

STANDARD TREATMENT WORKFLOW (STW)

Lung Cancer

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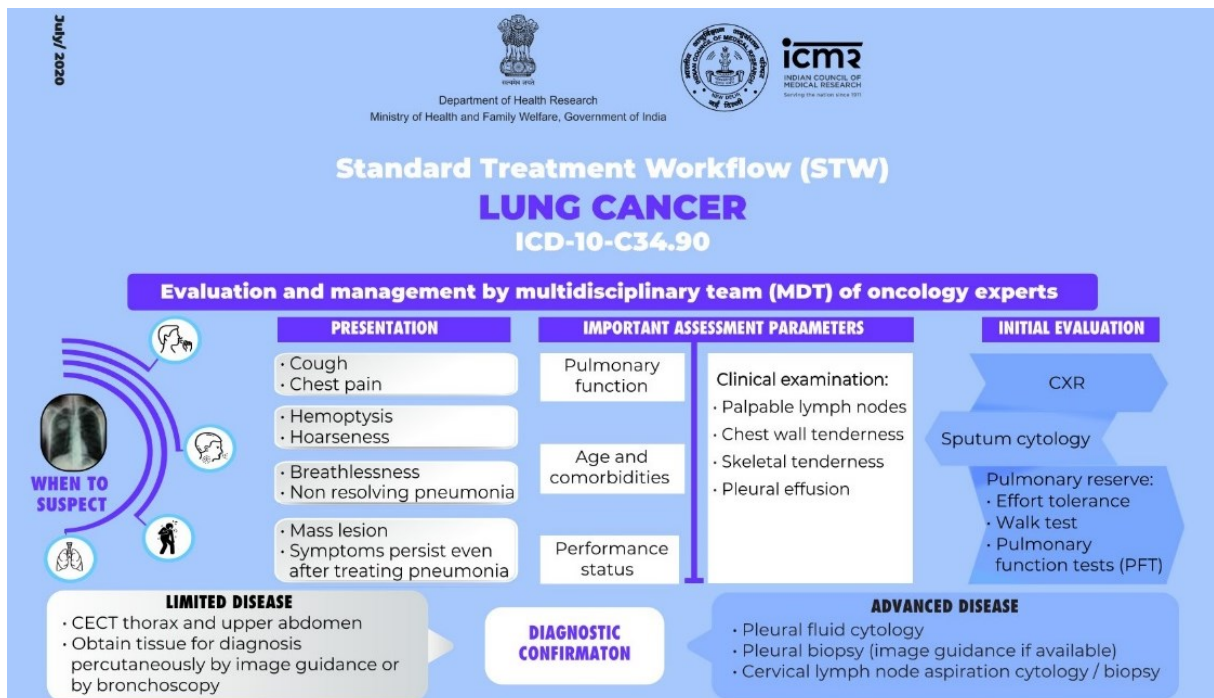
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Standard Treatment Workflow (STW) LUNG CANCER ICD-10-C34.90

Evaluation and management by multidisciplinary team (MDT) of oncology experts

PRESENTATION	IMPORTANT ASSESSMENT PARAMETERS	INITIAL EVALUATION
<ul style="list-style-type: none"> Cough Chest pain Hemoptysis Hoarseness Breathlessness Non resolving pneumonia Mass lesion Symptoms persist even after treating pneumonia 	<ul style="list-style-type: none"> Pulmonary function Age and comorbidities Performance status 	<ul style="list-style-type: none"> Clinical examination: <ul style="list-style-type: none"> Palpable lymph nodes Chest wall tenderness Skeletal tenderness Pleural effusion

WHEN TO SUSPECT

DIAGNOSTIC CONFIRMATION

- CECT thorax and upper abdomen
- Obtain tissue for diagnosis percutaneously by image guidance or by bronchoscopy

INITIAL EVALUATION

- CXR
- Sputum cytology
- Pulmonary reserve:
 - Effort tolerance
 - Walk test
 - Pulmonary function tests (PFT)

LIMITED DISEASE

- CECT thorax and upper abdomen
- Obtain tissue for diagnosis percutaneously by image guidance or by bronchoscopy

ADVANCED DISEASE

- Pleural fluid cytology
- Pleural biopsy (image guidance if available)
- Cervical lymph node aspiration cytology / biopsy

All lung shadows are not tuberculosis ! Obtain diagnostic investigations before starting empirical ATT !

PATHOLOGY ASSESSMENT
 Biopsy/ cell block/ smear
Histopathology
 adenocarcinoma, squamous carcinoma, poorly differentiated carcinoma, small cell carcinoma
Immunohistochemistry
 TTF 1, p40, synaptophysin/ chromogranin
Preserve tissue for molecular analysis
 Molecular tests for adenocarcinoma: EGFR, ALK, ROS-1

SMALL CELL LUNG CARCINOMA
Do CECT thorax and abdomen

- Non metastatic disease:** T1-4, N0-3, M0
 - Metastatic work up: PET CT & MRI brain
 - Consider surgery for T1-2, N0
 - Concurrent CT + RT
- Metastatic disease:** Any T, any N, M1
 - Prophylactic cranial irradiation
 - Symptomatic & supportive care
 - Palliative chemotherapy carboplatin + etoposide

NON SMALL CELL LUNG CARCINOMA
Do CECT thorax and abdomen

- Non metastatic disease:** T1-4, N0-3
 - Metastatic work up: PET CT and MRI brain
- Metastatic disease:** Any T, any N, M1
 - Symptomatic & supportive care
 - Refer to oncology centre
 - Palliative chemotherapy (platinum doublet in fit patients, single agent chemotherapy for PS 2)
 - Oral TKI if target mutation detected
 - Immunotherapy may be an option in some patients

MANAGEMENT OF NSCLC

METASTATIC WORKUP* PET-CT SCAN AND MRI BRAIN

AVAILABLE TREATMENT OPTIONS

- Chemotherapy doublet: Carboplatin or cisplatin with pemetrexed or paclitaxel or gemcitabine or etoposide
- EGFR mutation positive: gefitinib, afatinib, osimertinib, erlotinib, dacomitinib
- Immune checkpoint inhibitors: nivolumab, atezolizumab, pembrolizumab, ipilimumab

PALLIATIVE CARE

- Radiotherapy
- Pain management
- Opioids: morphine, tramadol, oxycodone
- Paracetamol, nonsteroidal anti-inflammatory drugs
- Cough suppressants
- Treatment of chronic obstructive pulmonary disease
- Treatment of anemia, anorexia, electrolyte abnormalities

A HIGH THRESHOLD FOR INVASIVE PROCEDURES.

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: www.icmr.org.in for more information.

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