Disclaimer:
The Lung Cancer Treatment Pathway Map (Pathway) is intended to be used for informational purposes only. While the Pathway represents an overview of the treatment of a typical lung cancer, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all treatments are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway.
Pathway Disclaimer

Small Cell Lung Cancer (SCLC) Treatment Pathway Map is a resource that provides an overview of the treatment of SCLC. The information contained in this Pathway is intended for healthcare providers and other stakeholders in the cancer system, including administrators and organizers. The Pathway is intended to be used for informational purposes only. While the Pathway represents an overview of the treatment of a typical lung cancer, it is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all treatments are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the Pathway. The Pathway is not intended for patients. In the situation where the reader is a patient, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the Pathway. The information in the Pathway does not create a physician-patient relationship between CCO and the reader.

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Pathway Considerations

- The family physician should be kept up-to-date throughout the Pathway.
- Counseling and treatment for smoking cessation should be initiated early on in the Pathway and continued by care providers throughout the Pathway as necessary.
- Clinical trials should be considered for all phases of the Pathway.
- In order to minimize delays, processes may be carried out in parallel if disease management is not affected.
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For more information about Multidisciplinary Case Conferences (MCC):
Refer to MCC Standards and MCC Resources

Baseline Assessment
(in addition to previous imaging from staging):
- Chest X-ray
- Physical Exam
- Blood work

Assessment of Response
- +/- Chest X-ray
- Physical Exam
- Blood Work
- Other Imaging as appropriate
- CT scan if needed (midcourse for chemotherapy)

Follow-up

Stable Disease
- Consider re-evaluation of pathology

Follow-up

Progressed
- Evaluate patient:
  - Performance status
  - Age
  - Patient treatment goals
  - Consider possibility of different histology (mixed tumours, new primary)

Follow-up

Retreatment with First-Line Chemotherapy
- If ≥ 3 months disease-free
  Refer to PG #7-17

Follow-up

Second-Line Chemotherapy
- If < 3 months disease-free
  Refer to PG #7-17

Follow-up

Palliative Radiation

Supportive Care

End of Life Care

End of Life Care

Palliative Radiation

Second-line Chemotherapy

Follow-up

CT Chest (+/- Abdomen) with Chest X-ray on alternating visits
Every 6 months (year 1 & 2)
Annually (year 3 and onward)

** Progression/Recurrence:
Subsequent treatment depends on:
- Performance status
- Time to relapse
- Age
- Patient treatment goals
- Consider possibility of different histology (mixed tumours, new primary)

** Collaborative Follow-up by Managing Physician(s) or Advanced Practice Nurse (APN)
Suggested Frequency
History, Physical Exam, and Smoking Cessation Counseling
Every 3 months (year 1 & 2)
Every 6 months (year 3)
Annually (year 4 and onward)

CT Chest
Every 6 months (year 1 & 2)
Annually (year 4 and onward)

End of Life Care

Follow-up

If progression

If stable

Follow-up
Small Cell Lung Cancer Treatment Pathway

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Pathway Consideration:
Early palliative care should be integrated into the pathway.
Cancer Care Ontario’s Program in Evidence-Based Care Guidelines


Works Cited