

Consensus statement

Patient navigation: improving care and outcomes in lung cancer



Introduction

For people living with lung cancer, the burden they face is not only the disease, it is also the challenge of navigating their care journey: figuring out who to call, where to go, who does what on their healthcare team, understanding what test results mean, whilst at the same time managing work, family, transport and finances, during a time of real uncertainty.¹

In parallel, in the healthcare setting, unnecessary delays and fragmented patient pathways are common across primary care, screening, diagnosis, referral and treatment,²⁻⁴ contributing to worse outcomes^{3,4} and wider disparities.^{5,6}

For patients and families, this often feels like being trapped in a cycle of uncertainty: waiting for updates, scheduling appointments, repeating the same clinical information to multiple healthcare providers and trying to make life-changing decisions whilst experiencing significant uncertainty, stress and anxiety.¹

There is real opportunity to improve how patients move through lung cancer care, by strengthening coordination and support across the care pathway, an approach well supported by patient navigation.

This consensus statement has been developed by members of the lung cancer patient community, to highlight the role of patient navigation in lung cancer, identify current barriers that limit implementation and access, and provide practical recommendations to support sustainable adoption, implementation and scale across the care pathway.

What is patient navigation?



Patient navigation should not be considered a 'nice to have'. It is an essential service people deserve when facing a life-changing diagnosis.

**Lauren Pretorius, CEO,
Campaigning for Cancer**

Patient navigation is a coordinated support service that helps patients, families and caregivers move through the healthcare system, from screening and diagnosis to treatment and survivorship by removing barriers to care (informational, logistical, financial, cultural, psychosocial).⁷

In practice, patient navigation provides:

- **A reliable point of contact** when patients are uncertain about what happens next
- **Context and information**, helping patients understand test results and choices, so informed decision-making does not feel overwhelming and/or impossible
- **Practical, logistical support** (appointments, care coordination, transportation, paperwork, access to services)
- **Earlier and real time problem-solving** so issues don't become emergencies
- **Support that respects individuality**, diversity, dignity, culture, language and the reality of lung cancer stigma

How patient navigation can transform lung cancer care

Evidence from other cancers (breast, cervical and colorectal) demonstrates that patient navigation improves uptake to screening and speeds time to diagnosis, especially in underserved populations.⁸ It also helps patients adhere to and complete their treatment, reducing non-compliance and providing continuity across all stages of their care journey.⁷

These benefits are also possible in lung cancer. Evidence shows that where patient navigation services are available, patients and caregivers experience a clearer, more supported treatment experience.^{9–14} This is especially important for people facing socioeconomic disadvantage, who are often more likely to encounter barriers that make it more challenging to get assessed, obtain answers quickly, and maintain compliance.¹¹

In this context, patient navigation can restore a sense of control, helping patients and their families understand what is happening and to ask the right questions.¹ This is especially valuable when lung cancer stigma, fear and day-to-day practical challenges (ie. transportation, time off work, life responsibilities) can otherwise delay diagnosis and treatment.

Screening and early detection

For many people, lung cancer screening is more than just having a CT chest scan. It can feel like being caught in a maze of small but important steps: determining screening eligibility, scheduling the test, attending the test, waiting for the results, understanding what happens next, annual screening or a diagnostic procedure and what that entails.¹¹ Patient navigation supports people through the process to ensure no patient is left unsure, delayed or lost between steps. For underserved or high-risk groups in particular, patient navigation has been shown to make an impactful difference in helping more people follow through and complete lung cancer screening.¹⁰

For example, a patient navigation programme implemented in community health centres almost tripled screening rates.⁹ A *Health Care for the Homeless* programme, where patient navigation provided education, supported appointment scheduling, attendance, and coordinated follow-up, also increased screening rates compared with usual care.¹⁰

Diagnosis and treatment initiation



For patients and their families, reduced time from diagnosis to treatment is not just a metric: it means fewer days of uncertainty and worry, and more time to focus on decisions and optimal care.

Korina Pateli Bell,
Founder & President, Fairlife

An initial lung cancer diagnosis can be concerning for patients, and they can feel stuck in a complex diagnostic journey, moving between a series of appointments and tests, between primary care and specialists.¹⁵ This period often means long stretches of waiting and worrying, while trying to keep everyday life going. Patient navigation is proactive and helps by ensuring the next step (referrals, tests and specialist appointments) is scheduled, that patients know what to expect, with whom and in what setting, through to assisting with attending the appointment and follow up.¹²

It can also meaningfully shorten the time to treatment, including for vulnerable populations.⁵ For example, introducing a patient navigator was associated with a reduction in the average time from a first abnormal chest X-ray to first treatment by nearly 20 days.¹²

Undergoing treatment



The value of patient navigation in supporting patients and their families whilst they undergo treatment is priceless.

Lavinia Magee, Board Member,
Lung Cancer Europe

Treatment for lung cancer can be intensive and physically, emotionally and financially demanding.¹⁶ Patients are often managing side effects, anxiety, logistics, employment and caregiving responsibilities all at once.¹⁷ Many patients also face stigma linked to smoking history, which can make it harder to ask for help, to feel listened to, or to remain engaged in care.¹⁸ Patient navigation can help patients stay in care by addressing barriers early, before missed appointments become treatment interruptions, and before side effects become emergencies.⁸ Patients and families also value having a navigator as a consistent point of contact:¹⁴ someone who can provide practical guidance, information and emotional support during their treatment journey.¹⁴

Funding, system and workforce barriers must be addressed

Despite its proven benefits, patient navigation is still not consistently available or accessible in lung cancer.¹⁹ For many patients, whether they receive navigation support depends on their geographical location and/or hospital programs / resources rather than need. To close this gap, barriers to implementation need to be identified and addressed, ensuring long-term sustainability.

Inconsistent availability and funding in lung cancer.

Compared with breast, cervical and colorectal cancer, where patient navigation has been more widely adopted and studied, lung cancer patient navigation is less prioritised by health systems and policy leaders.^{19–21} In practice, this means support for patients with lung cancer and their families is often inconsistent, limited to short-term pilots, or available only in certain hospitals or regions.

This gap persists despite evidence that patient navigation delivers meaningful benefits for patients and caregivers, and is shown to be cost effective in other cancers by improving screening uptake and adherence, shortening time to diagnosis and follow-up and supporting treatment completion and appointment adherence.²⁰

System and policy-level barriers.

Structural barriers in lung cancer care vary by region but commonly include fragmented referral pathways, limited diagnostic capacity and fragmented coordination between services,⁴ which can make it difficult to deliver the benefits of patient navigation consistently and at scale. These challenges are compounded when there is no formal recognition of patient navigation as a standard funded service. This means the burden of coordinating care shifts back onto patients and families, especially when facing unclear reimbursement mechanisms and insurance/coverage limitations.²¹

Patient navigation workforce, skills and standardisation gaps.

Patient navigation roles require defined competencies (communication, cultural competence, cancer literacy, knowledge of local services, shared decision-making).⁸ Patient navigation trainings vary widely in terms of duration, location, format, learning strategies employed and content.²² This results in uneven role definition and inconsistent preparation of patient navigators across healthcare and health system settings. For patients, that inconsistency can translate into variability in experiences and support. Patient navigation supports the overarching goal of providing high-quality, person-centred lung cancer care across settings.²³

What needs to change now to make patient navigation the standard of care for lung cancer patients

Patient navigation should not be considered an ‘add-on’ or ‘nice to have’ service. It is a practical, evidence-based service that people benefit from when facing the possibility of lung cancer, and an essential enabler of equitable healthcare.

Delivering the full benefit of patient navigation for patients, families and caregivers will require a systematic, coordinated effort. This consensus statement identifies three priority areas where action can deliver meaningful change:

01

Invest sustainably and build the value case

- Greater and sustained investment in lung cancer patient navigation is needed to enable adoption and sustained implementation of programmes.
- Beyond the evidence from other tumour types showing the benefits for patient and health systems, and the cost-effectiveness of patient navigation, investment decisions should also consider outcomes that matter to patients and caregivers, such as reduced stress, improved understanding, fewer missed appointments, timely symptom support and the ability to maintain compliance with treatment, care and follow-up.

02

Strengthen training, competencies, and role clarity

- While patient navigation may be delivered by different individuals involved in lung cancer care such as nurses, peers, generalists or lay navigators, depending on the setting and point in the pathway, patient navigator training and competency frameworks in lung cancer should be strengthened and standardised so that patients receive consistent, high-quality support regardless of where they live or at what stage of the care pathway they are at.
- Professional societies and clinical leaders can support integration into routine service delivery by promoting clear role definitions, standardised training expectations and consistent evaluation of impact. Local, regional or national collaborative networks can also connect patient navigators across roles and settings to share tools and best practice.
- Some training and certification resources already exist to support navigator development, such as the Susan G. Komen *Patient Navigation Training Program*, or the *Sage* and *Thyme* patient navigation courses.

03

Policy and advocacy to enable scale

- Policy and healthcare system leadership play a vital role in formally recognising and embedding patient navigation as a core component of lung cancer care, so that delivery is not dependent on short-term pilots or localised initiatives, but reaches all patients who need it.
- Clear approaches to funding/reimbursement, governance and data infrastructure (including tracking and reporting) need to be established to support sustainable patient navigation services, while allowing flexibility in models to reflect differences in healthcare system structures, resources and workforce design.
- Advocacy efforts are crucial to keep patient navigation on the policy agenda, to ensure patient needs are reflected, and to align stakeholders behind shared standards and consistent practice.

Conclusion

Even if a fully resourced, ‘gold standard’ navigation service providing seamless, end-to-end support from first concern and screening through diagnosis, treatment and beyond is not yet possible everywhere, people affected by lung cancer should not experience delays in diagnosis or treatment.

Healthcare systems can make meaningful and immediate steps forward by putting core patient navigation support in place first and then expanding services over time as capacity and evidence grow.

Making this the norm will require coordinated action across policy makers, healthcare systems and clinical leaders, patient advocacy organisations and industry. We urge stakeholders to act now so that no one is left to navigate lung cancer alone, and the benefits of patient navigation reach every person affected by lung cancer.



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