Small Cell Lung Cancer Treatment Pathway Map
Version 2021.03

Disclaimer: 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 Ontario Health (Cancer Care Ontario) and the reader.
Pathway Map Considerations

- Any disease site-specific information that applies throughout the pathway map can go at the top of the Considerations. The following text is boilerplate and should be mostly uniform across all pathway maps, though there may be some variation.
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultation. 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 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 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.*

* Note. EBS #19-2 and EBS #19-3 are older than 3 years and are 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 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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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](#).

Note: EBS #7-13-2 is currently listed as "For Education and Information Purposes".

Appropriate therapy may include one or more of the following:
- Systemic therapy
- Palliative radiation
- Psychosocial oncology
  - Referral to appropriate specialist if additional support is required
- End of life care planning

Surgical Resection

EBS #7-17

Early concurrent thoracic radiation therapy

EBS #7-13 & Peer Review

First-line systemic therapy

EBS #7-13

Stereotactic ablative radiotherapy
  
  - For select inoperable patients Stage I-IIA

Complete or partial response

Stable disease

Review pathology

MCC

Surgery

Radiation of chest

(if not given previously)

Peer Review

Prophylactic cranial irradiation

EBS #7-13-2 & Peer Review

Appropriate therapy may include one or more of the following:
- Systemic therapy
- Palliative radiation
- Psychosocial oncology
  - Referral to appropriate specialist if additional support is required
- End of life care planning

Proceed to End of Life Care Pathway Map (Page 6)
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**Small Cell Lung Cancer Treatment Pathway Map**

**Stage IV**

**Note.** EBS #7-13-2 is currently listed as ‘For Education and Information Purposes’.

1. 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.

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]

End of life care planning

Prophylactic cranial irradiation (If not given previously)

EBS #7-13-2

Prognostic cranial irradiation

Whole brain radiation therapy

Disease progression

Stable disease or complete or partial response

Stable disease or complete or partial response

Appropriate therapy may include one or more of the following:

- Systemic therapy
- Palliative radiation

Disease progression

End of life care planning

Psychosocial oncology and palliative care

Referral to appropriate specialist if additional support is required

Psychosocial oncology and palliative care

Referral to appropriate specialist if additional support is required

End of life care planning

From Diagnosis Pathway Map (Page 7)
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

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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Small Cell Lung Cancer Treatment Pathway Map

Target Population:
Individuals with cancer approaching the last 3 months of life and their families.

While this section of the pathway is focused on the care delivered at the end of life, palliative care should be initiated much earlier in the illness trajectory. In particular, providers can introduce a palliative approach to care as early as the time of diagnosis.

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

End of Life Care

Key conversations to revisit Goals of Care and to discuss and document key treatment decisions

- 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
- Explore the patient’s views on medications, tests, resuscitation, intensive care and preferred location of death
- If a patient makes any treatment decisions relevant to their current condition (i.e., provides consent), these decisions can be incorporated into their Plan of Treatment
- Review Goals of Care and patient preferences regularly, particularly when there is a change in clinical status

Screen for specific end of life psychosocial issues

- As patient and family/caregiver needs increase and/or change over time consult with palliative care specialists and/or other providers with additional expertise, as required. Transfer care only if when needs become more extensive or complex than the current team can handle
- Discuss referral with the patient and their family/caregiver

Proactively develop and implement a plan for expected death

- Explore place-of-death preferences and the resources required (e.g., home, hospice, palliative care unit, long term care or nursing home) to assess whether this is realistic
- Prepare and support the family to understand what to expect, and plan for when a loved one is actively dying, including understanding probable symptoms, as well as the processes with death certification and how to engage funeral services
- Discuss emergency plans with patient and family (including who to contact, and when to use or avoid Emergency Medical Services)

Home care planning (if this is where care will be delivered)

- Contact the patient’s primary care and home and community care providers and relevant specialist physicians to ensure an effective transfer of information related to their care. If the patient is transitioning from the hospital this should include collaborating to develop a transition plan
- Introduce the patient to resources in community (e.g., respite, day hospice programs, volunteer services, support groups, etc.)
- Connect with home and community care services early (not just in the last 2-4 weeks)
- Ensure resources and services are in place to support the patient and their family/caregiver, and address identified needs
- Anticipate/plan for pain and symptom management, including consideration for a Symptom Response Kit to facilitate access to pain, dyspnea, and delirium medication for emergency purposes
- If the patient consents to withholding cardiopulmonary resuscitation, A ‘Do Not Resuscitate’ order must be documented in their medical record, and a Do Not Resuscitate Confirmation (DNR-C) Form should be completed. This form should be readily accessible in the home, to ensure that the patient’s wishes for a natural death are respected by Emergency Medical Services.
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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

**Patient Death**

**End of Life Care contd.**

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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Provide opportunities for debriefing of care team, including volunteers.