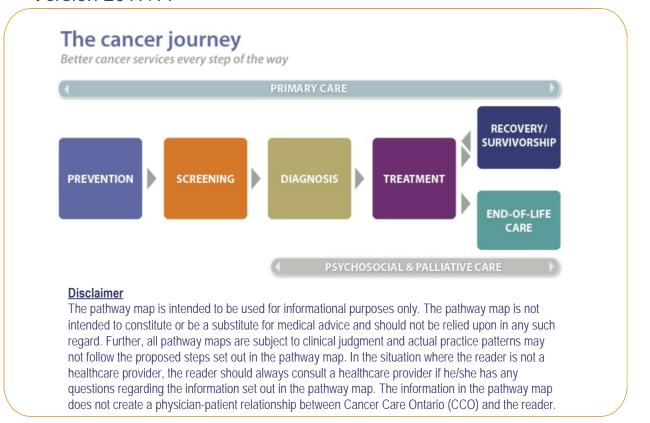


# **Small Cell Lung Cancer Treatment Pathway Map**

Version 2017.11





## **Target Population**

Patients with a confirmed small cell lung cancer diagnosis who have undergone the recommended diagnostic and staging procedures as outlined in the **Lung Cancer Diagnosis Pathway Map**.

### **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, is 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 <a href="Person-Centered Care Guideline">Person-Centered Care Guideline</a> and <a href="EBS #19-2 Provider-Patient Communication">EBS #19-2 Provider-Patient Communication</a>\*
- 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. <u>Program Training & Consultation Centre – Hospital Based Resources</u>
- 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
- For more information on wait time prioritization, visit: <u>Surgery</u>, <u>Systemic Therapy</u>, <u>Radiation Treatment Wait Times prioritizations</u>.
- 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 cancer 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
- For more information on the systemic treatment QBP please refer to the **Quality-Based Procedures Clinical Handbook for Systemic**Treatment
- \* Note. <u>EBS #19-2</u> and <u>EBS #19-3</u> are 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 Legend Shape Guide Colour Guide** Intervention Decision or assessment point **Primary Care** Patient (disease) characteristics **Palliative Care** Consultation with specialist Pathology Exit pathway Diagnostic Assessment Program (DAP) > Off-page reference Surgery Patient/Provider interaction Radiation Oncology Referral Medical Oncology Wait time indicator time point Radiology Multidisciplinary Cancer Conference (MCC) Line Guide Psychosocial Oncology (PSO) Required ----- Possible

### **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.

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.

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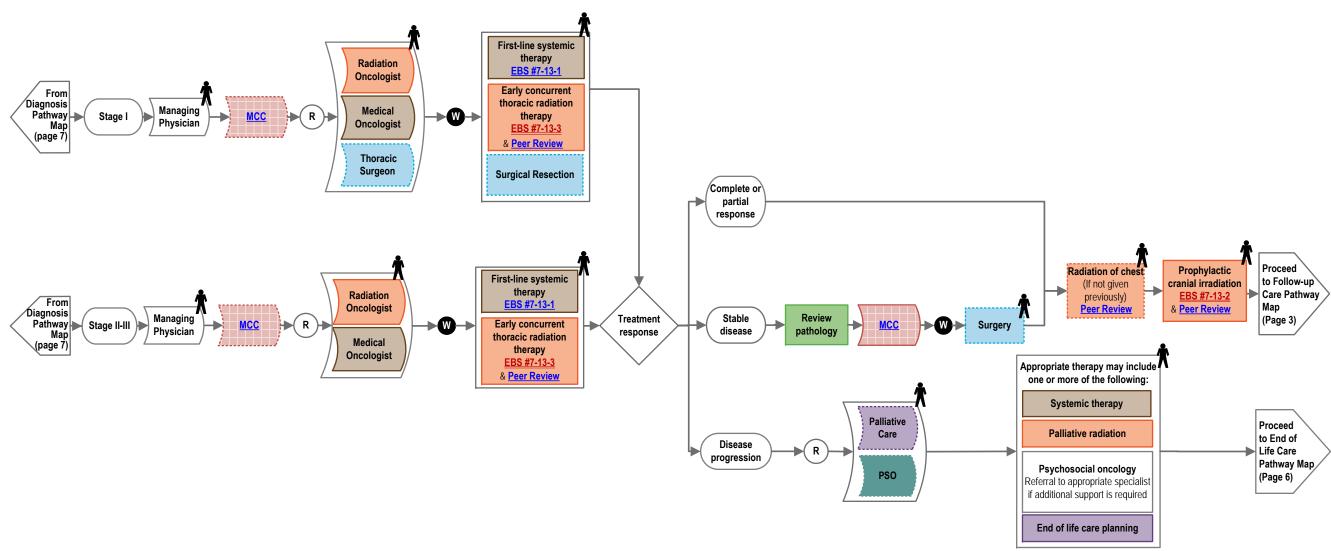
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been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

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Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

Consider the introduction of palliative care, early and across the cancer journey Click here for more information about palliative care

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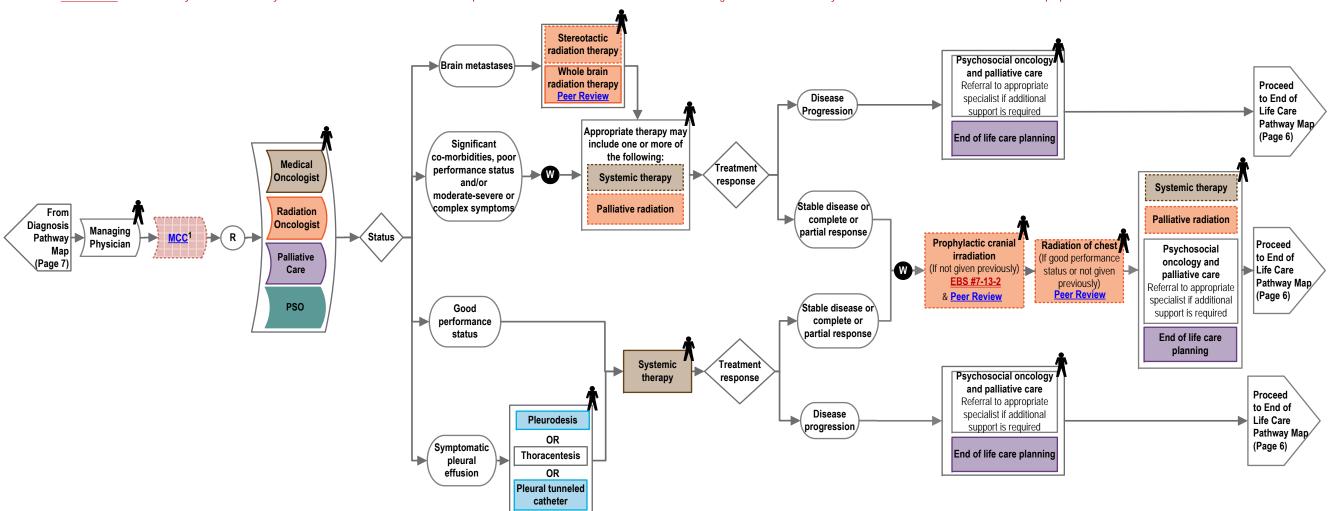


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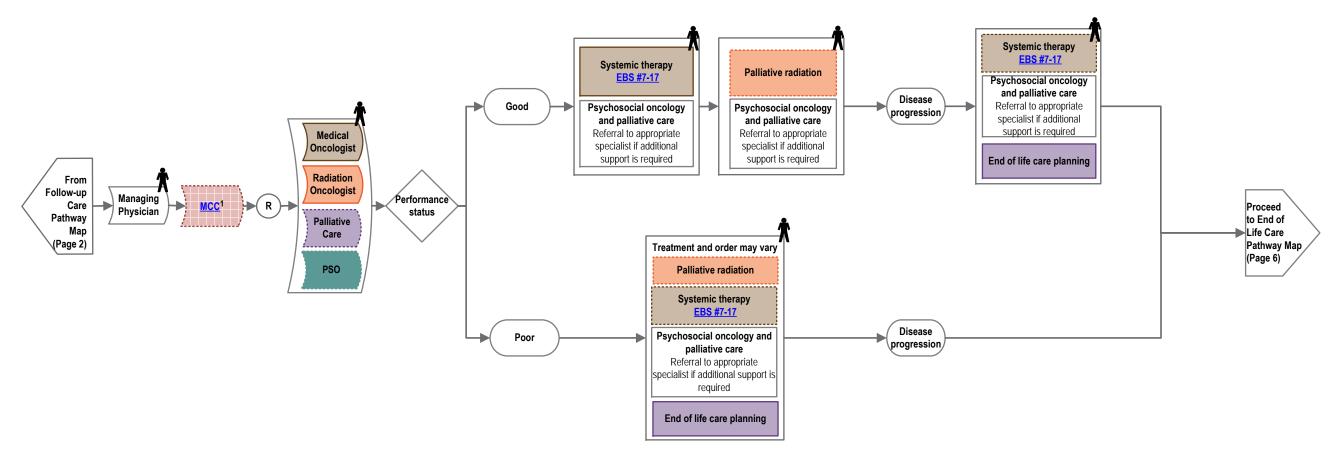


<sup>1</sup> Key factors to consider in treatment decision include performance status, weight loss, disease symptoms, co-morbidities, sites of metastatic disease, molecular testing, patient wishes and understanding, and emotional status.

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#### End of Life Care (refer to Collaborative Care Plan) ☐ Revisit Advance Care Planning • Ensure the patient has determined who will be their Substitute Decision Maker (SDM) • Ensure the patient has communicated to the SDM his/her wishes, values and beliefs to help guide that SDM in future decision making ☐ Discuss and document goals of care with patient and family Assess and address patient and family's information needs and understanding of the disease, address gaps between reality and expectation, foster realistic hope and provide opportunity to explore prognosis and life expectancy, and preparedness for death • Introduce patient and family to resources in community (e.g., day hospice programs) **Triggers that** Screen, Assess. ☐ Develop a plan of treatment and obtain consent suggest patients **Pathway Map Target** Plan. Manage Determine who the person wants to include in the decision making process (e.g., substitute decision maker if the person is incapable) are nearing the and Follow-Up Population: Develop a plan of treatment related to disease management that takes into account the person's values and mutually determined goals of care last few months Obtain consent from the capable person or the substitute decision maker if the person is incapable for an end-of-life plan of treatment that includes: Individuals with cancer and weeks of life - Setting for care approaching end of life, and their - Resuscitation status families. - Having, withholding and or withdrawing treatments (e.g. lab tests, medications, etc.) ECOG/Patient-While this section of the pathway ECOG/PRFS = 4 ☐ Screen for specific end of life psychosocial issues map is focused on the care **End of Life Care** OR Specific examples of psychological needs include: anticipatory grief, past trauma or losses, preparing children (young children, adolescents, young delivered at the end of life, the planning and PPS ≤ 30 adults), quardianship of children, death anxiety palliative care approach begins implementation Declining Consider referral to available resources and/or specialized services much earlier on in the illness Collaboration and performance trajectory. consultation status/functional ☐ Identify patients who could benefit from specialized palliative care services (consultation or transfer) Refer to Screen, Assess & Plan between ability Discuss referral with patients and family within the Psychosocial & specialist-level **Gold Standards Palliative Care Pathway Map** care teams and ☐ Proactively develop and implement a plan for expected death Framework primary care indicators of high Explore place-of-death preferences and assess whether this is realistic teams mortality risk • Explore the potential settings of dying and the resources required (e.g., home, residential hospice, palliative care unit, long term care or nursing home) Anticipate/Plan for pain & symptom management medications and consider a Symptom Response Kit (SRK) for unexpected pain & symptom Preparation and support for family to manage Discuss emergency plans with patient and family (who to call if emergency in the home or long-term-care or retirement home) ☐ Home care planning • Connect with Home and Community Care early (not just for last 2-4 weeks) Ensure resources and elements in place Consider a Symptom Response Kit (SRK) with access to pain, dyspnea and delirium medication

Identify family members at risk for abnormal/complicated grieving and connect them proactively with bereavement resources

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