UCCH Pathway

UCCH Guideline Lung Cancer

2.03.01 Anlage 06

Version Jun/2021

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Guideline Lung Cancer

Version 07, Jun/2021

according to TNM classification 8th edition (UICC)

Lung Cancer board members

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Implemented	Apr/2008
Revised	May/2012, May/2014, May/2016, Dec/2018, Jun/2021
Next planned review	Jun/2023

Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

TB

= Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

PD

= Progressive disease

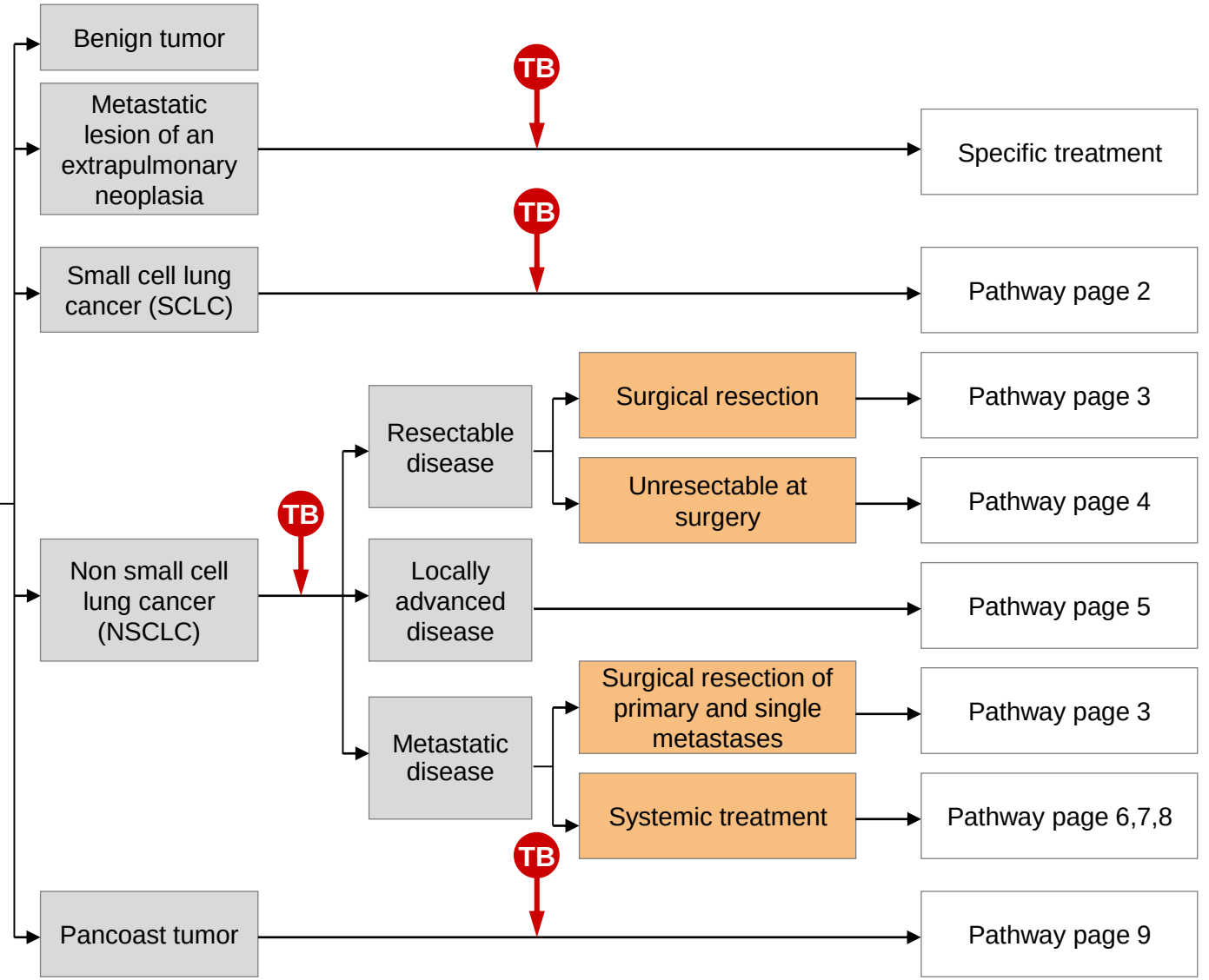
Version Jun/2021

Pathway: Lung Cancer

2.03.01 Anlage 06

Work up

- Baseline:
  - Physical exam, smoking history
  - Lab exam
  - CT thorax and abdomen
  - Pulmonary function tests
  - Cytology/ histology (by bronchoscopy/EBUS, CT-guided puncture, primary surgery in case of solitary pulmonary nodule)
  - PET-CT: NSCLC stage I-III B, stage IV if oligometastatic, SCLC (if limited/very limited stage is suspected)
  - EUS/EBUS (stage I-III B, in case of suspicious lymphnodes in CT/PET-CT)
- Variable:
  - Spiroergometry (preoperative evaluation in case of pathologic pulmonary function tests: FEV1<80%, DCO<80%)
  - Pulmonary perfusion scintigraphy (in case of pathologic spiroergometry)
  - MRI of the brain (NSCLC: suspected metastases, obligatory before curative surgery if primary tumor is ≥ 2 cm; SCLC: obligatory)
  - Bone scan (SCLC: obligatory, unless PET-CT is performed, NSCLC: suspected metastases, unless PET-CT is performed)
  - Mediastinoscopy (in case of radiographic suspicious lymphnodes with negative histology obtained by EUS/EBUS)
- Supportive:
  - Offer contact to self help group, psychooncological support and early palliative care in case of metastatic disease



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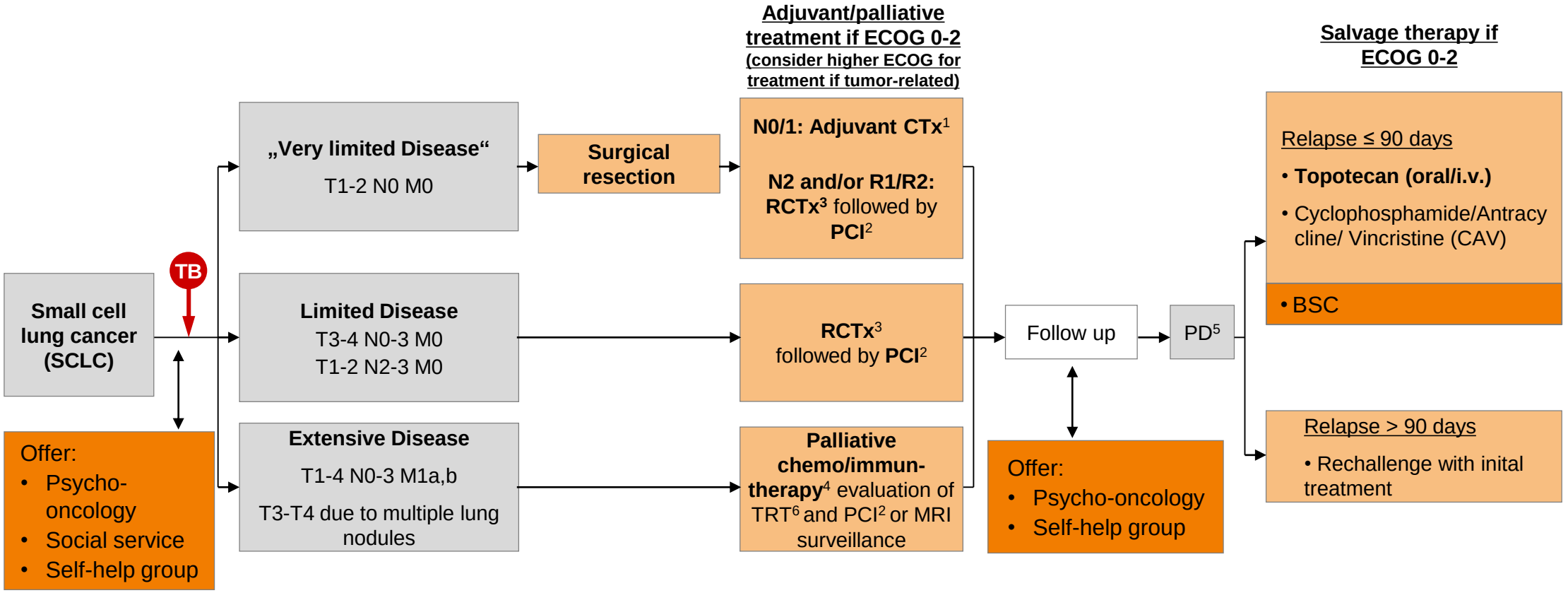
Pathway page 2: Small cell lung cancer (SCLC)



CTx Chemotherapy, , PCI Prophylactic Cranial Irradiation, RCTx Radiochemotherapy, BSC Best Supportive Care, PD Progressive Disease

1 Adjuvant chemotherapy: Cisplatin/Etoposide 4 courses

2 Prophylactic Cranial Irradiation: In case of complete or partial remission after primary therapy; CAVE: increased risk of neurocognitive side-effects if >70 and/or vasc. Disease; PCI is optional in extensive disease, MRI surveillance if PCI hasn‘t been performed

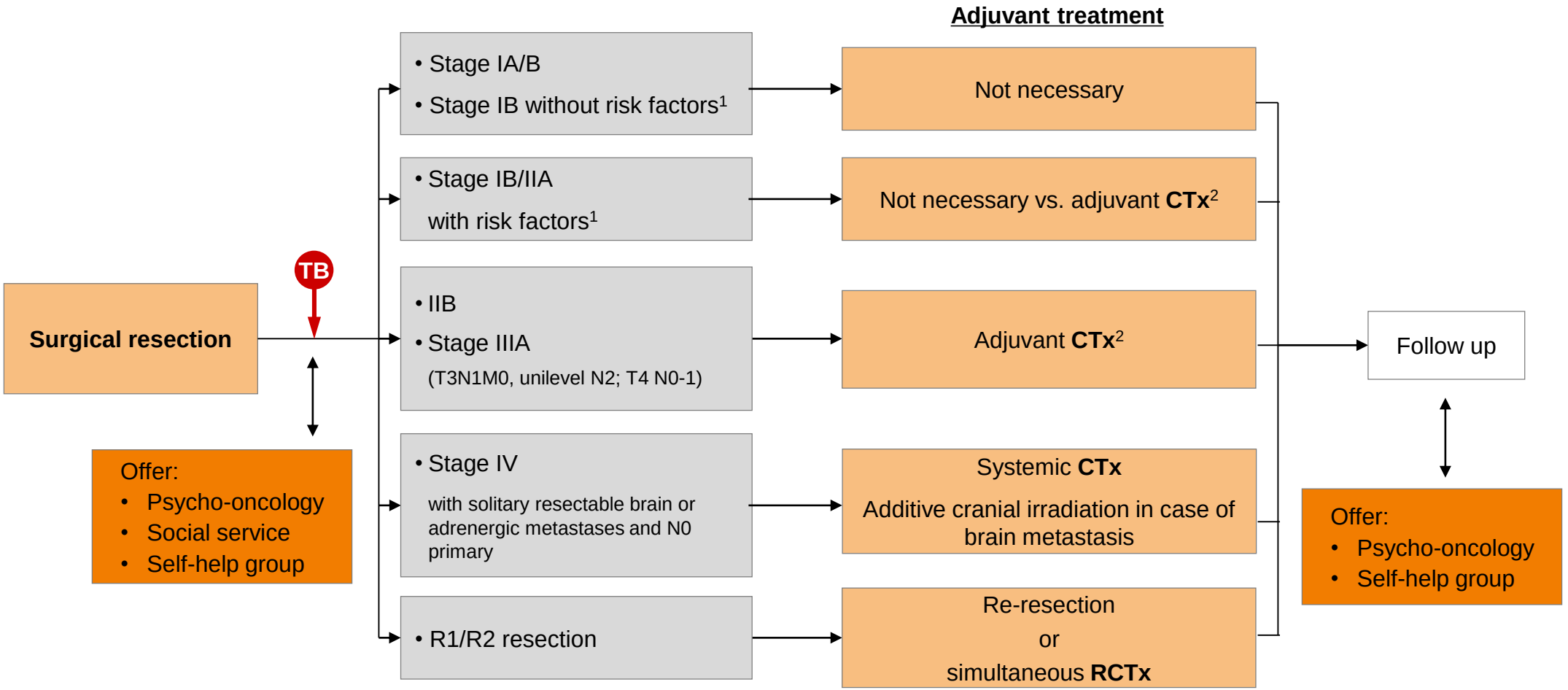
3 Simultaneous RCTx preferred to sequential if ECOG </= 2, systemic treatment: 4 courses Cisplatin/Etoposide

4 Palliative chemo/immuntherapy: Carboplatin/Etoposide 4-6 courses + Atezolizumab or Durvalumab

5 In refractory patients (e.g. progress during Platinum/Eto) or relapse < 6 weeks, benefit of further CTx is very poor.

6 TRT Thoracic Radiotherapy in patients responding to CT with residual thoracic mass

Pathway page 3: Surgical resection

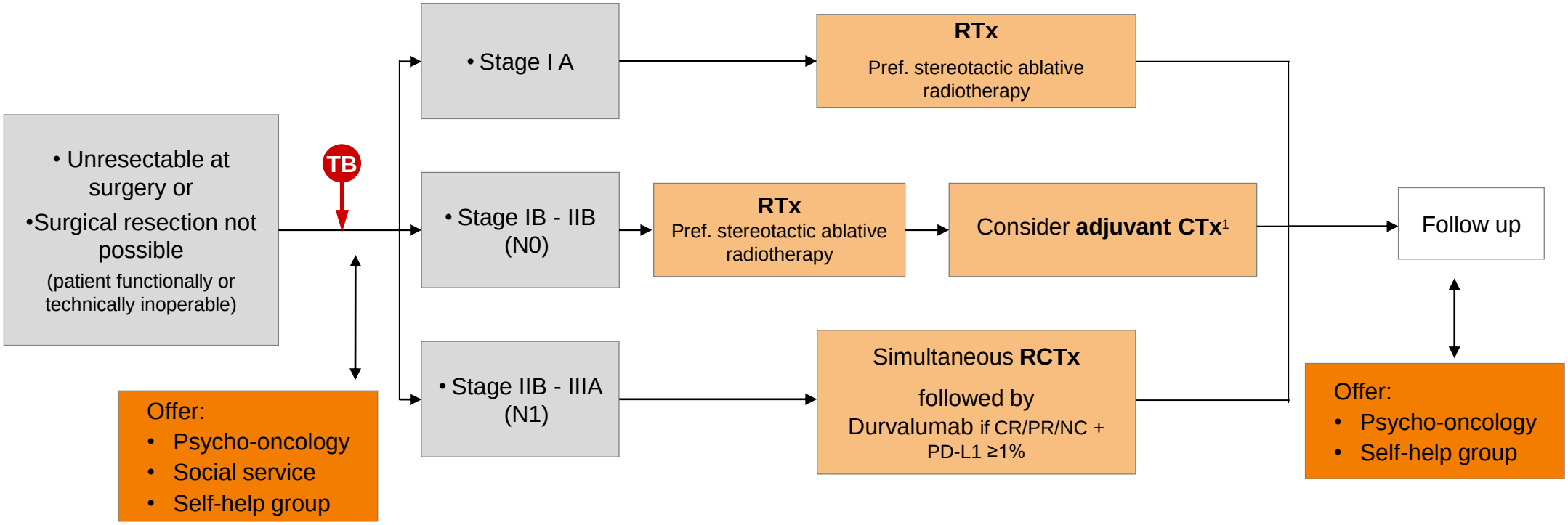


CTx Chemotherapy, RCTx Radiochemotherapy, HITOC Hyperthermic Intrathoracic Chemotherapy Perfusion

1 Risk factors such wedge resection, visceral pleural involvement, vascular invasion

2 Adjuvant chemotherapy (for ECOG 0-1): Platindoublet, 4 courses, plus Osimertinib maintenance in case of common activating EGFR mutation,

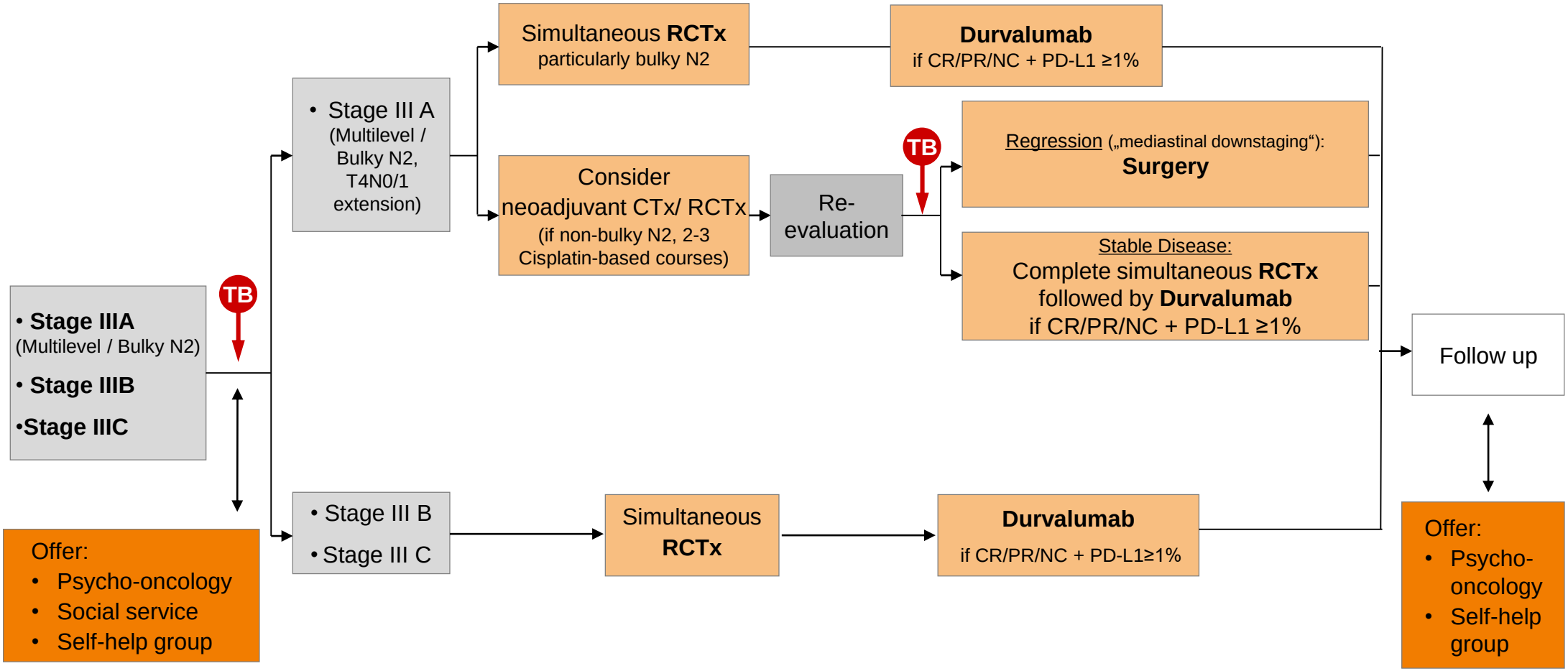
Pathway page 4: Unresectable at surgery, surgical resection not possible



CTx Chemotherapy, RTx Radiotherapy, RCTx Radiochemotherapy

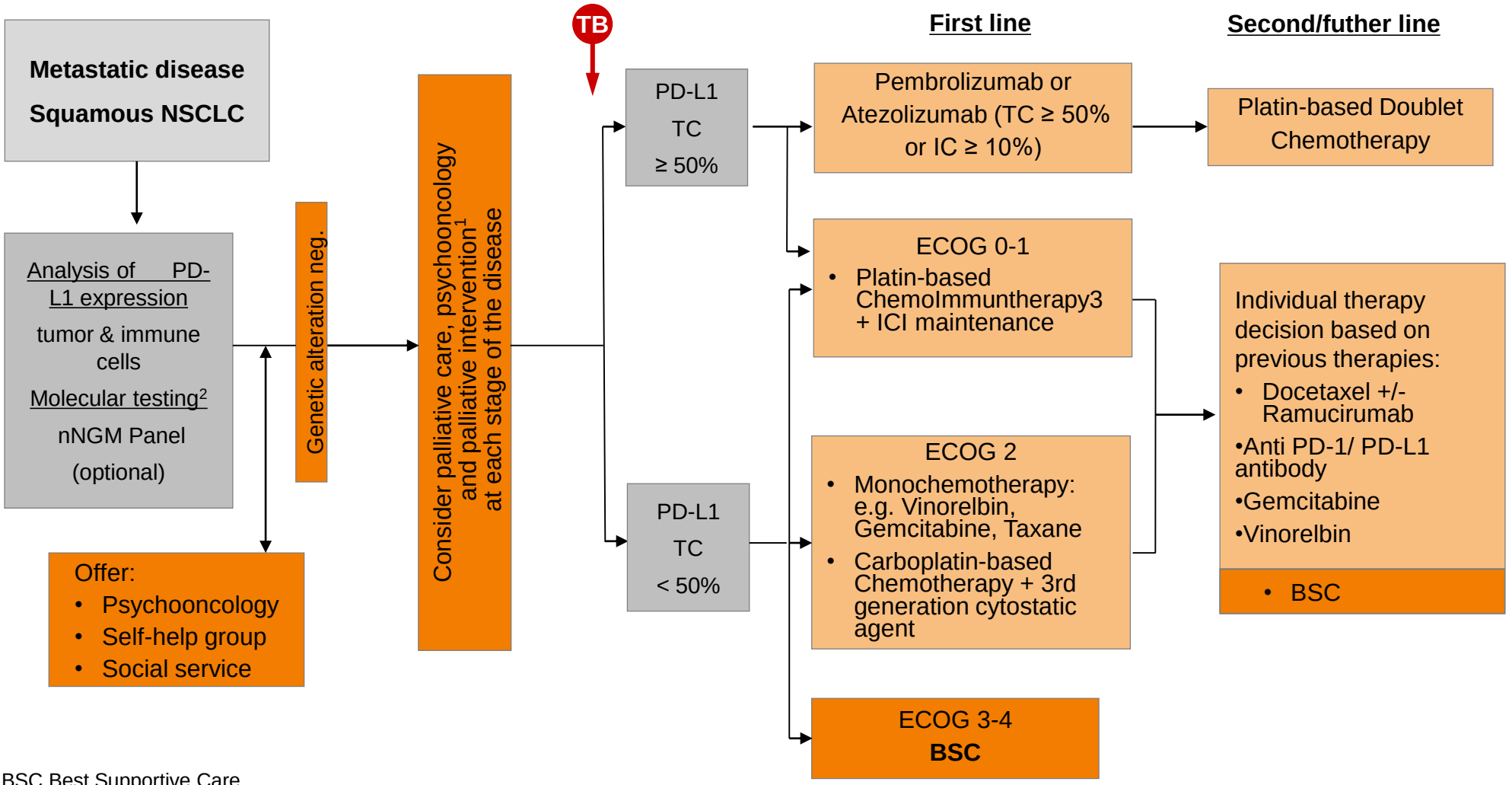
[1] Risk factors such as T-size > 4 cm, wedge resection, visceral pleural involvement

Pathway page 5: Locally Advanced



CTx Chemotherapy, RCTx Radiochemotherapy

Pathway page 6: Squamous NSCLC Metastatic disease, systemic treatment, salvage therapy



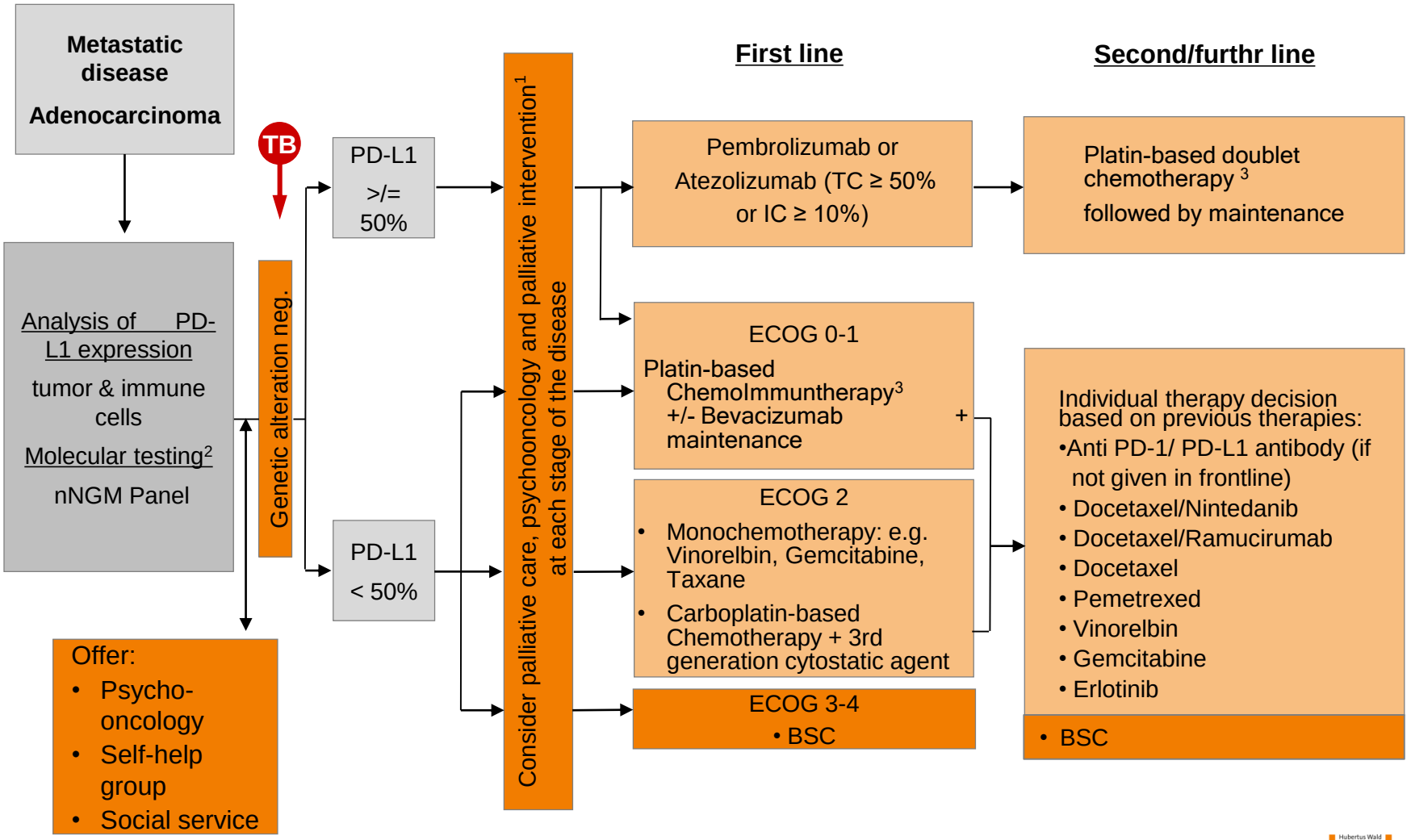
BSC Best Supportive Care

[1] See palliative care screening tool on page 10

[2] See molecular diagnostic panel on page 11

[3] according to KN407, CM 9LA

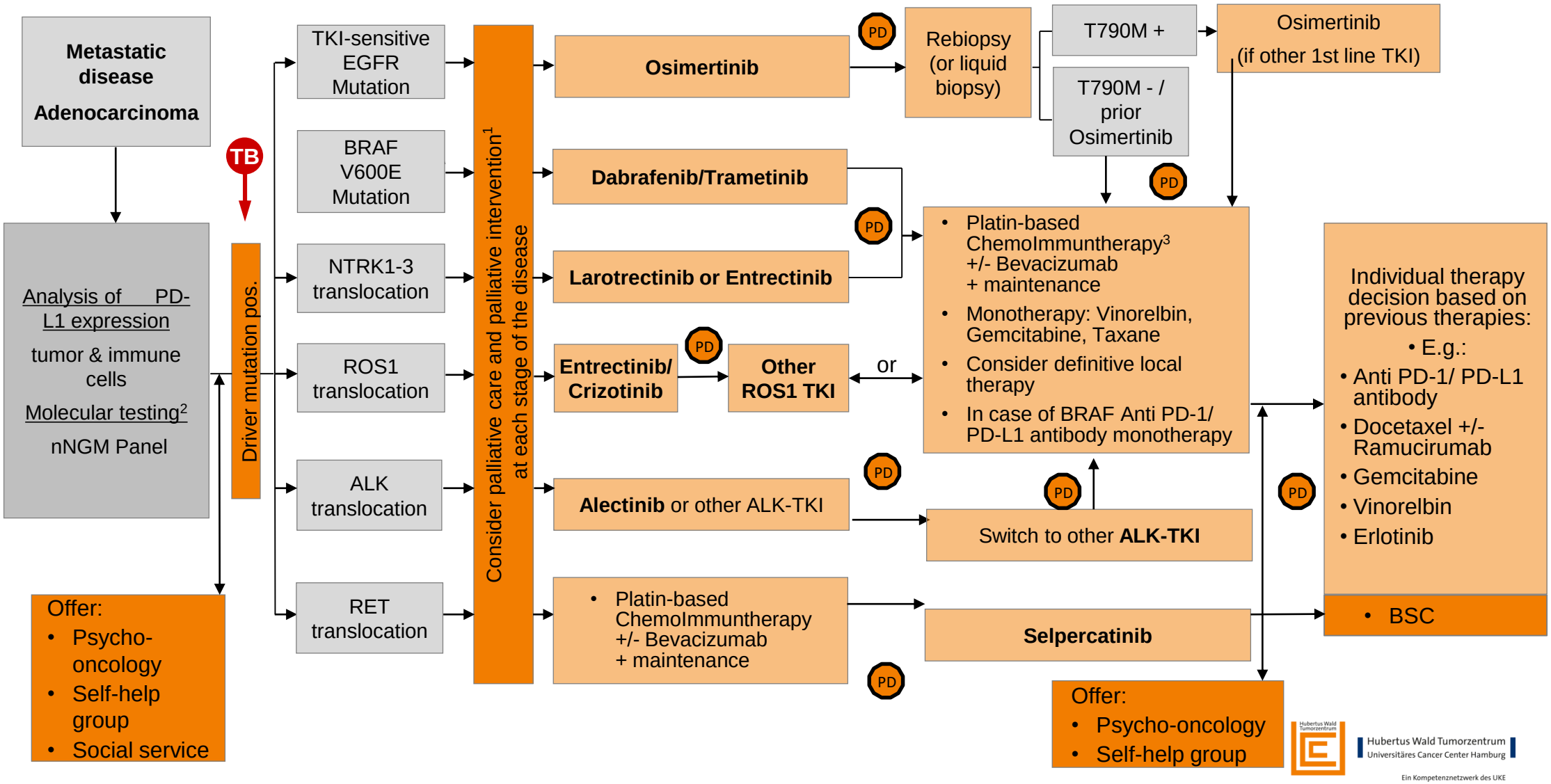
Pathway page 7: NSCLC (adenocarcinoma without driver mutation) Metastatic disease, systemic treatment, salvage therapy



BSC Best Supportive Care

[1] See palliative care screening tool on page 10; [2] See molecular diagnostic panel on page 11; [3] according to KN189, Impower 150, CM 9LA

Pathway page 8: NSCLC (adenocarcinoma with driver mutation) Metastatic disease, systemic treatment, salvage therapy



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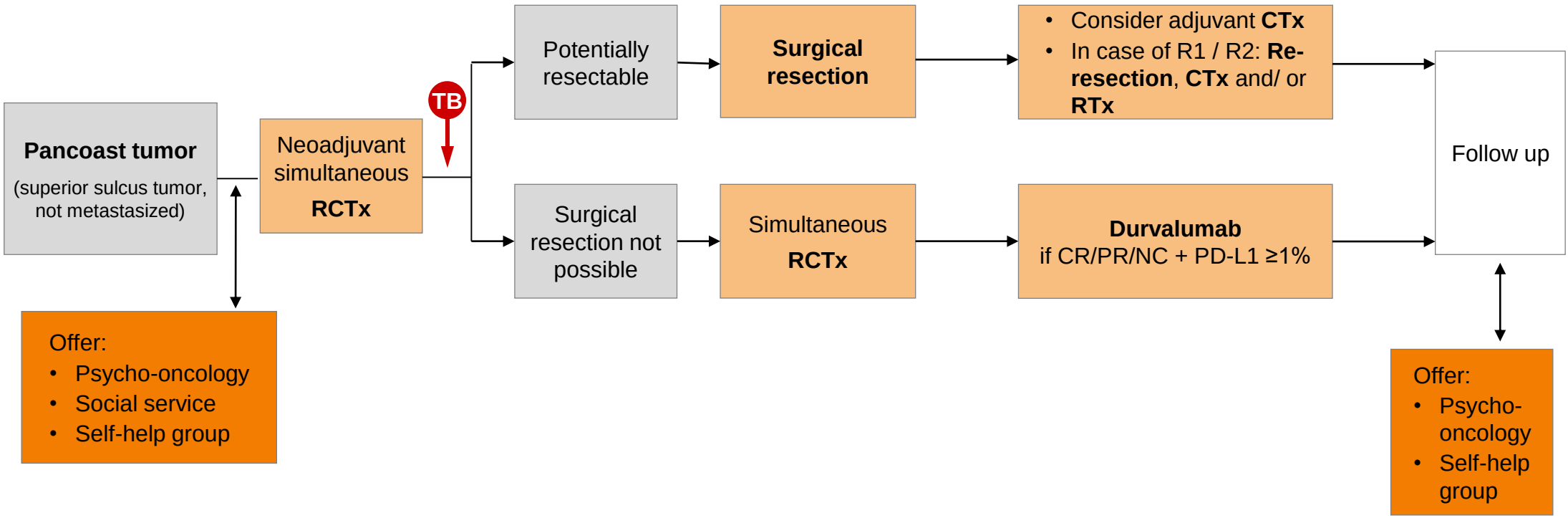
BSC Best Supportive Care; [1] See palliative care screening tool on page 10; [2] See molecular diagnostic panel on page 11; [3] preferebly Impower 150 regimen for EGFR/ALK +

Pathway page 9: Pancoast tumor



CTx Chemotherapy, RTx Radiotherapy, RCTx Radiochemotherapy

Pathway page 10: Follow - up

- Offer contact to self-help group and psychooncological support whenever necessary
- Offer oncologic rehabilitation to the patient

Follow-Up (months since end of therapy)*	**3**	**6**	**12**	**18**	**24**	**36**	**48**	**60**
History	X	X	X	X	X	X	X	X
physical exam	X	X	X	X	X	X	X	X
Chest imaging	X	X	X	X	X	X	X	X
Lung function	X	X	(X)	(X)	(X)			
Other diagnostic	Every 6-9 months review the indications for cerebral imaging in high risk patients							
(X) After Radiotherapy								

Palliative care screening tool

Screening items			Points
1.	• Presence of metastatic or locally advanced cancer		**2**
2.	• ECOG score (functional status score, performance status)		**0-4**
3.	• Presence of one or more serious complications of advanced cancer usually associated with a prognosis of < 12 months (e.g. brain metastases, hypercalcemia, delirium, spinal cord compression, cachexia		**1**
4.	• Presence of one or more serious comorbid diseases also associated with poor prognosis (e.g. moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure end stage liver cirrhosis)		**1**
5.	• Presence of palliative care problems		**1**
	a.	• Symptoms uncontrolled by standard approaches	**1**
	b.	• Moderate to severe distress in patient or family, related to cancer diagnosis or therapy (personal targets and expectations, educational and informational requirements, cultural factors)	**1**
	c.	• Patient/family requests palliative care consult	**1**
	d.	• Team needs assistance with complex decision making or determing goals of care (benefit/side effects of treatment)	**1**
	e.	• Instable or deficient network especially for emergency situation or 24-h care	**1**

A total of > 5 points signalizes need for supportive palliative care

According to Glare et al. (2011); NCCN Clinical Practice guidelines in Oncology 2015

Molecular Diagnostic: based on nNGM V.1 Panel

Molecular diagnostics:
IHC, FISH, NGS

- **FISH:** ALK, ROS1, HER2, RET, NRG1, NTRK1-3, MET
- **NGS Panel:** ALK, BRAF, CTNNB1, EGFR, ERBB2, FGFR1-4,IDH1-2, KRAS, MAP2K1, MET, NRAS, PIK3CA, PTEN, ROS1, TP53
- **IHC:** PD-L1 (TC+IC)