

P2.300: Supporting Lung Cancer Patients Through Ambulatory Centre Based Care: A Multidisciplinary Navigation Model at National Cancer Centre Singapore

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INTRODUCTION

Lung cancer patients encounter significant challenges navigating complex healthcare systems. Fragmented care pathways may contribute to delayed interventions and avoidable acute care utilisation. Although lung cancer nurses provide important supportive care, they are a limited resource in clinical practice. Lay patient navigators may potentially help bridge this gap. However, evidence describing lay patient navigator-led models within multidisciplinary ambulatory oncology settings in Asia remains limited.

METHODS

The National Cancer Centre Singapore (NCCS) developed a structured navigation framework in which a dedicated patient navigator serves as the primary point of contact for patients longitudinally from the time of their diagnosis, coordinating care between lung cancer nurses, medical specialists, and allied health professionals. This study describes its implementation and early outcomes.

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RESULTS

Between January to December 2025, 547 lung cancer patients were recruited. The cohort comprised 289 males (52.8%) and 258 females (47.2%). The majority were Chinese (88.7%), followed by Malay (7.3%), Indian (2.4%), and others (1.6%). Most patients were aged 60-79 years (68.2%), followed by 40-59 (17.6%), 80-99 (12.1%) and 20-39 (2.2%). Disease stage distribution included Stage I (16.6%), II (7.3%), III (16.1%) and IV (60.0%).

Over one year, the navigator managed 1600 unique queries across six service categories: facilitating communication with healthcare professional (HCP) (n=696, 43.5%), management of treatment logistics (n=351, 21.9%), administrative support (n=262, 16.4%), early symptom management (n=231, 14.4%), referrals for allied health services (n=45, 2.8%) and cancer education (n=15, 0.9%). Figure 1 illustrates the patient navigation workflow for various service categories. Referrals for allied health services included Medical Social Services (62.2%), Pharmacy (22.2%), Dietetics (8.9%) and Physiotherapy (6.7%).

Symptom-related queries were escalated to the lung cancer nurses, of which 35.5% (82/231) were effectively resolved through telephone consultations, providing patient empowerment and advice that prevented unnecessary hospital visits. Patients who required urgent medical attention were promptly triaged and directed to emergency services (n=15, 6.5%). Additionally, 51.5% (n=119) received early outpatient review and timely intervention and 6.5% (n=15) were directed to primary care. In total, 87 hospital admissions and emergency department attendances were averted. The structured lay patient navigator-led care model enabled timely assessment and management of disease-related toxicities, demonstrating the effectiveness of multidisciplinary care facilitated through early symptom escalation by the navigator, appropriate triage by lung cancer nurses, and clinical management with the medical team.

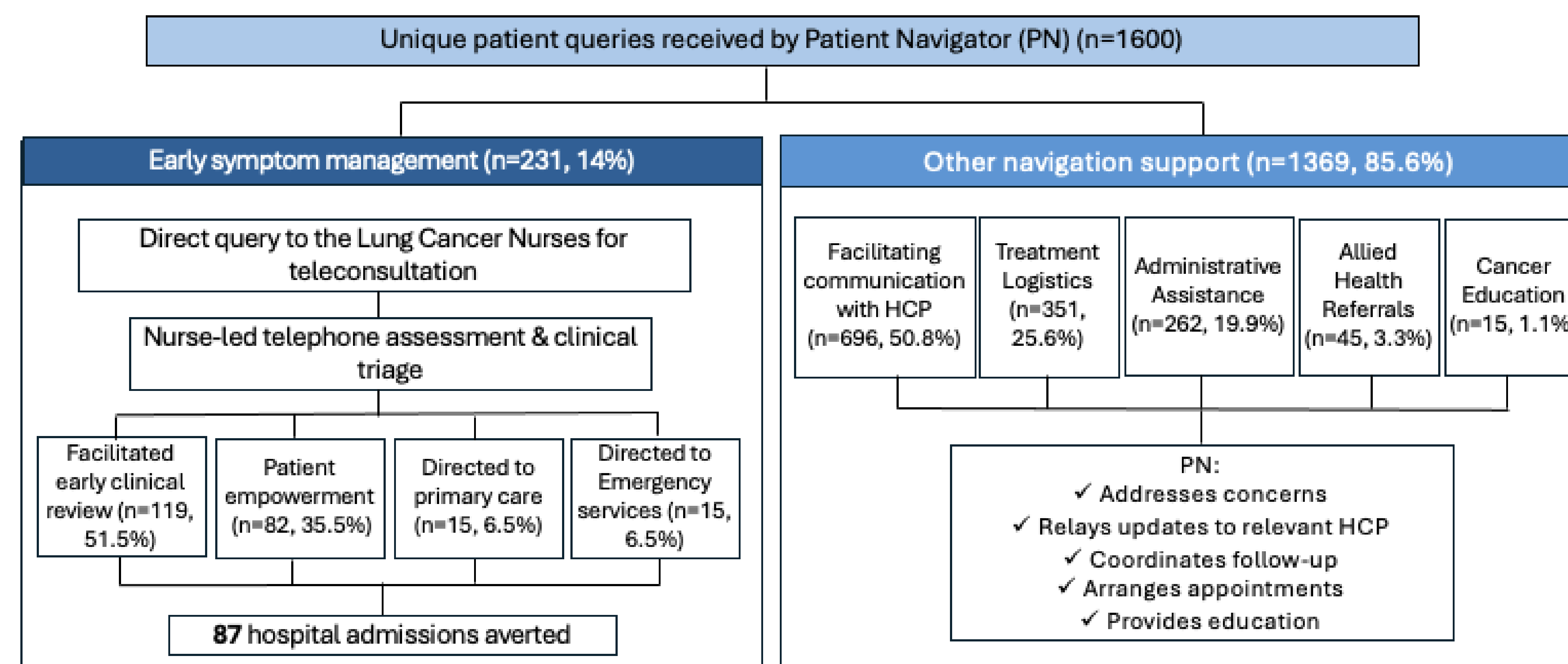


Figure 1. Overview of the NCCS lay patient navigator-led model workflow for various service categories

DISCUSSION AND CONCLUSION

The implementation of a lay patient navigator-led navigation model within a tertiary oncology centre is feasible and effective. It offers a scalable framework for coordinated lung cancer care within resource-constrained healthcare systems in Asia.