The Lung Cancer Treatment Pathway Map 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.
Non-Small Cell Lung Cancer (NSCLC) Treatment Pathway Map is a resource that provides an overview of the treatment of NSCLC.

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.

While care has been taken in the preparation of the information contained in the Pathway, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether expressed, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability. CCO and the Pathway’s content providers (including the physicians who contributed to the information in the Pathway) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Pathway or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Pathway does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the Pathway.

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.

Pathway Legend

- Primary Care (Family Physician, Nurse Practitioner, Emergency Department Physician)
- Palliative Care Physician/Pain and Symptom Management Team
- Pathologist
- Diagnostic Assessment Program (DAP)
- Surgeon
- Radiation Oncologist
- Medical Oncologist
- Interventional Radiologist
- Multi-disciplinary Case Conferences (MCC)
- Neurosurgeon
- No Specific Specialty
- Possible Action or Result
- Referral to
- Managing Physician at Pathway Entry Point
Non-Small Cell Lung Cancer Treatment Pathway

Stage IA and Stage IB

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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.

Non-Small Cell Lung Cancer

Stage I

Stage IA
T1a, T1b | N0 | M0

Stage IB
T2a | N0 | M0


Stage I

Thoracic Surgeon
Resectable and Medically Operable

Decision to Treat
Assign wait time priority*

Surgical Resection
Pathology

Margins Negative
Proceed to Stage II Pathway (page 4 of 8)
or Stage III Pathway (page 5 of 8)

Margins Positive

MCC

Medical Oncologist

Chemotherapy

Radiation Oncologist

Radiation Therapy

Ready to Treat
Assign wait time priority*

Collaborative Follow-Up by Managing Physician(s)
Focused History
Physical Exam
Chest X-Ray (±- Chest CT
Scan down to and including adrenals)
Smoking Cessation Counseling

Suggested Frequency:
Every 3 months (year 1 & 2)
Every 4 months (year 3)
Every 6 months (year 4 & 5)
Annually (after year 5)

Tumour unresectable at the time of surgery

MCC

Tumour unresectable
at the time of surgery

Managing Physician*

Medically Inoperable

(*surgeon, respirologist or radiation oncologist)

If tumor < 4 cm

If tumor ≥ 4 cm

If re-resection is indicated and possible

If re-resection is not indicated or possible

If not previously seen

Ready to Treat
Assign wait time priority*

Ready to Treat
Assign wait time priority*

Radical Radiation Therapy
Or Stereotactic Body Radiation Therapy (SBRT)

MCC

Surgeon

Radiation Oncologist

* For more information on surgical, systemic therapy and radiation wait time prioritization, visit:
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8888
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870
Non-Small Cell Lung Cancer Treatment Pathway

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Stage IIA and Stage IIB

Consider both of the following for Postoperative Therapy:
- Surgical Resection
- Adjuvant Radiation Therapy

Therapy

Margins
- Negative
- Positive

Radiation Oncologist

Medical Oncologist

Pathology

MCC

Decision to Treat
Assign wait time priority*

Pathological Stage IIIA

Surgical Resection

Ensure bronchoscopy, mediastinoscopy completed

Adjunctive Therapy

Refer to EBS #7-1-2

Collaborative Follow-Up by Managing Physician(s) (and Advanced Practice Nurse (APN) where available)

- Focused History
- Physical exam
- Chest X-Ray (+/- Chest CT Scan, down to and including adrenals)
- Routine Blood Work
- Smoking Cessation Counseling

Suggested Frequency:
- Every 3 months (year 1 & 2)
- Every 4 months (year 3)
- Every 6 months (year 4 & 5)
- Annually (after year 5)

* For more information on surgical and radiation wait time prioritization, visit: http://cancercare.on.ca/common/pages/UserFile.aspx?fileId=117752
And http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870

For more information about Multidisciplinary Case Conferences (MCC):
Refer to MCC Standards and MCC Resources
Non-Small Cell Lung Cancer Treatment Pathway

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Pathological Stage IIIA (Resected Clinical Stage I or II) From Stage I or Stage II Pathways

Resectable Stage IIIA and Medically Operable

Radiation Oncologist

Chemotherapy
Cisplatin-based Refer to PG #7-4

And

Radiation Therapy

decision to treat
assign wait time priority*

MCC

Surgical Resection

Pathology

Adjuvant Chemotherapy
Refer to EBS #7-1-2

Adjuvant Radiation
Always if margins are positive; Consider if high risk for local recurrence

Stage IIIA

T1a, T1b, T2a, T2b | N2 | M0

Or

T3 | N1, N2 | M0

Or

T4 | N0, N1 | M0

Stage IIIB

T1a, T1b, T2a, T2b, T3 | N3 | M0

Or

T4 | N2, N3 | M0


For more information about Multidisciplinary Case Conferences (MCC): Refer to MCC Standards and MCC Resources

Pathway Consideration:
Early palliative care should be integrated into the pathway.

Concurrent chemoradiation wherever possible or radiation alone if patient unsuitable for chemotherapy

Chemotherapy
Cisplatin-based Refer to EBS #7-3; EBS #7-10

And

Radical Radiation Therapy
Refer to EBS #7-3

Suggested Frequency:
Every 3 months (year 1 & 2)
Every 4 months (year 3)
Every 6 months (year 4 & 5)
Annually (after year 5)

Radical Radiation Therapy
Refer to EBS #7-3

Collaborative Follow-Up by Managing Physician(s) (and Advanced Practice Nurse (APN) where available)

Focused History
Physical exam
Chest X-Ray (+/- Chest CT Scan, down to and including adrenals)
Routine Blood Work
Smoking Cessation Counseling

MCC

End of Life Care

Palliative Radiation Therapy
End of Life Care

Resection of Metastatic Brain Lesion

If metastatic recurrence proceed to Stage IV Pathway (palliative approach)

Symptom Palliation
Explore second and third line therapies as appropriate

End of Life Care

* For more information on surgical, systemic therapy and radiation wait time prioritization, visit:
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870
Non-Small Cell Lung Cancer Treatment Pathway

Stage IV (No CNS Metastases)

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Non-Small Cell Lung Cancer

Stage IV
No CNS Metastases

Any T | Any N | M1a, M1b

Key Factors to Consider in Treatment Decision
Performance status
Weight loss
Disease symptoms
Co-morbidities
Sites of metastatic disease
Molecular testing
Patient wishes

Palliative Symptom Management as Required
Symptom Management Tools
* In addition to treatment arms, consider early engagement with palliative care services (family physician or palliative consulting services)

Initial Physician Assessment
MCC

Patient is usually managed by Medical Oncologist

If Central Nervous System (CNS) Metastases, proceed to Stage IV; CNS Metastases
(Page 7 of 8)

For more information about Multidisciplinary Case Conferences (MCC):
Refer to MCC Standards and MCC Resources

Pathway Consideration:
Early palliative care should be integrated into the pathway.
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.

Key Factors to Consider in Treatment Decision
- Performance status
- Weight loss
- Disease symptoms
- Co-morbidities
- Sites of metastatic disease
- Molecular testing
- Patient wishes

If no Central Nervous System (CNS) Metastases, refer to Stage IV, No CNS Metastases (Page 6 of 8).

MCC Pathway Consideration:
Early palliative care should be integrated into the pathway.

For more information about Multidisciplinary Case Conferences (MCC):
- Refer to MCC Standards
- MCC Resources

If lesion unresectable
- Radiosurgery
- Palliative care

Any Brain Metastases **
And Other Metastatic Disease
**If small and asymptomatic brain metastases, consider deferring radiation therapy and initiating systemic therapy. These patients require close surveillance.

If decompression required
- Neurosurgeon

If lesion unresectable
- Palliative care

Stage IV (CNS Metastases)
Any T | Any N | M1a, M1b

For more information on radiation and systemic treatment wait time prioritization, visit:
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870
And
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8888

Pathway Consideration: Early palliative care should be integrated into the pathway.

Non-Small Cell Lung Cancer
Stage IV
CNS Metastases

Patient is usually managed by Medical Oncologist

Initial Physician Assessment

MCC

* For more information on radiation and systemic treatment wait time prioritization, visit:
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8870
And
http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=8888

Primary Lung Cancer

Stage Appropriate Management of Primary

Follow-Up

Palliative / End of Life Care

Abbreviations:
- Whole Brain Radiation Therapy (WBRT)
- Stereotactic Body Radiation Therapy (SBRT)
- Stereotactic Radiosurgery (SRS)
Cancer Care Ontario's Program in Evidence-Based Care Guidelines


Works Cited