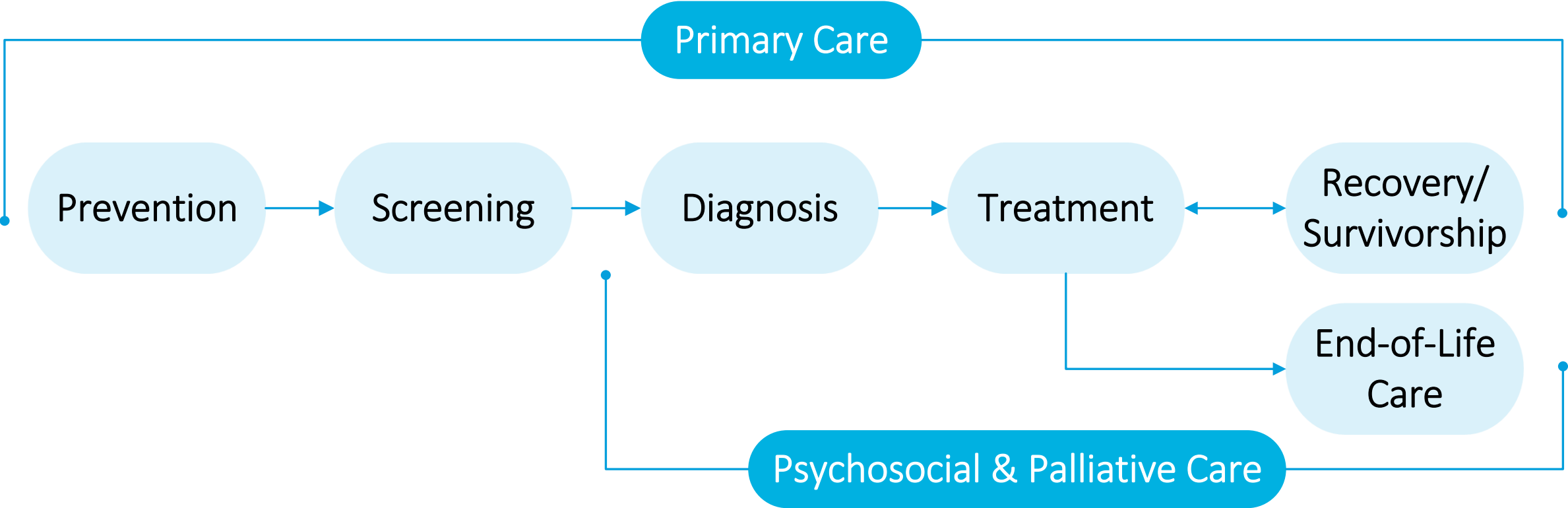


Thymic Cancer Treatment Pathway Map

Version 2025.03



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Ontario Health
Cancer Care Ontario

Target Population

Adult patients presenting with thymic epithelial tumours, including thymoma, thymic carcinoma, and thymic neuroendocrine tumours (NETs).

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, [Health811](#) is a government resource that helps patients find a 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-Centred Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- 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](#).*

Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
<div></div> Primary Care	<div></div> Intervention	<div></div> Required
<div></div> Palliative Care	<div></div> Decision or assessment point	<div></div> Possible
<div></div> Pathology	<div></div> Patient (disease) characteristics	
<div></div> Surgery	<div></div> Consultation with specialist	
<div></div> Radiation Oncology	<div></div> Exit pathway	
<div></div> Medical Oncology	<div></div> Off page reference	
<div></div> Radiology	<div></div> Referral	
<div></div> Multidisciplinary Cancer Conference (MCC)		
<div></div> Psychosocial Oncology (PSO)		
<div></div> Neurosurgery		

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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Thymic Cancers Treatment Pathway Map

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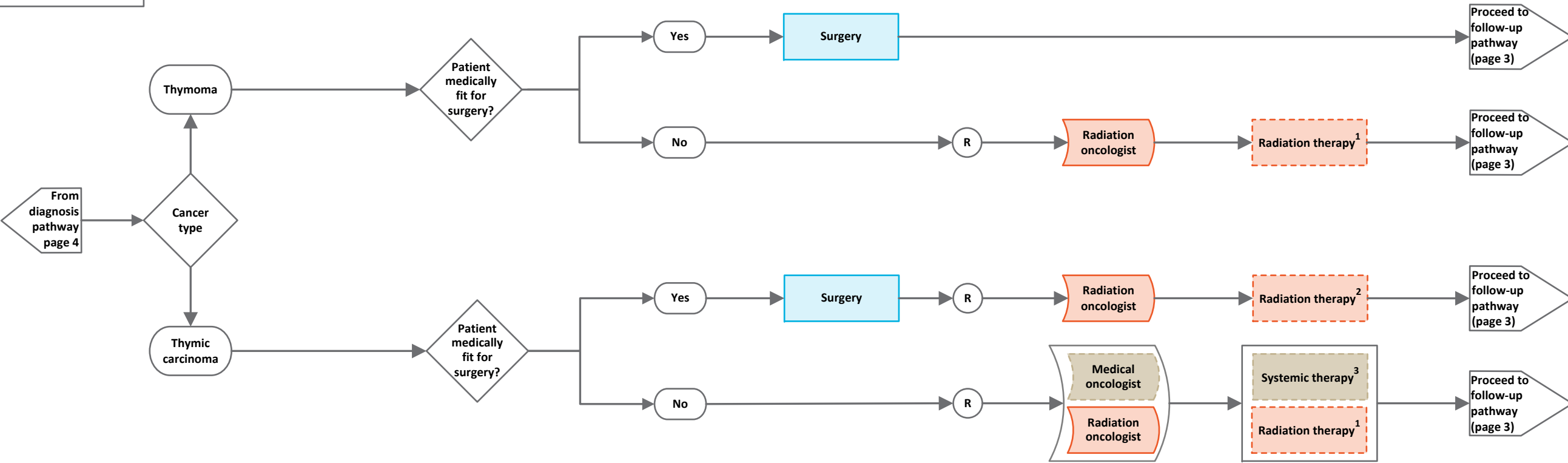
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Stage I

Stage I
T1a, b | N0 | M0

Thymoma/Thymic
Carcinoma TNM
Staging 8th edition



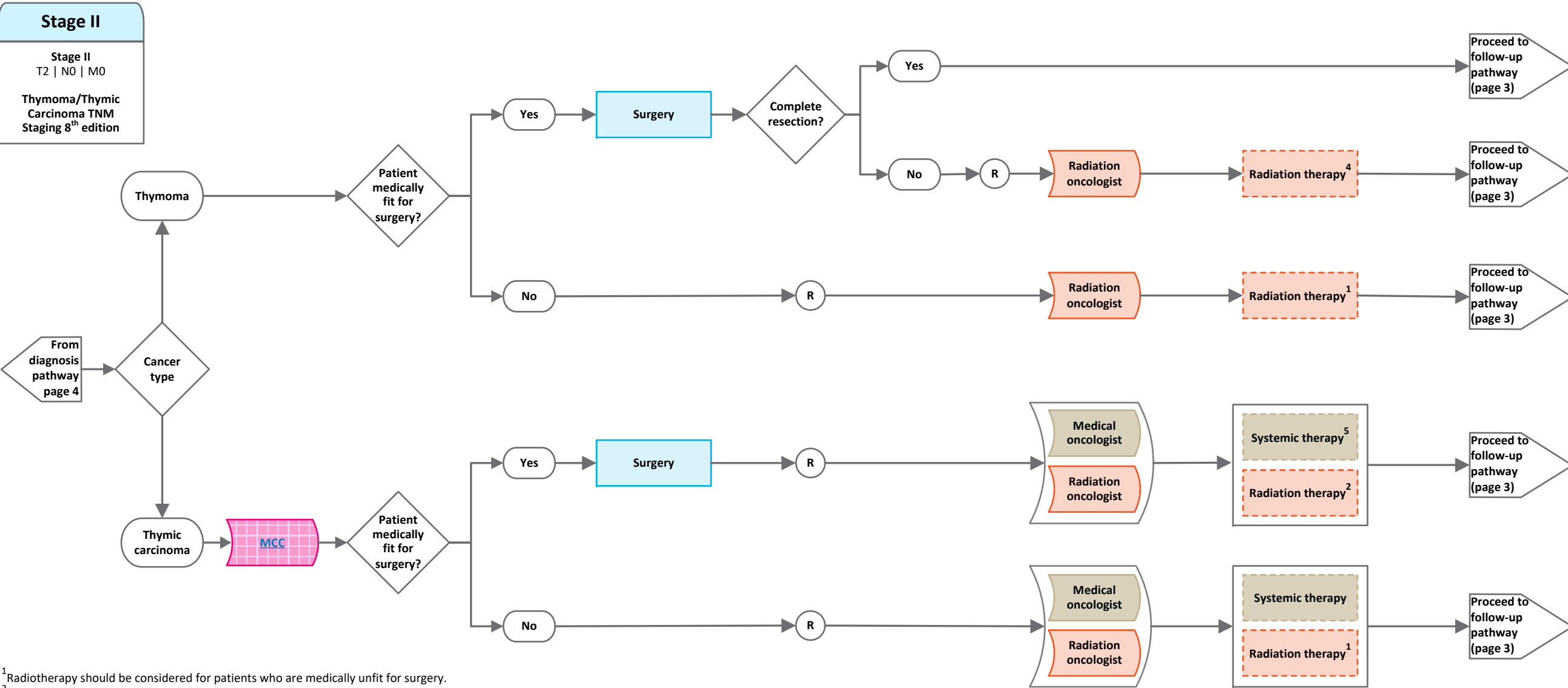
¹Radiotherapy should be considered for patients who are medically unfit for surgery.
²For patients with thymic carcinoma, postoperative radiotherapy should be considered. Possible harms verses benefits need to be discussed with patients.
³There is insufficient evidence regarding the role of chemotherapy.

Thymic Cancers Treatment Pathway Map

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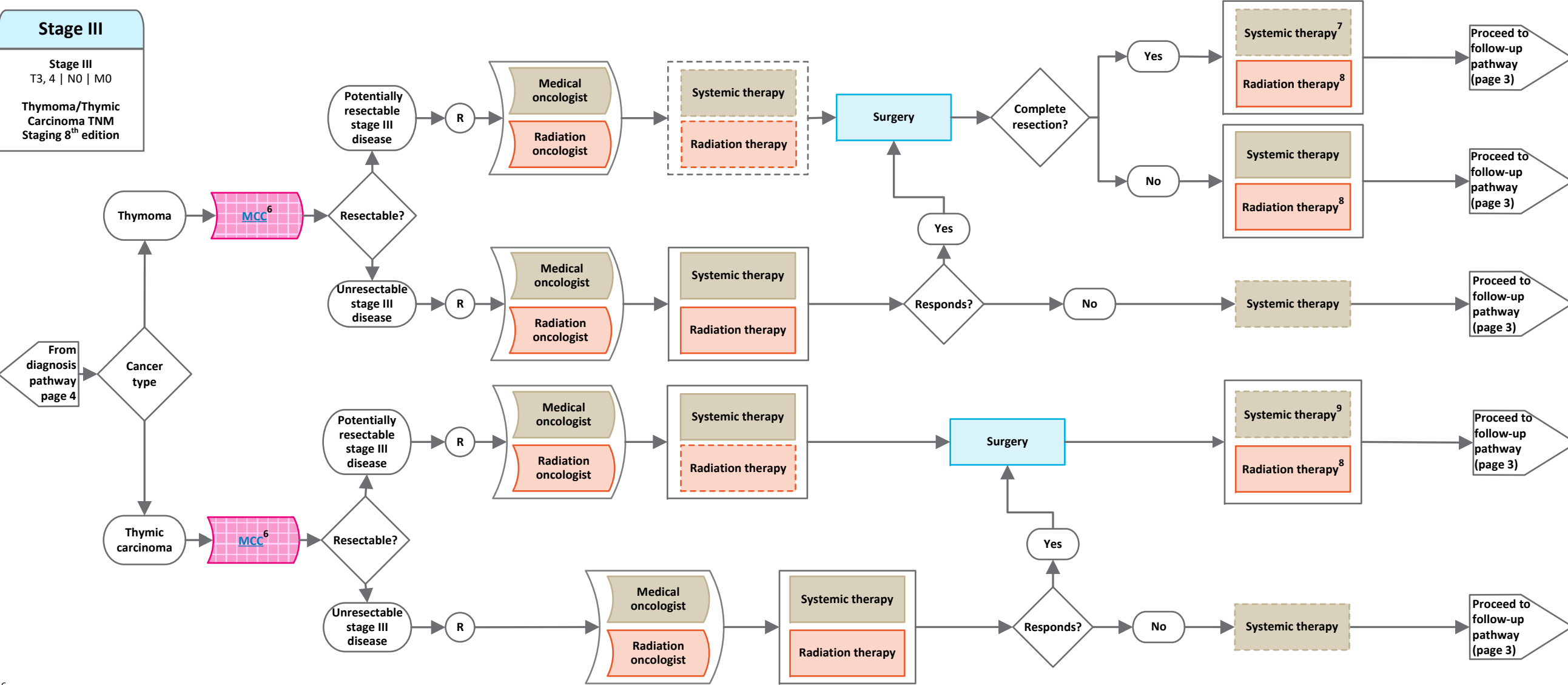
⁴ For patients with stage II thymoma, routine postoperative radiotherapy is currently not recommended. However, postoperative radiotherapy should be considered in patients with incomplete resection or positive margins.

⁵ Adjuvant chemotherapy is not routinely recommended.

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⁶The distinction between resectable and unresectable disease is controversial and patients with suspected unresectable disease should be discussed at an MCC for consideration for referral to a high-volume tertiary thoracic surgical centre.

⁷Adjuvant chemotherapy is not routinely recommended and should not be offered without discussion at MCC.

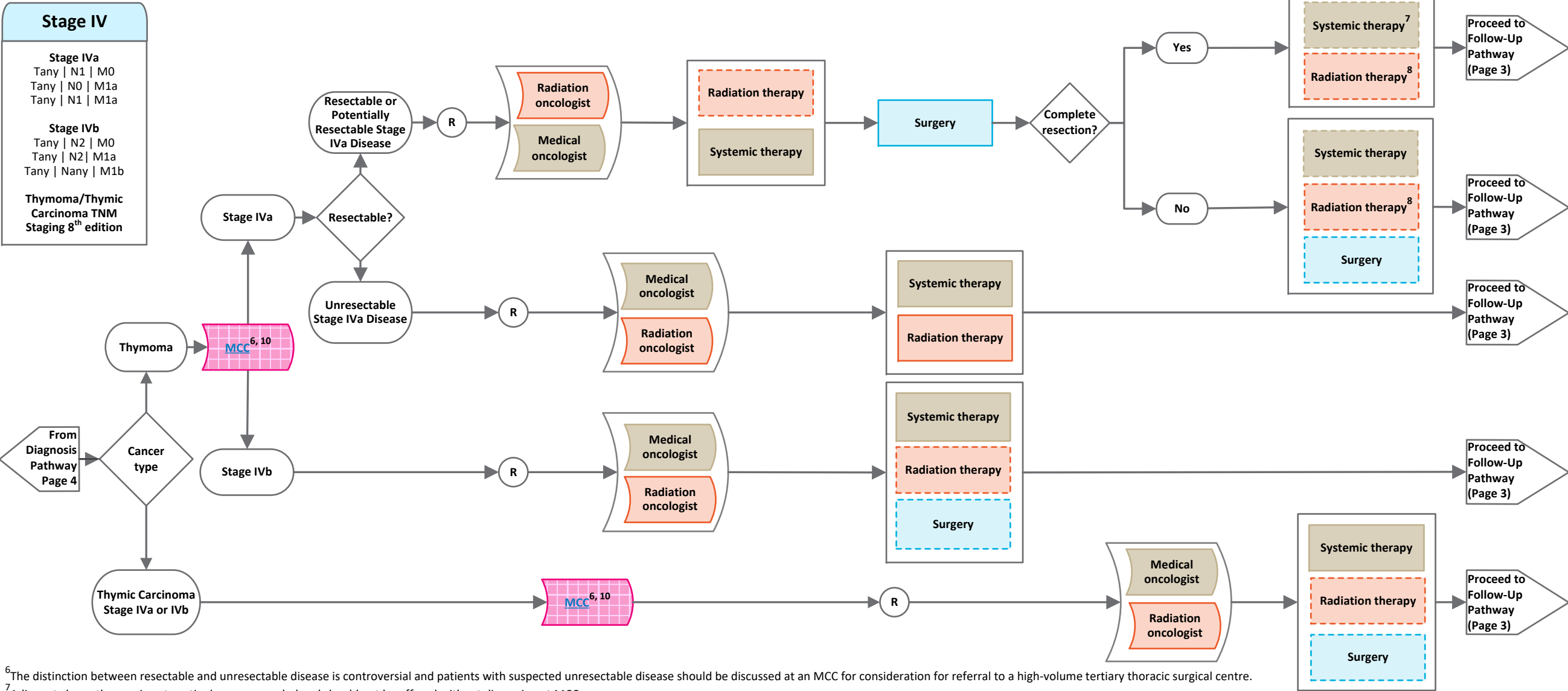
⁸Postoperative radiotherapy can be considered if the patient has not received neoadjuvant radiotherapy and there are concerns about clear resection margins.

⁹Adjuvant systemic therapy should only be considered in patients with thymic carcinoma that did not receive neoadjuvant systemic therapy and based upon MCC recommendation.

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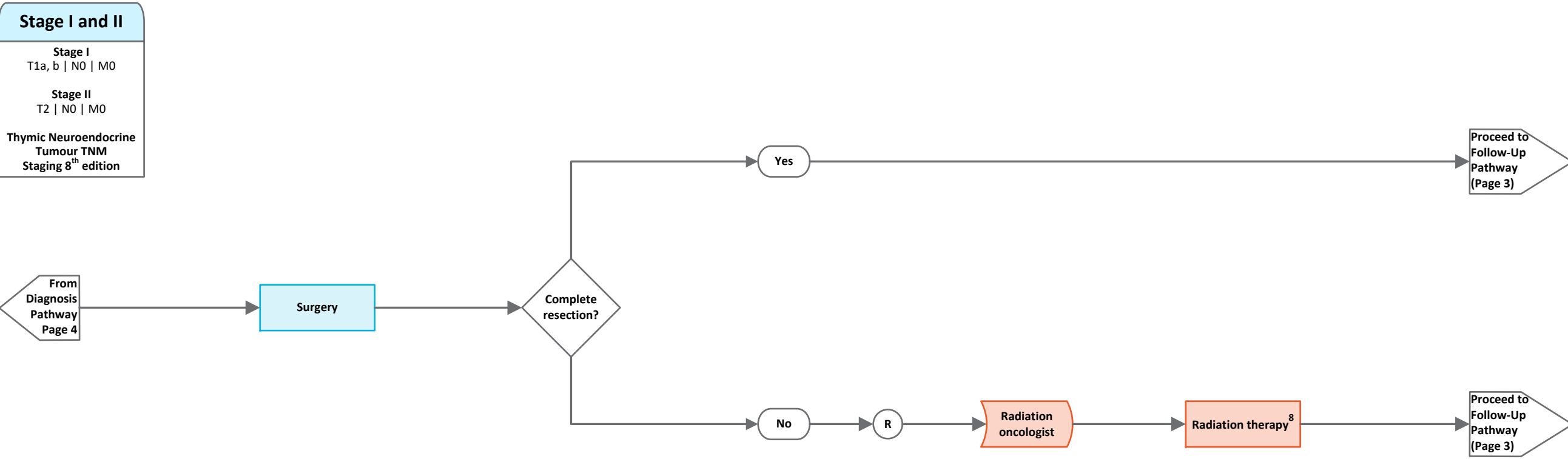
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¹⁰Treatment decisions should reflect the extent and location of metastatic disease. These patients should be discussed at an MCC, and treatment goals reviewed.

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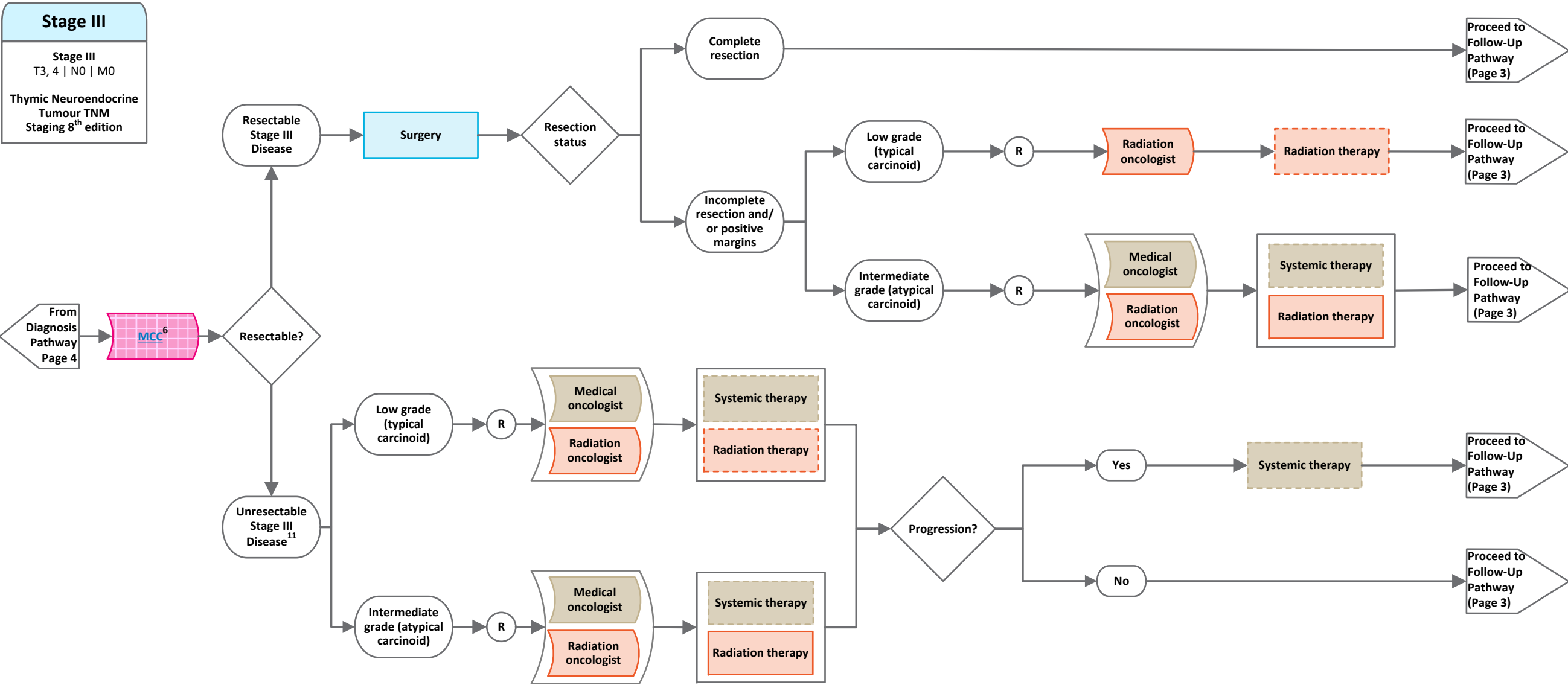
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¹¹For symptom control, consider addition of focal therapy (i.e., endobronchial therapy debulking, ablation).

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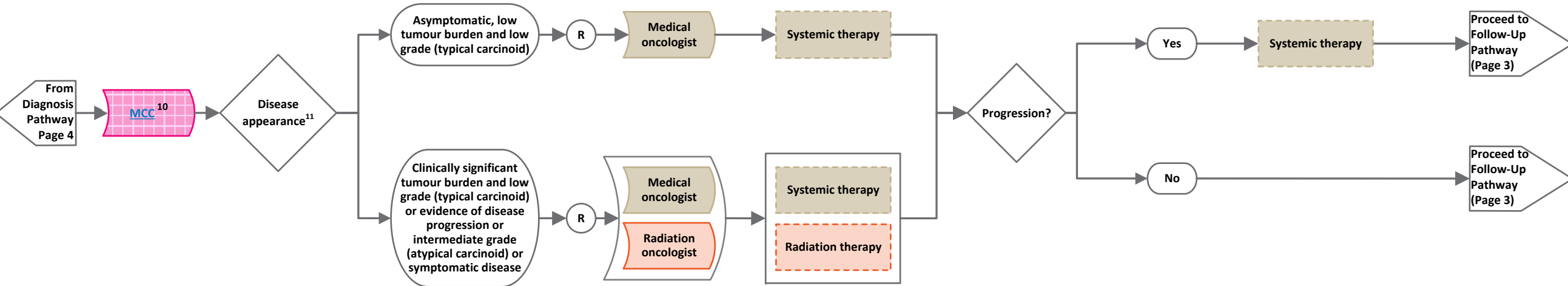
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Stage IV

Stage IVa
Tany | N1 | M0
Tany | N0 | M1a
Tany | N1 | M1a

Stage IVb
Tany | N2 | M0
Tany | N2 | M1a
Tany | Nany | M1b

Thymic Neuroendocrine
Tumour TNM
Staging 8th edition



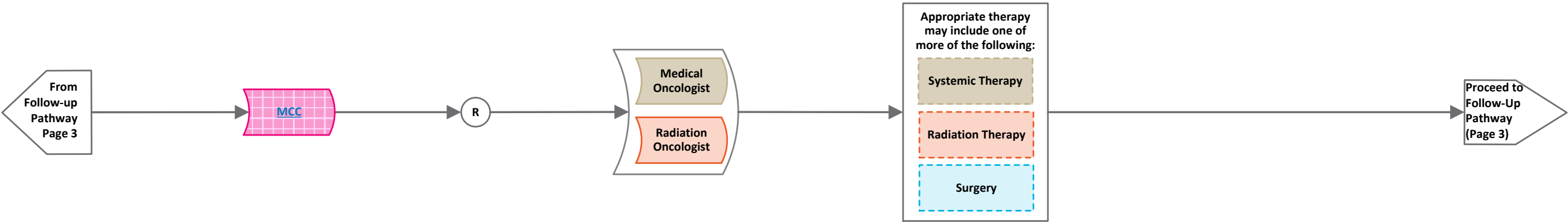
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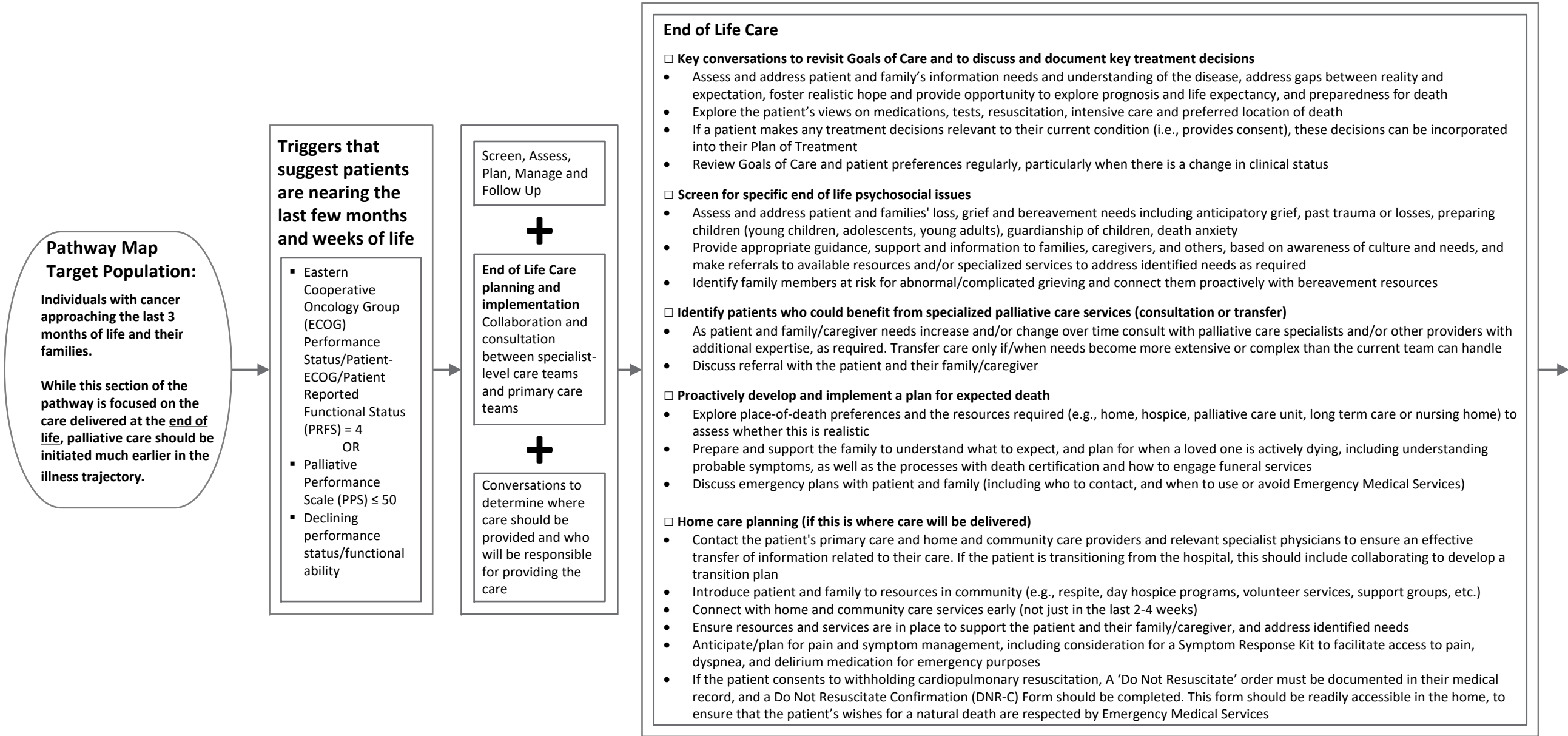
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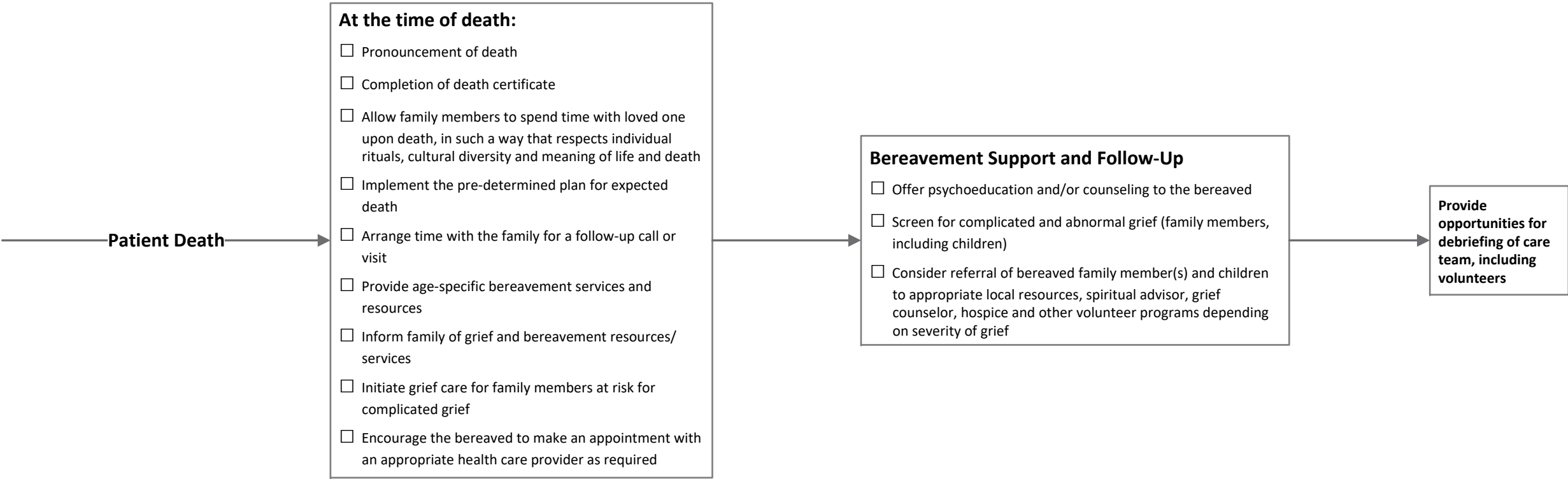
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