



## **LUNGCAN JOINT STATEMENT ON TRIAGE OF LUNG CANCER PATIENTS**

As a nation, we are facing uncertain and challenging times. The unprecedented surge of Covid-19 cases threatens to overwhelm hospital capacity and critical care resources, particularly in densely populated regions. This emergency public health crisis may require triage of critically ill patients. Some versions of triage guidelines that have made their way into the public domain are particularly disturbing as, in the event of a shortage, they automatically deny access to lifesaving care for patients with so-called “terminal cancer.” While we know that triage considerations present many ethical and practical challenges, we are united in the belief that there are several reasons that cancer patients should not be triaged based solely on their cancer diagnosis, even if late stage.

Things to consider for lung cancer specifically:

- I. Research and treatments are now allowing patients with lung cancer, even advanced lung cancer or mesothelioma, to live years beyond their initial life expectancy, often with a high quality of life.
- II. In some patients, lung cancer is being managed more like a chronic condition than a terminal diagnosis.
- III. Lung cancer patients currently enrolled in clinical trials (that could provide new treatments to save lives) should be made aware of the potential impact on their safety and possible modifications to the study. Denying these patients access to lifesaving care based solely on their diagnosis could set these trials back significantly and should be avoided.
- IV. Recent studies have shown a significant decrease in overall cancer deaths, due largely to advances in lung cancer research over the past decade.
- V. Regardless of stereotypes surrounding lung cancer, there are numerous young, otherwise healthy lung cancer patients.

**In summary, we, the Lung Cancer Action Network, urge physicians and triage officers to consider the patient’s personal treatment history, as well as the patient’s personal choices carefully before making decisions to deny them lifesaving care.** When possible, we encourage including a medical oncologist in the triage process.