Cancer Care

Operable Stage 2 Non-Small Cell Lung Cancer
INTRODUCTION

This clinical pathway supports optimal care of patients experiencing Stage II Lung Cancer by standardizing the process of clinical care based on available best evidence, and by reducing the risk of harm that may occur due to unnecessary variations in clinical care.

Scope of this Pathway

This care pathway will serve adult patients who present for acute care with the primary diagnosis of operable stage 2 non-small cell lung cancer.

Pathway Contacts

The content of this pathway is developed and maintained by the Cancer Care service line of Christiana Care Health System. Questions or feedback about the content may be directed to:

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In Delaware and the United States, lung cancer is the most frequently diagnosed form of cancer, and it’s the most common cause of death from cancer. The Helen F. Graham Cancer Center & Research Institute sees about 35 patients with stage 2 non-small cell lung cancer each year. Among the pathway’s goals are decreasing the number of imaging procedures from diagnosis through survivorship and reducing the cost of care by standardizing chemotherapy protocols.

Any physician can refer an inpatient or outpatient to the Thoracic Multidisciplinary Center or any of the multidisciplinary centers at the Helen F. Graham Cancer Center & Research Institute for a treatment/diagnostic plan or for a second opinion. Patients may also self-refer by calling 302-623-4500.

Other services include: smoking cessation, psychology, social work, nutrition, specialty rehabilitation, library, and Simply You.
**PATHWAY ALGORITHMS**

**ALGORITHM 1: SCREENING AND FOLLOWUP**

**CCHS Lung Cancer Screening And Follow-up Pathway**  
(NCCN Guideline Evidence Based)  
09/10/2015

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**Pre-Screening**

1. Lung Screening NN receives referral
2. Patient or PCP calls
3. Screening Questions by NN
   - Patient Meets Criteria
     - YES
       - Imaging
       - Perform LDCT
         - NO
           - Scan Needed in 3 or 6 months?
             - No
               - Patient need Surgery?
                 - No
                   - Initial Evaluation
                 - Yes
                   - Lung NN to coordinate appointment
         - YES
           - No
             - Patient need Surgery?
               - Yes
                 - Lung NN to coordinate with Thoracic Surgeon Office
               - No
                 - Non-pulmonary finding per team?
                   - Yes
                     - Lung NN to relay to PCP patient or NN to continue with surveillance annually
                   - No
                     - Lung NN to coordinate with Thoracic Surgeon Office

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**Screening**

- Offer smoking cessation materials Quit Line# - Referring Physician Notified patient is not eligible

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**Imaging**

- NN contacts patient for consent process
- Schedules for Lung Screening MDC
- NP discusses benefits, risks confirms eligibility
- Order LDCT if not already obtained from PCP
- Pt meets with smoking cessation coach at MDC or referral made

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**Initial Evaluation**
ALGORITHM 2: INITIAL EVALUATION

CCHS Abnormal Chest X-Ray Pathway
(NCCN Guideline Evidence Based)

10/19/2015
ALGORITHM 3: PRE-STAGING/PRE-OP WORKUP

CCHS Operable Stage II Non-Small Cell Lung Cancer Pathway
Abnormal CT Chest Workup/Initial Evaluation
(NCCN Guideline Evidence Based)

10/20/2015
ALGORITHM 4: SURGICAL

CCHS Resectable and Operable Stage II Non-Small Cell Lung Cancer Pathway (NCCN Guideline Evidence Based) 10/19/2015

Surgical Phase

Perform VATS (Preferred) Or Open Thoracotomy

CBC, BMP Within 3 months ECG/EKG Within 1 months

Pre Discussion of risk/benefit
Advance Directives Goals of Care Patient Preference Risk of Procedures, etc
**Clinical Trials

Consider induction chemo

Ancef Allergy?

Yes

Clinda (PreOp)

No

Tumor Pathology

ALGORITHM 5: NON-SURGICAL

CCHS Resectable but Inoperable Stage II Non-Small Cell Lung Cancer Pathway (NCCN Guideline Evidence Based) 10/19/2015

Non-Surgical Phase

Definitive XRT Consider SABRT

Consider Adjuvant Chemo for High Risk
May include poorly differentiated tumors, atypical cascinoids, vascular invasion, wedge resection; tumors > 4cm, visceral pleural involvement, incomplete lymph node staging.

Definitive ChemorXRT (like Stage III)

Adjuvant Treatment
ALGORITHM 6: POST-OP MANAGEMENT

CCHS Operable Stage II Non-Small Cell Lung Cancer Pathway
Adjuvant Treatment
(NCCN Guideline Evidence Based)

10/19/2015

R0 = no residual tumor
R1 = microscopic residual tumor
R2 = macroscopic residual tumor
ALGORITHM 7: FOLLOWUP/MONITORING

CCHS Operable Stage II Non- Small Cell Lung Cancer Pathway
Follow-up/Surveillance
(NCCN Guideline Evidence Based) 10/19/2015

Follow-up visits
- MD visit q 3-6 months for 2 yrs, then q 6-12 months for 3 more years, then may follow with Primary Care Physician (PCP)
- CT scan q 6 months for two years and then yearly for a total of five years.
- No routine PET scans
- Coordinate visits between medical oncologist and surgeon.

Smoking, cessation healthy life style

-Coordinate with primary care physician for monitoring of general health 6 months post surgery (after chemotherapy complete)
-Refer back to PCP after 5 years unless ongoing hematologic/oncologic issues
CLINICAL EDUCATION MATERIALS

- National Cancer Institute
- Clinical Trials information
- National Comprehensive Cancer Network
THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.