Esophageal Cancer Treatment Pathway Map
Version 2019.05

Disclaimer
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Target Population
Patients with a confirmed esophageal cancer diagnosis who have undergone the recommended diagnostic and staging procedures as outlined in the Esophageal 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, a government resource that helps patients find a family doctor or nurse practitioner, may be used.
- 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.
- 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 QB please refer to the Quality-Based Procedures Clinical Handbook for Systemic Treatment.

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

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
  - Endoscopy/Gastroenterology
- Shape Guide
  - Intervention
  - Decision or assessment point
  - Consultation with specialist
  - Exit pathway
  - Off-page reference
  - Patient/Provider interaction
  - Referral
  - Wait time indicator time point
- Line Guide
  - Required
  - Possible

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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.
Esophageal Cancer Treatment Pathway Map

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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 integrating the palliative care approach early and across the cancer journey [Click here for more information about palliative care]

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### Stage I

**Adenocarcinoma**
- T1 | N0 | M0

**Squamous**
- T1 | N0-1 | M0

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**From Diagnosis Pathway Map (Page 5) or Barrett's Esophagus Pathway Map (Pages 4 & 5)**

**Pathology**

**Endoscopic Resection (ER)**

**pTis or pT1a Completely excised**

**pTis or pT1a Incompletely excised**

**Endoscopic Surveillance**

**Thoracic Surgeon**

**Esophagectomy**

**Pathology**

**R**

**MCC**

**Dietitian**

**Gastroenterologist**

**Medical Oncologist**

**Nutritional support**

**Consider one or more of the following:**
- **Surgical Re-resection**
- **Radiotherapy**
- **Systemic therapy**
- **Palliative care**

**Progression**

**Peer Review**

**High Risk Features?**

**Esophagogastroduodenoscopy (EGD)**

- Every 3 months until successful eradication of all Barrett's metaplasia and dysplasia, followed by EGD every 6 months for 1 year and annually

**Consider one or more of the following:**
- **Radiation therapy**
- **Systemic therapy**
- **Palliative care**

**Consider one or more of the following:**
- **Nutritional support**

**High Risk Pathological Features include:**
- Lymphovascular invasion (LVI), poorly differentiated

**Biopsy protocol:**
- 4-quadrant biopsies (every 2 cm) and biopsy of any visible nodules

**Frequency may vary based on results and is determined by the treating physician.

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1. High risk pathological features include: Lymphovascular invasion (LVI), poorly differentiated
2. Biopsy protocol: 4-quadrant biopsies (every 2 cm) and biopsy of any visible nodules
3. Frequency may vary based on results and is determined by the treating physician.
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools.

Consider integrating the palliative care approach early and across the cancer journey. Click here for more information about palliative care.
Clinical Stage III and IVA (squamous)

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7 PET is preferred.
Esophageal Cancer Treatment Pathway Map

Clinical Stage III and IVA (adenocarcinoma)  

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Consider integrating the palliative care approach early and across the cancer journey Click here for more information about palliative care

![Pathway Diagram]

**Stage III & IVA**

**Adenocarcinoma**

**Stage III**

- T2: N1 M0 or
- T3: T4a N0 M0

**Stage IVA**

- T1-4a N2 M0 or
- T4b N0-2 M0 or
- Any T N3 M0

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**From Page 5**

**Adenocarcinoma**

**Status**

- Resectable/ Potentially resectable
- Unresectable/ patient declines surgery and good performance status
- Unresectable and poor performance status

**Concurrent Neoadjuvant Chemotherapy or Chemoradiation**

- EBS #2-12
- Radiation therapy
- Peer Review
- Systemic therapy
- Nutritional support

**Reassessment of treatment response**

- CT Chest Abdomen Pelvis
- PET

**Esophagectomy**

- EBS #17-1

**Salvage Esophagectomy**

- EBS #17-2

**Concurrent Definitive chemoradiation**

- EBS #2-13
- Radiation therapy
- Peer Review
- Systemic therapy
- Nutritional support

**Reassessment of treatment response**

- CT Chest Abdomen Pelvis
- PET

**Treatment response**

- If persistent or recurrent
- Complete response

**Unresectable and poor performance status**

- Palliative Care
- PSQ
- Radiation Therapy
- Palliative Brachytherapy
- Palliative systemic therapy
- Psychosocial oncology and supportive care

- Referral to specialist if additional support is required
- End of life care planning
- Nutritional support


**PET** is preferred.
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**Adenocarcinoma**
- Stage III: T2 N1 M0 or T3-T4a N0-N1 M0
- Stage IVA: T1-4a N2 M0 or T4b N0-2 M0 or Any T N3 M0

**Squamous**
- Stage III: T3 N1 M0 or T1-3 N2 M0
- Stage IVA: T4 N0-3 M0 or Any T N3 M0

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**Stage III & IVA**

<table>
<thead>
<tr>
<th>Margins &amp;/or Lymph Nodes</th>
<th>Pathology</th>
<th>Medical Oncologist</th>
<th>Radiation Oncologist</th>
<th>Thoracic Surgeon</th>
<th>Systemic therapy*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>A C</td>
<td>MCC</td>
<td>R</td>
<td>R</td>
<td>Complete response</td>
</tr>
<tr>
<td></td>
<td>From Pages 5 &amp; 6</td>
<td></td>
<td></td>
<td></td>
<td>Reassessment of treatment response</td>
</tr>
</tbody>
</table>

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**Systemic therapy**

- Consider one or more of the following:
  - Systemic therapy
  - Radiation Therapy
  - Re-resection EBS #17-1

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**External Beam Radiation Therapy**

- and/or Brachytherapy
- and/or Systemic Therapy

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** Palliative Care**

- Psychosocial oncology and supportive care
- Referral to appropriate specialist if additional support is required

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**End of life care planning**

- Manage Dysphagia (see page 9 Malignant Dysphagia Pathway)

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**Nutritional Support**

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**End of Life Care Pathway Map**

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**Follow-up Care Pathway Map**

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*Adjuvant chemotherapy should be considered for patients who received neoadjuvant chemotherapy without concurrent radiation*
Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools]

Consider integrating the palliative care approach early and across the cancer journey. [Click here for more information about palliative care]

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.

Review biomarker status

Nutritional Support

End of life care planning

Psychosocial oncology and supportive care
Referral to appropriate specialist if additional support is required

Systemic Therapy

External Beam Radiation Therapy and/or

Brachytherapy and/or

Palliative Care

Medical Oncologist

Radiation Oncologist

Dietitian

Manage Dysphagia (see page 9 Malignant Dysphagia Pathway)

Proceed to Malignant Dysphagia Pathway (Page 10)
&/or
End of Life Care Pathway Map (Page 11)

Any T  Any N  M1
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From Diagnosis Pathway Map (Page 5)
Esophageal Cancer Treatment Pathway Map

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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.

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### Esophageal Cancer Treatment Pathway Map

**Type of recurrence**
- Local luminal recurrence
- Local regional recurrence with nodal involvement
- Distant recurrence

**Performance Status**
- Good
- Poor

**Appropriate treatment may include one or more of the following**
- Radiation therapy
- Systemic therapy
- Surgical resection
- Palliative Care
- Nutritional Support

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*10 Review biomarker status
11 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)*
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools.

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Esophageal Cancer Treatment Pathway Map

End of Life Care

- 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

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 contd.

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At the time of death:
- [] Pronouncement of death
- [] Completion of death certificate
- [] Allow family members to spend time with loved one upon death, in such a way that respects individual rituals, cultural diversity and meaning of life and death
- [] Implement the pre-determined plan for expected death
- [] Arrange time with the family for a follow-up call or visit
- [] Provide age-specific bereavement services and resources
- [] Inform family of grief and bereavement resources/services
- [] Initiate grief care for family members at risk for complicated grief
- [] Encourage the bereaved to make an appointment with an appropriate health care provider as required

Bereavement Support and Follow-Up
- [] Offer psychoeducation and/or counseling to the bereaved
- [] Screen for complicated and abnormal grief (family members, including children)
- [] Consider referral of bereaved family member(s) and children to appropriate local resources, spiritual advisor, grief counselor, hospice and other volunteer programs depending on severity of grief

Provide opportunities for debriefing of care team, including volunteers

Patient Death