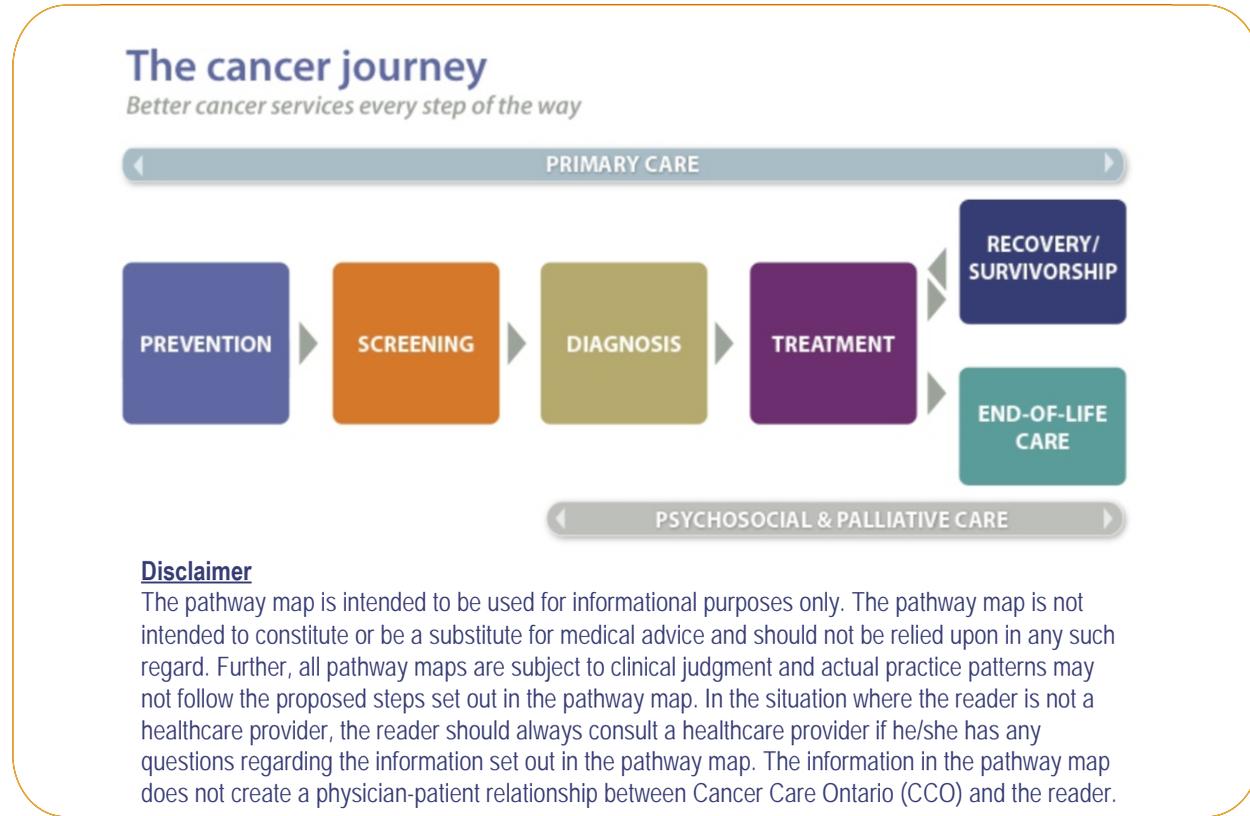


Non-small Cell Lung Cancer Treatment Pathway Map

Version 2017.11



Target Population

Patients with a confirmed non-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 [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](#)
- For more information on wait time prioritization, visit: [Surgery](#), [Systemic Treatment](#), [Radiation Treatment Wait Times prioritizations](#).
- 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.** [EBS #19-2](#) and [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 Legend

Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Diagnostic Assessment Program (DAP)
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Psychosocial Oncology (PSO)
- Neurosurgery

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/Provider interaction
- Referral
- Wait time indicator time point

Line Guide

- 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.

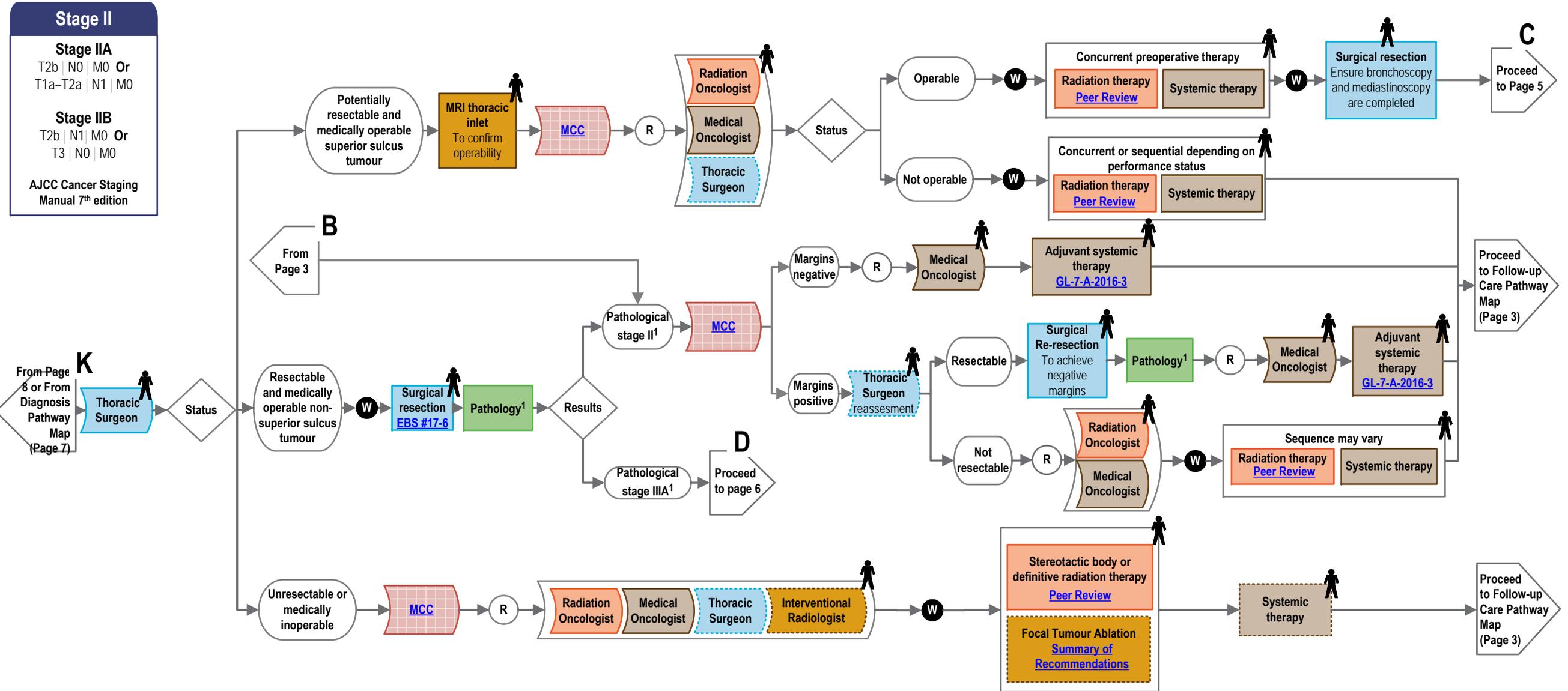
Non-Small Cell Lung Cancer Treatment Pathway Map

Clinical stage IIA and IIB

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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](#)

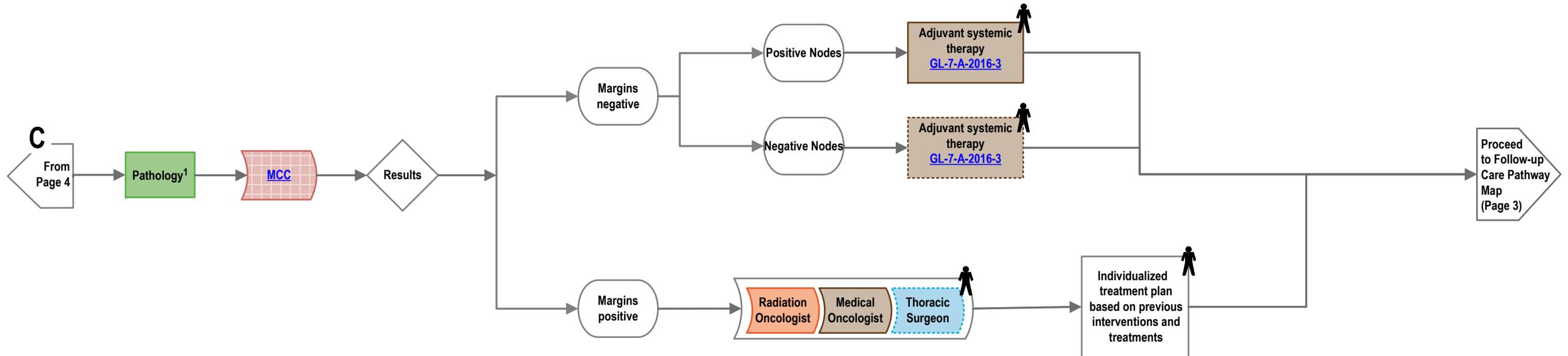


¹ For more information about biomarkers, refer to the [Lung Cancer Tissue Pathway](#)

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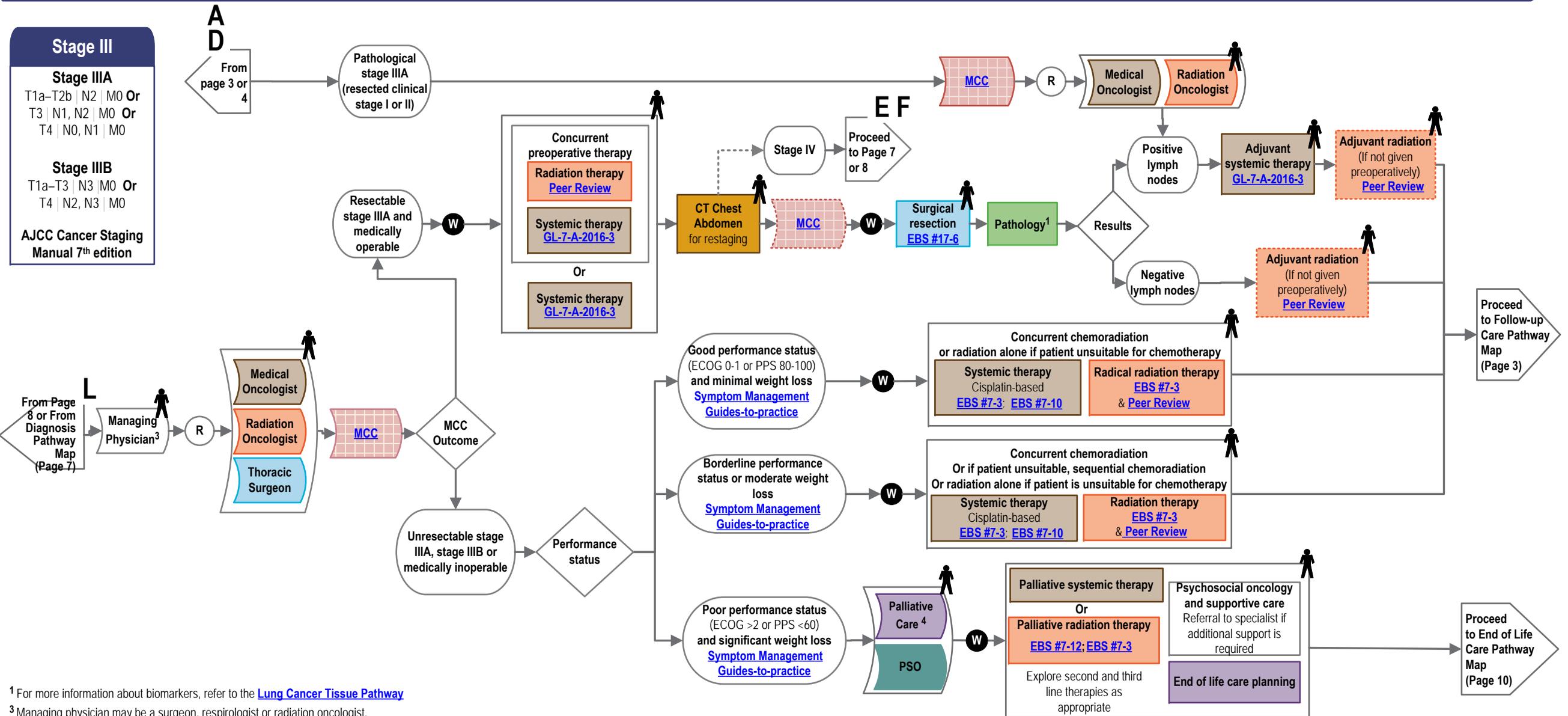
Non-Small Cell Lung Cancer Treatment Pathway Map

Clinical stage IIIA and IIIB

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¹ For more information about biomarkers, refer to the [Lung Cancer Tissue Pathway](#)

³ Managing physician may be a surgeon, respirologist or radiation oncologist.

⁴ For more information about early palliative care for advanced cancer refer to Zimmermann et al., (2014) Early palliative care for patients with advanced cancer: a cluster-randomized controlled trial. *Lancet*, 383(9930), 1721-30 and Temel et al. (2010). Early palliative care for patients with metastatic NSCLC. *The New England Journal Of Medicine*, 363(8), 733-42.

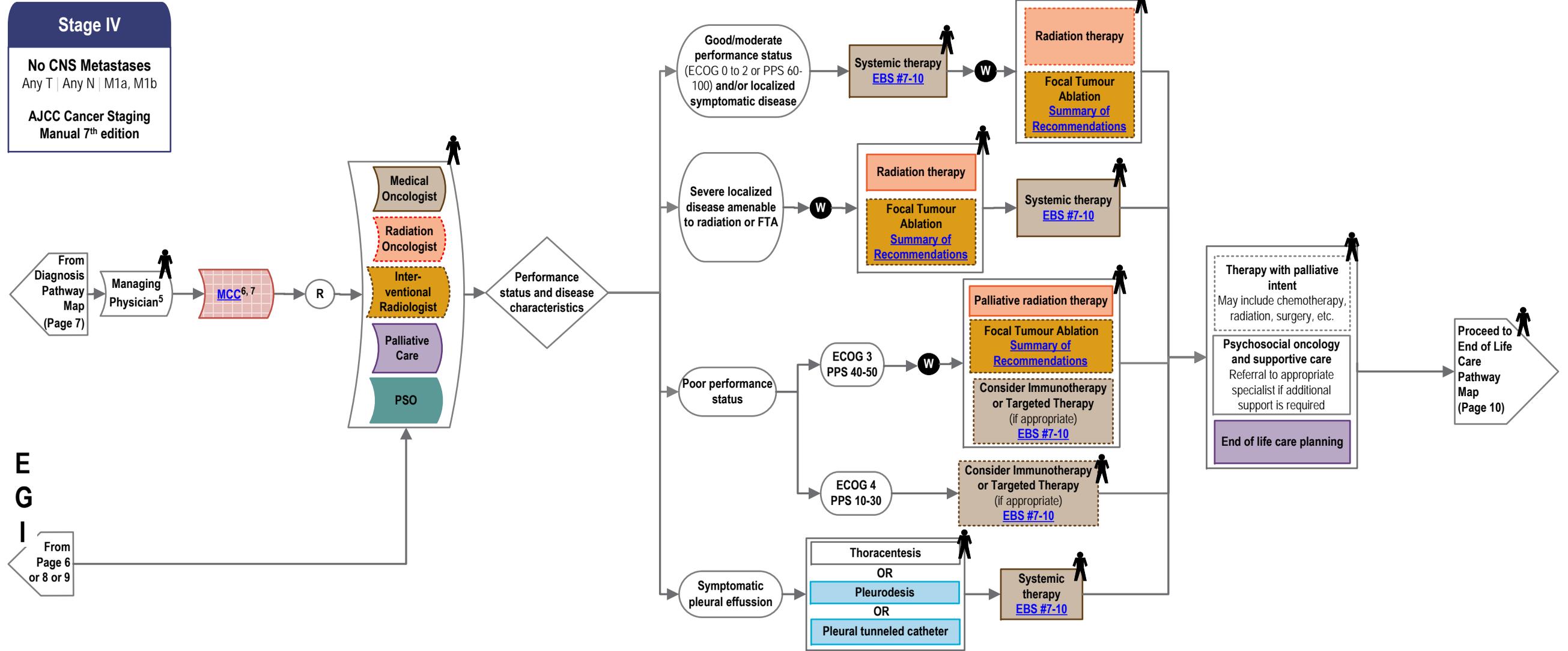
Non-Small Cell Lung Cancer Treatment Pathway Map

Stage IV (No CNS Metastases)

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Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



⁵ Patient is usually managed by a medical oncologist.

⁶ 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.

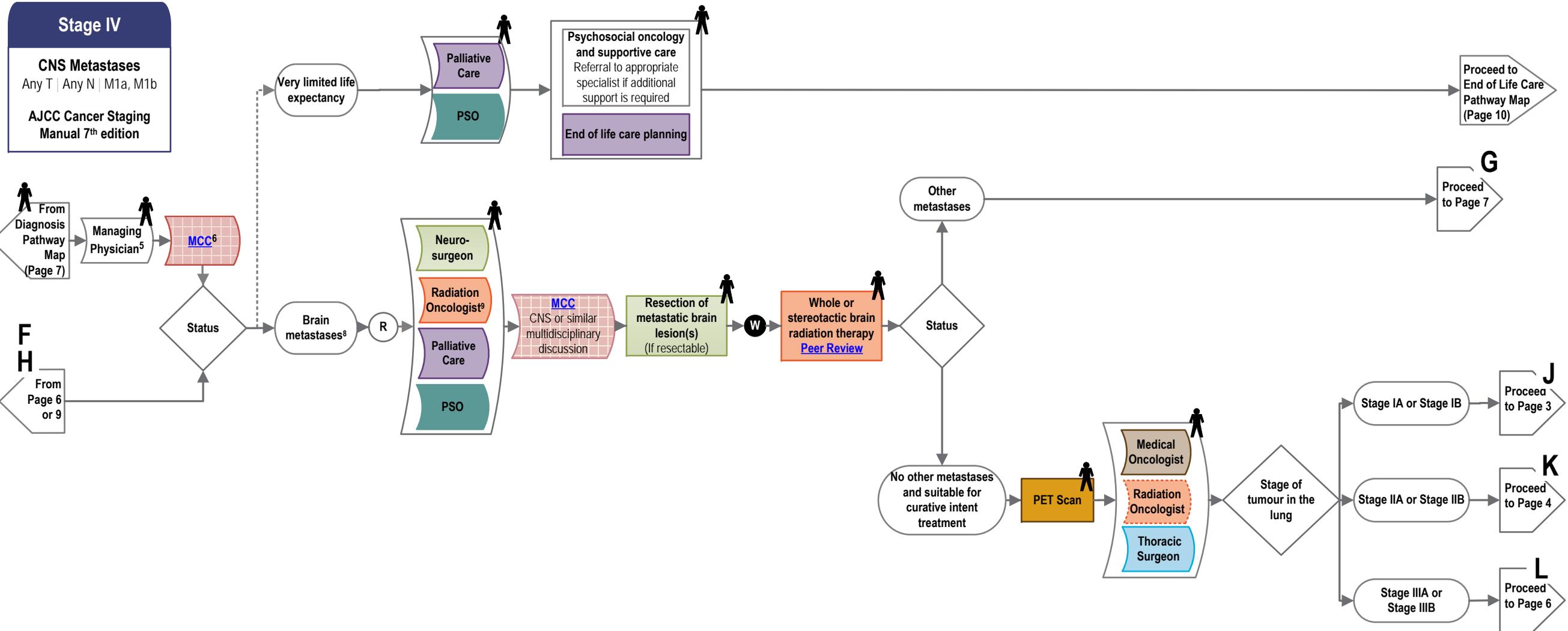
⁷ Review biomarker status

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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](#)



⁵ Patient is usually managed by a medical oncologist.

⁶ 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.

⁸ If small and asymptomatic brain metastases, consider deferring radiation therapy and initiating systemic therapy. These patients require close surveillance that should include surveillance of physical and emotional symptoms.

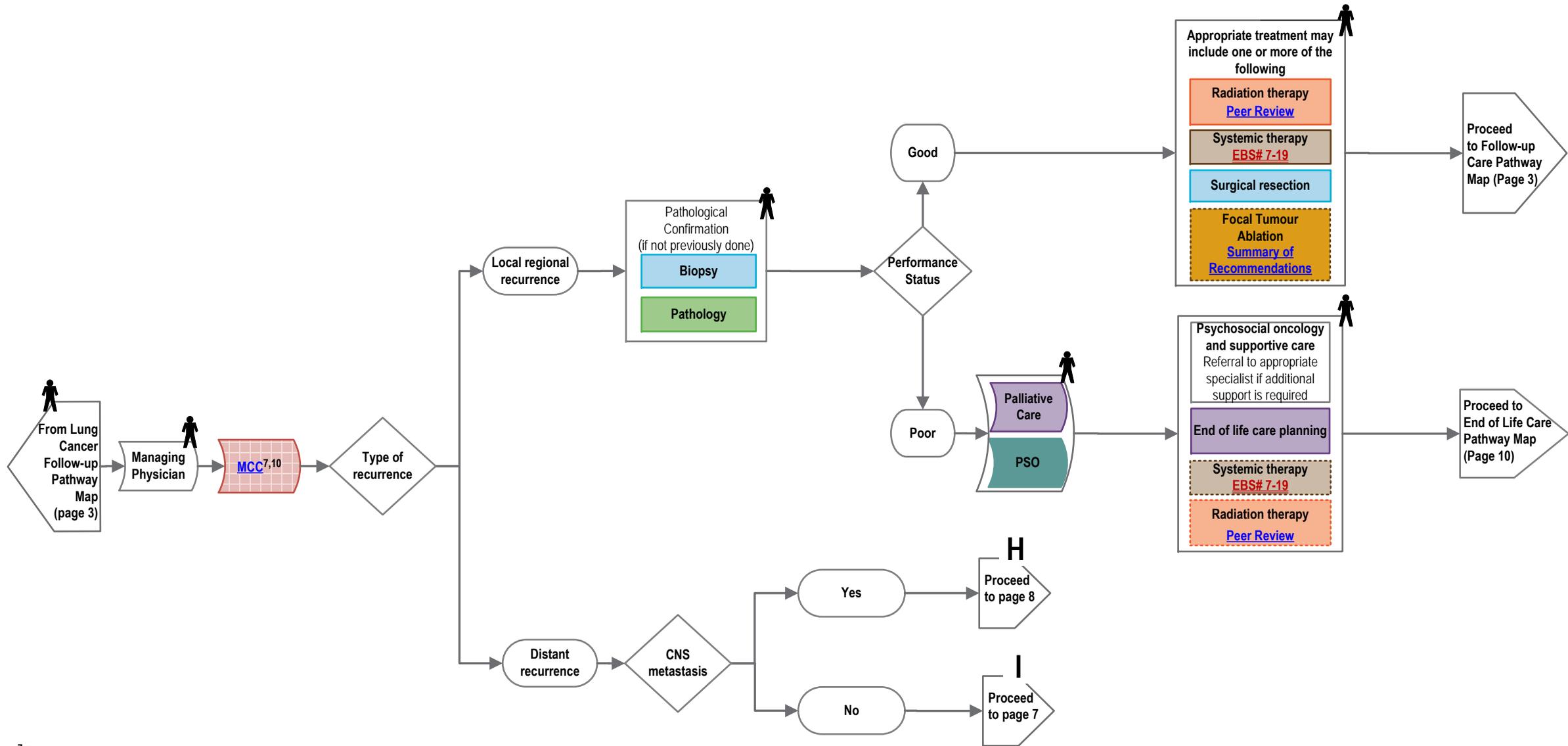
⁹ Radiation oncologist with CNS expertise or one who treats brain metastases

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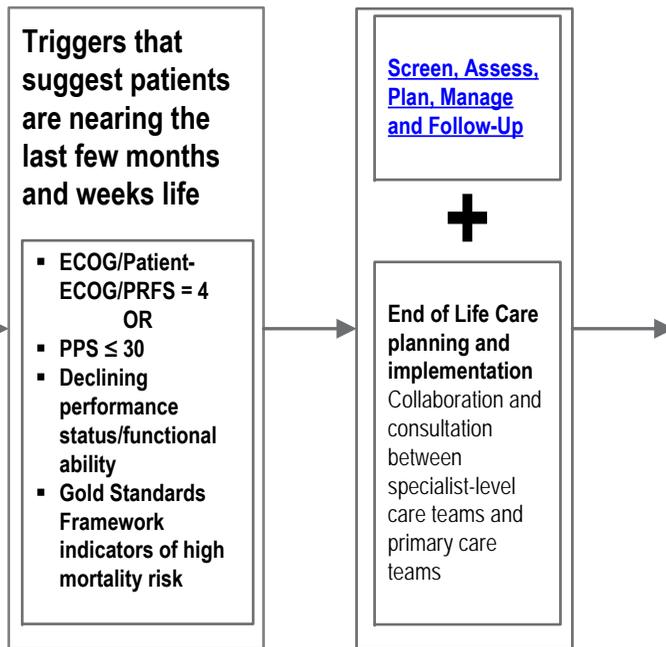
⁷ Review biomarker status

¹⁰ Subsequent treatment depends on: performance status, time to relapse, age, patient wishes (if long disease-free interval, recurrent tumor may be sensitive to initial chemotherapy)

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Pathway Map Target Population:
Individuals with cancer approaching end of life, and their families.

While this section of the pathway map is focused on the care delivered at the **end of life**, the palliative care approach begins much earlier on in the illness trajectory. Refer to [Screen, Assess & Plan](#) within the Psychosocial & Palliative Care Pathway Map



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)
- Develop a plan of treatment and obtain consent**
 - Determine who the person wants to include in the decision making process (e.g., substitute decision maker if the person is incapable)
 - Develop a plan of treatment related to disease management that takes into account the person's values and mutually determined goals of care
 - 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:
 - Setting for care
 - Resuscitation status
 - Having, withholding and or withdrawing treatments (e.g. lab tests, medications, etc.)
- Screen for specific end of life psychosocial issues**
 - Specific examples of psychological needs include: anticipatory grief, past trauma or losses, preparing children (young children, adolescents, young adults), guardianship of children, death anxiety
 - Consider referral to available resources and/or specialized services
- Identify patients who could benefit from specialized palliative care services (consultation or transfer)**
 - Discuss referral with patients and family
- Proactively develop and implement a plan for expected death**
 - Explore place-of-death preferences and assess whether this is realistic
 - 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 management
 - 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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