Non-small Cell Lung Cancer Treatment Pathway Map
Version 2019.05

The cancer journey
Better cancer services every step of the way

Disclaimer
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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. For more information, visit 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 palliative care, visit Palliative Care.
- 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.

Pathway Map Legend

**Colour Guide**
- **Primary Care**
- **Palliative Care**
- **Pathology**
- **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 Preamble
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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Non-Small Cell Lung Cancer Treatment Pathway Map

Clinical stage IA and IB

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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
2 Tumour ablation may be considered if not eligible for other treatment
Clinical stage IIA and IIB

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Clinical stage IIA and IIB contd.

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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
2 Managing physician may be a surgeon, respirologist or radiation oncologist.
Stage IV (No CNS Metastases)

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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Stage IV

No CNS Metastases

Any T | Any N | M1a, M1b

AJCC Cancer Staging Manual 7th edition

From Diagnosis Pathway Map (Page 7)

Managing Physician

Medical Oncologist

Radiation Oncologist

Interventional Radiologist

Palliative Care

PSO

Performance status and disease characteristics

Good/moderate performance status (ECOG 0 to 2 or PPS 60-100) and/or localized symptomatic disease

Systemic therapy

EBS #7-10

Radiation therapy

Focal Tumour Ablation

Summary of Recommendations

Severe localized disease amenable to radiation or Focal Tumour Ablation

Interventional Radiologist

Systemic therapy

EBS #7-10

Radiation therapy

Focal Tumour Ablation

Summary of Recommendations

Poor performance status

ECOG 3 PPS 40-50

Palliative radiation therapy

Focal Tumour Ablation

Summary of Recommendations

Symptomatic pleural effusion

Thoracentesis

OR

Pleurodesis

OR

Pleural tunneled catheter

Systemic therapy

EBS #1-16

Thoracic Surgeon

End of life care planning

End of Life Care Pathway Map (Page 10)

EG I

From Page 6 or 8 or 9

Patient is usually managed by a medical oncologist.

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
Stage IV (CNS Metastases)

**CNS Metastases**
Any T | Any N | M1a, M1b
AJCC Cancer Staging Manual 7th edition

From Diagnosis Pathway Map (Page 7)

Status

From Page 6 or 9

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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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 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.

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

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**Stage IV**

- **CNS Metastases**
  - Any T | Any N | M1a, M1b
  - AJCC Cancer Staging Manual 7th edition

**Managing Physician**

- **MCC**
  - Very limited life expectancy

**From Diagnosis Pathway Map (Page 7)**

**Status**

**CNS Metastases**

- **From Page 6 or 9**
  - **Brain metastases**
  - **Psychosocial oncology and supportive care**
  - Referral to appropriate specialist if additional support is required

**End of life planning**

**Other metastases**

**Whole or stereotactic brain radiation therapy**

**Peer Review**

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**Stage of tumour in the lung**

- **Stage IA or Stage IB**
  - Proceed to Page 3

- **Stage IIA or Stage IIB**
  - Proceed to Page 4

- **Stage IIIA or Stage IIIB**
  - Proceed to Page 6

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**Stage IA or Stage IB**

**PET Scan**

**Stage IIA or Stage IIB**

**Stage IIIA or Stage IIIB**

**Thoracic Surgeon**

**Medical Oncologist**

**Radiation Oncologist**

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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 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.

8 Radiation oncologist with CNS expertise or one who treats brain metastases
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From Lung Cancer Follow-up Pathway Map (page 3)
Managing Physician MCC 7,16

Type of recurrence

Local regional recurrence
Pathological Confirmation (if not previously done)
Biopsy
Pathology

Performance Status
Good

Pathological Confirmation

Distant recurrence

CNS metastasis

Yes
Proceed to page 8

No
Proceed to page 7

Appropriate treatment may include one or more of the following

- Radiation therapy
- Systemic therapy EBS 7-10
- Surgical resection
- Focal Tumour Ablation
- Summary of Recommendations

End of Life Care Planning

Systemic therapy EBS 7-10

Radiation therapy Peer Review

Screen for psychosocial needs, and assessment and management of symptoms. Review biomarker status

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)

7 Review biomarker status
16 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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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

Screen, Assess, Plan, Manage and Follow-Up

End of Life Care planning and implementation

Collaboration and consultation between specialist-level care teams and primary care teams

Triggers that suggest patients are nearing the last few months and weeks life

- ECOG/Patient-ECOG/PRFS = 4 OR
- PPS ≤ 30
- Declining performance status/functional ability
- Gold Standards Framework indicators of high mortality risk

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.
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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