Disclaimer
The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.
**Pathway Map Considerations**

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations.
- Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, **Health Care Connect**, a government resource that helps patients find a family doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see **Person-Centered Care Guideline** and **EBS #19-2 Provider-Patient Communication**.
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- Counseling and treatment for smoking cessation should be initiated early on in the pathway map and continued by care providers throughout the pathway map as necessary; **Program Training & Consultation Centre – Hospital Based Resources**.
- In order to minimize delays, processes may be carried out in parallel if disease management is not affected.
- For more information on Multidisciplinary Cancer Conferences visit **MCC Tools**.
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of care for patients and their families at all stages of the illness trajectory. For more information, visit **EBS #19-3**.

*The following should be considered when weighing the treatment options described in this pathway map for patients with potentially life-limiting illness: (1) Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care - including restorative or rehabilitative care - or may become the total focus of care, (2) Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient’s overall approach to care.*

*Note. EBS #19-3 is older than 3 years and is currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.*

**Pathway Map Disclaimer**

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.
Lung Cancer Tissue Pathway Map

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Suspected Mass Type (based on initial imaging)

Peripheral Mass or Suspicious Pulmonary Nodule(s)

Interventional Radiology (IR)
- Needle biopsy

Needle Biopsy Not Possible or Inconclusive and High Index of Suspicion

PET/CT Scan
- PET Scans Ontario

Positive for Suspicious Metabolic Activity (malignant)

Follow-Up CT
- At 3 months for 2 years

Change in Result
- Stable Result

Discharge

Central Mass

Bronchoscopy
- Based on mass location

Mediastinoscopy or Endobronchial Ultrasound (EBUS)
- If there is CT evidence of hilar or mediastinal lymphadenopathy

EBUS #17.6

Core Biopsy (CB) or Fine Needle (FN) Biopsy
- Choice is based on the expertise of the radiologist and pathologist and the ability to obtain sufficient tissue for a histological and molecular diagnosis. Cancer Imaging Guidelines

 Suspected Stage IV (based on scans and/or patient history)

Sufficient Tissue Sample for Histological and Molecular Diagnosis, via Path of Least Resistance
- (e.g., least invasive, most accessible and most likely to up-stage the patient)

Tests on Pleural Fluid:
- Cytology (cell block should be obtained)
- LDH
- Protein concentration
- Glucose
- Amylase
- Cell count and differential
- Culture and sensitivity

Thoracentesis
- Perform procedure promptly. Can be done for diagnosis or for symptom relief. Note: If malignant cells found, this condition makes the patient inoperable.

Thoracic Surgery (for diagnostic purposes)
- When the clinical probability of malignancy is moderate to high
- When the nodule is hypermetabolic by FDG-PET imaging
- When a fully informed patient prefers undergoing a definitive diagnostic procedure.

Thyroid Cancer Tissue Pathway Map

Pleural Effusion

Pathology And/or Cytology
- Results go to ordering surgeon, respiratory or interventional radiologist, and family physician

Positive for Cancer

Negative for Cancer but High Index of Suspicion

Negative for Cancer
Samples must be collected and handled as per the tissue conservation protocol. Clinical information must be included along with sample. (Inadequacy for testing should be communicated as soon as possible.)

Pathology And/ or Cytology

Classification of histologic tumour type as per CAP checklist

- Non-Small Cell Lung Cancer
  - Molecular Tissue Testing
  - Proceed to Page 5

- Other tumor types in selected patients considered at high risk for mutation positivity
  - No Molecular Testing

- Other tumor types in usual patient population
  - No Molecular Testing

Tissue to be biopsied by most appropriate means
Biomarkers

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The pathway reflects the biomarkers that are approved as of the publishing date of this document. The pathway will be reviewed annually; upon review any newly approved biomarkers will be reflected.

*All reports should include a results and interpretation section that can be readily understood by all health care professionals [Refer to CAP Checklist]