



2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

PT2.06.04

Specialist disease manager and outcomes in multidisciplinary lung cancer care: a retrospective cohort study

Xi CHEN

*West China Hospital, Sichuan University
Chengdu, China*

Disclosure

Artificial Intelligence (AI) Use Disclaimer

Generative AI tools were utilized in the preparation of this presentation to assist with English language polishing and the conceptual graphic layout/data visualization of the results infographic. All clinical concepts, study design, data collection, statistical analyses, and final scientific interpretations were independently conceived, conducted, reviewed, and verified by the authors. The authors take full responsibility for the integrity, accuracy, and scientific validity of the presented content.

Introduction

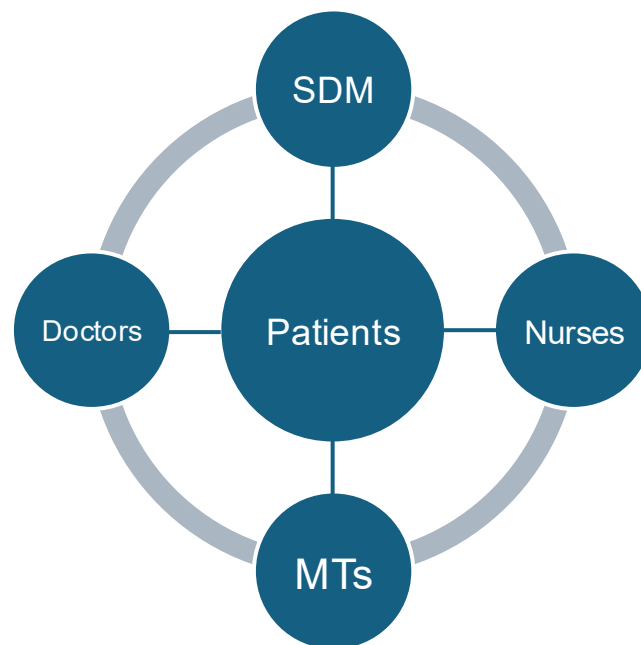
- The value of a multidisciplinary team (MDT) in enhancing the quality of life and clinical outcomes for patients with NSCLC (non-small cell lung cancer) has been well established. However, ensuring the efficient translation of MDT from mere expert discussions into standardized clinical practice remains a practical barrier.
- As a key member of the MDT, the role of the specialist disease manager in influencing patient outcomes has yet to be substantiated by large-sample clinical research.
- Our study aims to quantitatively evaluate the advantages of **specialist disease manager (SDM)** in implementing MDT, providing empirical evidence to optimize integrated, multidisciplinary management strategies for lung cancer.

Lung cancer MDT: an Integrated "Physician-Nurse-Technician-SDM" model

Specialist Disease Manager: Xi Chen

Team members:

Surgeons: Guowei Che;
Daxing ZHU; Xiaojun Tang;
Xiaoming Qiu; Jingsi Dong;
Xi Zheng; Long Tian;
Oncologists: Jiewei Liu;
Yanyang Liu;
TCM doctor: Ke Wang



Hongjuan Li; Yun Ye;
Lin Chen; Wei Wang;
Pei Qiu; Mingxia Li;
Ling You; Fengping
Zheng;
Hua Tian (TCM nurse)

Rehab MTs: Jiao Wang; Zhonghua Yu;



Integrated care management for lung cancer patients:

Single Visit, Full-Course Care, Lifelong Benefit

01

Full-Course Healthcare

- ❑ Establishment of Disease Profiles
- ❑ Postoperative Symptom Management
- ❑ Continuous Disease Care

02

Individualized Follow-up Management

- ❖ Postoperative Symptom Survey
- ❖ Postoperative Rehabilitation Assessment
- ❖ Quality of Life (QoL) Evaluation
- ❖ Psychological Status Assessment

03

Professional Clinical Navigation

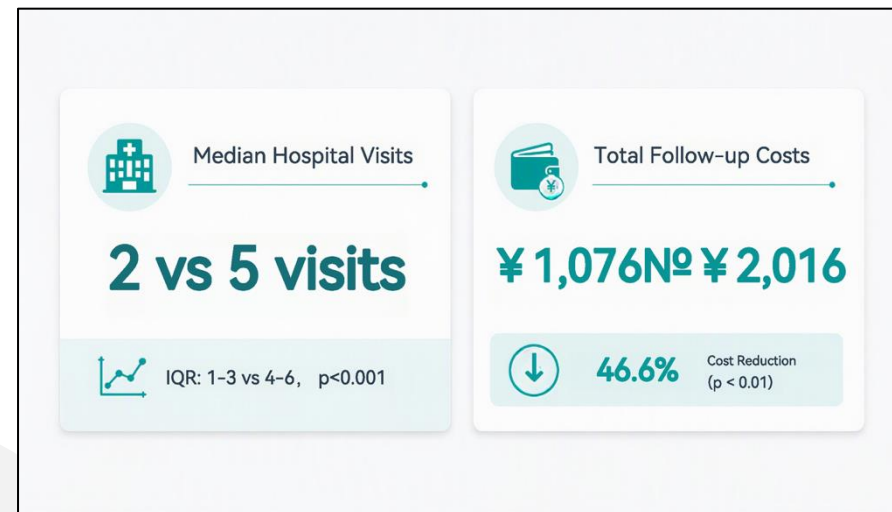
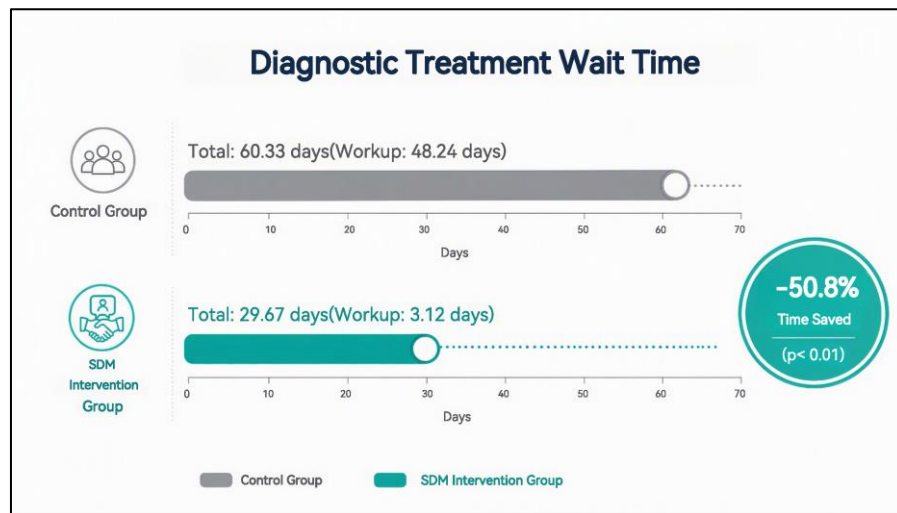
- Specialist Outpatient Follow-up (Online / Offline)
- Multimodal Patient Education (Lectures / Support Groups)
- Personalized Health Guidance (Diet / Exercise, etc.)

04

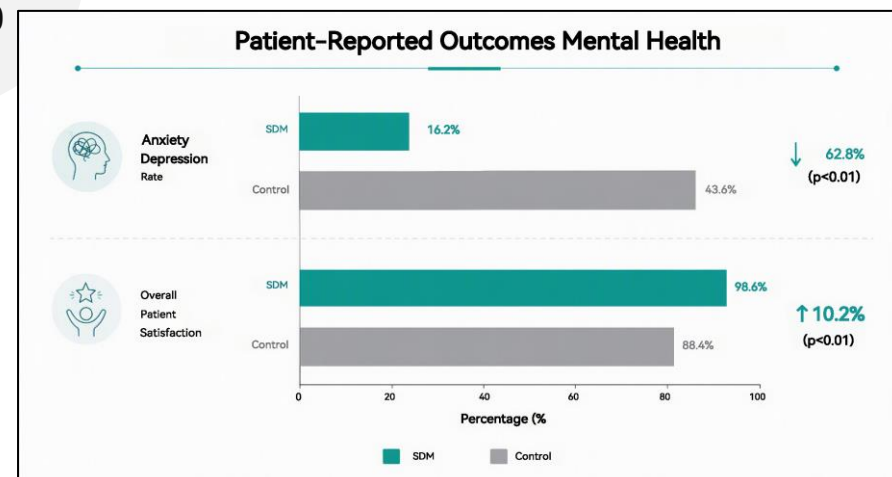
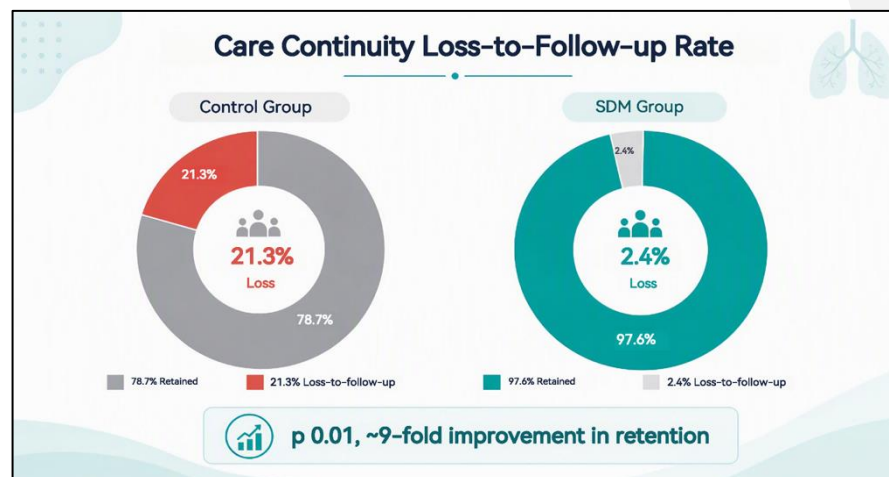
In-Hospital Fast-Track Referral

- ✓ In-Hospital Fast-Track Referral Pathway (Rehabilitation, Clinical Nutrition, etc.)

Results



NSCLC
patients:
200 vs. 200





Conclusions

The role of specialist disease manager

- **Pivotal “hub” and bridge** between patients and medical workers
- Transitioning from **passive healthcare-seeking** to **proactive management** and **early intervention**

The advantages of Integrated Care Management

- ✓ **Reduced time to treatment:** shortened interval from 1st visit to initial therapy.
- ✓ **On-schedule treatment:** guaranteed adherence to planned therapeutic regimens
- ✓ **Timely workup & reporting:** rapid turnaround for diagnostic tests and results.
- ✓ **Streamlined clinical workflow:** frictionless, coordinated care pathways.
- ✓ **Enhanced patient satisfaction:** improved overall healthcare experience.



Full-Course Disease Treatment Management

Screening >MDT Diagnosis >Treatment >Rehabilitation



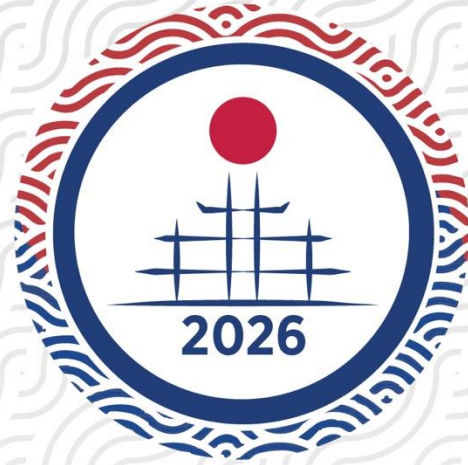
Dedicated Specialist Disease Manager

Patient-Centered Core



Full-Process Healthcare Service Management

Profile Setup Fast-Track Workup
Patient Education Follow-up



Thank You.