessment: G8 Questionnaire (Patients >=65yrs old)

Items	Possible answers	Score
1 Has food intake declined over the pas 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	0: severe decrease in food intake 1: moderate decrease in food intake 2: no decrease in food intake	
2 Weight loss during the last 3 months	0: weight loss >3kg 1: does not know 2: weight loss between 1 & 3kgs 3: no weight loss	
3 Morbidity	0: bed or chair bound 1: able to get out of bed/chair but does not go out 2: goes out	
4 Neuropsychological problems	0: severe dementia or depression 1: mild dementia or depression 2: no psychological problems	
5 Body Mass Index (BMI (Weight in kg) / (height in m ²))	0: BMI <19 1: BMI = 19 to BMI <21 2: BMI = 21 to BMI <23 3: BMI = 23 and > 23	
6 Takes more than 3 medications per day	0: yes 1: no	
7 In comparison with other people of the same age, how does the patient consider his/her health status?	0: not as good 0.5: does not know 1: as good 2: better	
8 Age	0: >85 1: 80-85 2: <80	
Total Score between 0-17		

A score <=14 identifies patients that may benefit from a Comprehensive Geriatric Assessment

'Malnutrition Universal Screening Tool' ('MUST') Flowchart

Step 1 BMI Score

BMI/kg/m ²	Score
<20 (>30 Obese)	= 0
18.5 -20	= 1
<18.5	= 2

+

Step 2 Weight Loss Score

Unplanned weight loss in past 3-6 months	Score
% <5	= 0
5-10	= 1
>10	= 2

+

Step 3 Acute disease effect score

If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score 2

Step 4 Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition
 Score 0 Low Risk Score 1 Medium Risk Score 2 or more High Risk

Summary of Consultation

Current smoker? Yes No

Examination

General

- Clubbing?
- Lymphadenopathy?
- Hoarse voice?
- Signs of SVCO
- Hearing aids?
- Hearing impairment?

Cardiovascular

- Murmur?

Respiratory

Abdomen

Neuro

Exercise tolerance:

WHO Performance Status

Tick

- 0 Fully active, able to carry on all pre-disease performance without restriction
- 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
- 2 Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of working hours
- 3 Capable of only limited self care, confined to bed or chair more than 50% of waking hours
- 4 Completely disabled. Cannot carry on any self care. Totally confined to bed or chair

MRC Dyspnoea Scale

Tick

- 1 Not troubled by breathlessness except on strenuous exercise
- 2 Short of breath when hurrying or walking up a slight uphill
- 3 Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
- 4 Stops for breath after walking about 100m or after a few minutes on the level ground
- 5 Too breathless to leave the house, or breathless when dressing/undressing

Summary of relevant investigations:

Summary and Outcome



Treatment Pathway for Tobacco Addiction

'Stopping starts here'

Generic Prescribing advice:

- Smokers are **four times** more likely quit with the help of medications and specialist support. **Recommend referral to specialist stop smoking services to all smokers (telephone 5030)**
- **Provide medications in conjunction with specialist support but if such support is refused/not available this should not preclude prescription of varenicline or nicotine replacement therapy**
- Both varenicline and nicotine replacement therapy can be commenced prior to stopping smoking. Recommend smokers aim to gradually reduce smoking planning to stop at two weeks into treatment. However, the 'quit date' can be at anytime in the 12 weeks of treatment
- Both varenicline and nicotine replacement should be prescribed for 12 weeks though both can be extended to 24 weeks

Consider extending the course to 24 weeks in the following scenarios:

- ✓ Patient was smoking beyond the first six weeks of treatment
- ✓ ≥ 2 quit attempts in the previous 12 months
- ✓ Previous successful 12 weeks treatment but subsequent relapse

Note: There is no increased risk of moderate to severe neuropsychiatric adverse events with varenicline or nicotine replacement therapy (EAGLES study 2016, The Lancet). The act of stopping smoking carries a small risk of moderate to severe neuropsychiatric events and this is regardless of the treatment used. The risk is higher in those with a history of psychiatric illness (5%) versus those without (2%). **Advise patients to seek help in the event of a neuropsychiatric event.** In the long term, stopping smoking improves mental health disease, e.g. stopping smoking is more effective than antidepressants in treating depression.

First Line: **Varenicline** Nicotinic receptor agonist and antagonist (relives cravings and reduces pleasure of smoking)

- 0.5mg OD Day 1-3 Side effects include:
- 0.5mg BD Day 4-7 **nausea** (advise to take with food/water) & **vivid dreams / sleep disturbance**
- 1mg BD Day 8+ Reduce dose to 0.5mg BD if intolerable side effects

Second line: **Nicotine Replacement Therapy**

When prescribing nicotine replacement therapy ask two simple questions:

- ✓ How many cigarettes do you smoke?
- ✓ How long have you been awake before you smoke your first cigarette?

Always use clinical judgement and opt for a higher level of NRT treatment if you suspect a higher level of addiction. Remember nicotine does not cause serious adverse events and must be given in adequate doses to alleviate cravings.

Low level addiction <10 cigarettes per day	Prescribe a short acting nicotine according to patient preference
Moderate level addiction 10-19 cigarettes per day	Prescribe a long acting nicotine replacement therapy 14mg/24hr patch (smokes within 30 minutes of waking) 15mg/16hr patch (does NOT smoke within 30 minutes of waking)
High level addiction >20 cigarettes per day	Prescribe both short acting and long acting nicotine replacement 21mg/24hr patch (smokes within 30 minutes of waking) 25mg/16hr patch (does NOT smoke within 30 minutes of waking)

Side effects:

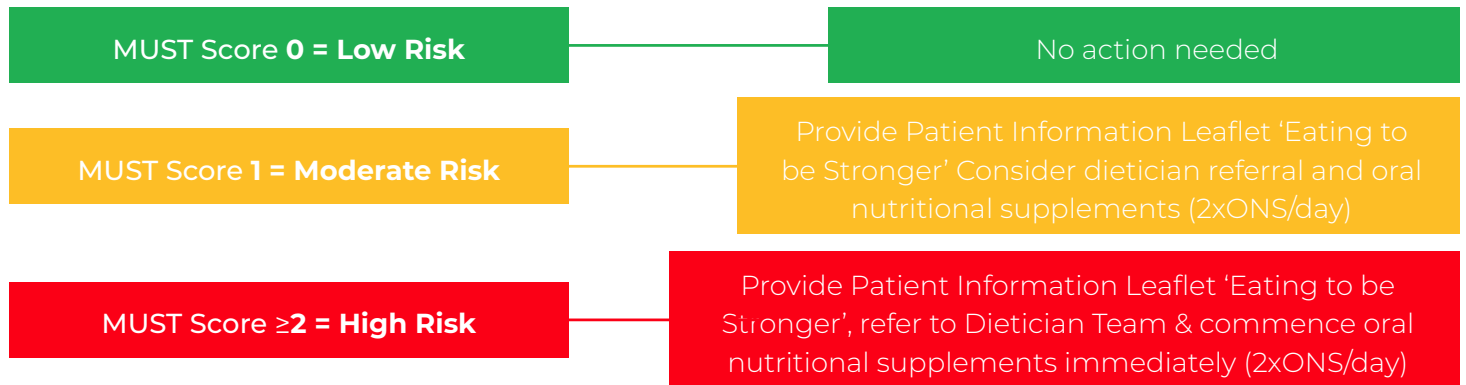
- **Sleep disturbance**
- **Skin reaction (Patches)**
- **Dyspepsia**
(if short acting nicotine swallowed not absorbed via buccal membrane)

Short acting nicotine

Nicotine inhalator	15mg/cartridge	Nicotine microtabs	2mg (max15/24hrs)
Nicotine chewing gum	2mg (max15/24hrs)	Nicotine nasal spray	2 sprays/nostril (max 15x/24hrs)
Nicotine lozenge	2mg (max15/24hrs)		

Nutritional Care Pathway

Assess risk of malnutrition



Patients can be provided with a starter pack of Oral Nutritional Supplements whilst waiting formal dietician assessment:

Foodlink Complete Sachets with Fibre:

7 x 63g Sachets, 385kcal per serving
(made with 200ml whole milk), added 5g fiber

Flavours: Vanilla, Chocolate, Strawberry,
Banana, Natural

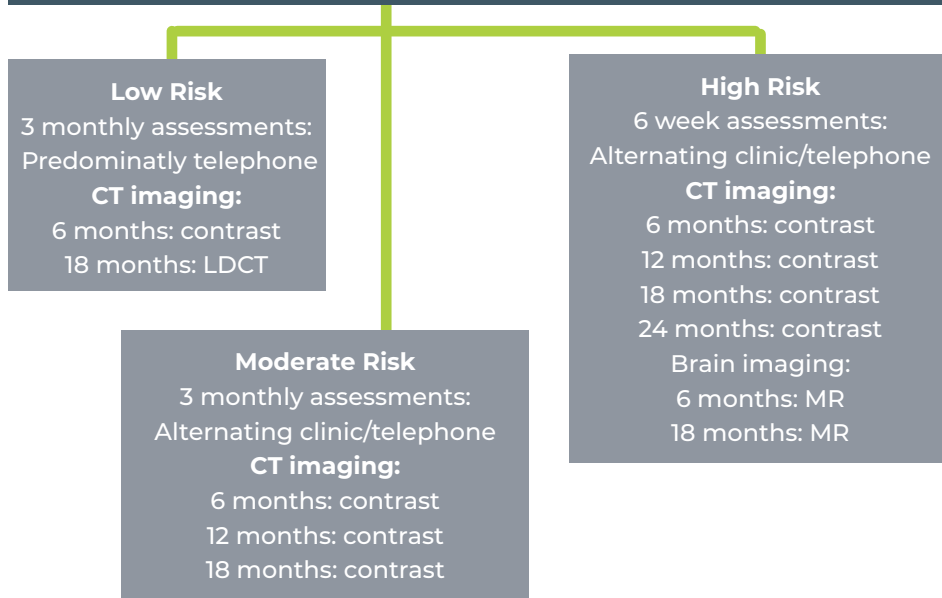
Altrashot:

4 x 120mls, 420kcal, 6g protein

Both starter packs can be ordered for free by healthcare professionals via an nhs email address at the website: <https://nualtra.com/uk-healthcare-professional-samples/>

4-6 week post surgery review

Holistic needs assessment. Risk stratification (*LNC-PATH*)
MR brain for high risk patients without pre-operative brain imaging



LNC-PATH Point Score Breakdown

Low risk = ≤ 3

Moderate risk = 3.5-4.5

High risk = ≥ 5

Variable	Score
Lymphovascular invasion (LN-PATH)	
No	0
Yes	0.5
N stage (LN-PATH)	
pNx	0
pN0	0
pN1	1
pN2	1
Adjuvant chemotherapy (LNC-PATH)	
No	0
Yes	1
Performance Status (LN-PATH)	
0	0
1	0
2/3	1
Age (years) (LN-PATH)	
<75	0
≥ 75	1
T stage (LN-PATH)	
pT1	0
pT2	1
pT3	2
pT4	2
Histology sub-type (LN-PATH)	
Adeno – lepidic	0
Adeno – papillary/micropapillary	0.5
Adenocarcinoma – Acinar	0.5
Adeno - unknown	0.5
Squamous Cell Carcinoma	1
NSCLC – other	1.5
Adenocarcinoma - Solid	1.5
Large cell NSCLC	2.5

Low Risk (first 24 months following surgical resection)

	3	6	9	12	15	18	21	24
Telephone FU	Yellow		Yellow	Yellow	Yellow		Yellow	Yellow
Clinic FU		Green				Green		
CT Chest		Blue (Contrast)				Purple (LDCT)		

Moderate Risk (first 24 months following surgical resection)

	3	6	9	12	15	18	21	24
Telephone FU	Yellow		Yellow		Yellow		Yellow	Yellow
Clinic FU		Green		Green		Green		
CT Chest		Blue (Contrast)		Blue (Contrast)		Blue (Contrast)		

High Risk (first 24 months following surgical resection)

	3	4.5	6	7.5	9	10.5	12	13.5	15	16.5	18	19.5	21	22.5	24
Telephone FU		Yellow		Yellow		Yellow		Yellow		Yellow		Yellow		Yellow	
Clinic FU	Green		Green		Green		Green		Green		Green		Green		Green
CT Chest			Blue (Contrast)				Blue (Contrast)				Blue (Contrast)				Blue (Contrast)
MR brain			Red								Red				

Following completion of 24 months of risk stratified follow-up all patients revert to a programme of annual LDCT & clinic assessment with a 6 month telephone assessment (plus annual autofluorescence for those patients with resected squamous cell carcinoma)

All patients (months 24-60)

	30	36	42	48	54	60
Telephone FU		Yellow		Yellow		Yellow
Clinic FU	Green		Green		Green	
CT Chest	Purple (LDCT)		Purple (LDCT)		Purple (LDCT)	