Cancer Centre of Southeastern Ontario Standard Management Guidelines

Intended for use by Clinicians and Health Care Providers involved in the Management or Referral of adult patients with Small Cell Lung Cancer (SCLC)

Section	Activity	Activity Description	Details	Reference(s)
A	Diagnosis	Presentation and Clinical Work-up	 As per Cancer Care Ontario (CCO) Lung Cancer Diagnosis Pathway Lung Diagnostic Assessment Program (LDAP) to coordinate care during diagnostic work-up and staging LDAP Contact Information: Tel: (613) 549-6666 x7452 Fax: (613) 546-8225 	CCO Lung Cancer Diagnosis Pathway (1) SERCP Lung DAP Referral
			Figure 1: Lung Cancer Diagnosis Pathway - Initial Presentation	<u>Form (2)</u>
			Consolidation or Unexplained Pleural Effusion Chest X.Ray Report Reviewed by Primary Care Provider (from Suspicion Pathway, page 3 of 7) Normal or Abnormal Lung cancer not suspected Lung cancer of Suspected Infectious Disease Process (e.g., pneumonia, tuberculosis) Normal or Abnormal Abnormal Abnormal Abnormal Abnormal Lung cancer not suspected Unresolved (e.g., pneumonia, tuberculosis) Resolved Non-Resolving Consolidation or Pleural Effusion Depite Treatment (thoracio surgeon respirologist or other as appropriate) Referral information* Respirologist (or internist) Not Resolved Non-Resolving Consolidation or Pleural Effusion Provider (thoracio surgeon respirologist or other as appropriate) Referral information* Resolved Normal or Other Benign Lung Disease Suspected Infectious Disease Process (e.g., pneumonia, tuberculosis) Not Resolved Non-Resolving Consolidation or Pleural Effusion Depite Treatment Refer to EBS #24.2 Refer to EBS #24.2 Resolved Normal or Abnormal Suspected Chronic Obstructive Pulmonary Disease Suspected Chronic Obstructive Pulmonary Disease Resolved Normal or Abnormal Antibiotics Normal or Abnormal Antibiotics Not Resolved Normal or Abnormal Antibiotics Not Resolved Normal or Abnormal Abnorma	

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Section	Activity	Activity Description	Details	Reference(s)
В	Investigations		 CT or MRI Head CT Chest & Upper Abdomen Bone Scan PET Scan (not routine in all patients but recommended for potential limited stage disease) Pulmonary Function Test (PFT) with DLCO 	CCO Lung Cancer Diagnosis Pathway (1)
С	Management	Curative Intent	 Limited Disease (AJCC 7th edition stage I-III) Patients are managed with curative intent unless contraindicated by severe comorbidity Systemic: Standard chemotherapy regimen Cisplatin/Etoposide (VP/CP) (CISPETOP(3D)) 	AJCC 7 th edition (3) Cancer Care Ontario SCLC Treatment Pathway (4)
			Radiation: • Chest (concurrent cycle 1 or 2) • 45 Gy in 30 fractions BID OR	Cancer Care Ontario
			 40 Gy in 15 fractions for less fit patients PCI offered to patients with complete or partial 	Adjuvant/ Curative/

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Section	Activity	Activity Description	Details	Reference(s)
Section	Activity	Activity Description Palliative Intent	 response as 25 Gy in 10 fractions Extensive Disease (AJCC 7th edition stage IV) Systemic: Standard chemotherapy regimen VP/CP (CISPETOP(3D)) Radiation: Palliative radiation therapy is recommended for patients with intracranial metastases and for patients with significant symptoms related to localized metastatic disease PCI offered to patients with a partial or complete 	Reference(s) Neo-Adjuvant Intent Systemic Therapy (5) Cancer Care Ontario Palliative Intent Systemic Therapy (6)
			response (20 Gy in 5 fractions) o Sequential chest radiation therapy on an individualized basis	
			Palliative Medicine:	
			Early referral recommended	
D	Follow-up with no Evidence of		 There is no standardized evidence supported follow-up protocol for patients treated with curative OR palliative intent The following is usual practice for most patients at CCSEO: 	

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Section	Activity	Activity Description	Details	Reference(s)
	Disease		 Year 1 and 2 clinical assessment with chest x-ray every 8-12 weeks Year 3, 4 & 5 clinical assessment with chest x-ray every 6 months Other investigations ordered as directed by symptoms and clinical findings 	
E	Recurrence		 Second line chemotherapy or re-introduction with first-line chemotherapy considered on an individualized basis Palliative Radiation therapy recommended to sites of recurrence/progression with significant localized symptoms Early involvement of palliative care services at CCSEO and in the community is encouraged 	
F	Controversies		 Role of PET results in staging and altering management Role of PCI in extensive stage disease Role of chest radiation therapy in extensive disease 	
G	Clinical Trials		Please refer to the Clinical Trials website for active local studies	Cancer Centre of Southeastern Ontario Clinical Trials (7)

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- 3. American Joint Committee on Cancer (AJCC). Lung Cancer Staging (7th edition). American Joint Committee on Cancer (AJCC) Cancer Staging. [Online] 2009. https://cancerstaging.org/references-tools/quickreferences/Documents/LungMedium.pdf.
- 4. Cancer Care Ontario (CCO) Disease Pathway Management Treatment. Small Cell Lung Cancer Treatment Pathway. Cancer Care Ontario. [Online] 2014. https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=298427.
- 5. Cancer Care Ontario (CCO) Systemic Treatment Program. Adjuvant/ Curative/ Neo-Adjuvant Small Cell Lung Cancer Regimens. Systemic Treatment Funding Model. [Online] February 2015. https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300422.
- 6. Cancer Care Ontario (CCO) Systemic Treatment Program Palliative. Palliative Small Cell Lung Cancer Regimens. Systemic Treatment Funding Model. [Online] February 2015. https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=300424.
- 7. Cancer Centre of Southeastern Ontario. Oncology Clinical Trials. Cancer Centre of Southeastern Ontario at the Kingston General Hospital. [Online] http://www.kgh.on.ca/en/research/groupsanddepartments/researchgroups/Pages/clinicaltrials.aspx.

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Revisions

- 2015/01/11: Draft created
- 2015/01/21: Discussed at Disease Site Group Chairs Council (2015/01/21)
- 2015/03/06: Revisions to pathology components (Section B Investigations), addition of high resolution figures (Section A Diagnosis)