

Pulmonary nodules or mass suspicious for malignancy
Mediastinal or hilar adenopathy
Non-resolving pleural effusion with suspicion of malignancy
Persistent non-massive hemoptysis
Non-resolving pneumonia or consolidation despite antibiotics

LUNG DIAGNOSTIC ASSESSMENT PROGRAM (Lung DAP)

(Moderate to high suspicion of malignant disease)

Lung Diagnostic Assessment Program Entry Criteria:

- A solitary pulmonary nodule or mass
- A **CT** scan showing a nodule or mass
- Multiple pulmonary nodules
- Mediastinal hilar adenopathy
- Hoarseness with lung mass or adenopathy
- Non-resolving pleural effusions with lung lesions
- Pancoast tumor (pain in shoulder area/arms, drooping eyelid, tumor in superior sulcus of lung)
- Lung mass with obvious metastatic disease (bone pain, jaundice, weight loss greater than 10% body weight)
- Persistent non-massive hemoptysis
- Known lung malignancy
- Superior vena cava (SVC) syndrome/obstruction
- Slowly or non-resolving pneumonia or consolidation (pneumonia non-responsive to antibiotics) and suspected lung cancer
- Patients with radiographic abnormality and infectious symptoms should receive one cycle of antibiotics and a follow-up chest x-ray after one month. If not resolved after one month follow-up and lung cancer suspected, the patient should be referred to the lung DAP.

***Please note:** Massive hemoptysis, stridor and/or new neurological signs suggestive of brain metastases or spinal cord compression are not appropriate reasons for referral into a lung DAP. Patients with these symptoms should be sent directly to the emergency department.

Legend

CT – Computed Tomography
PFT – Pulmonary Function Test