

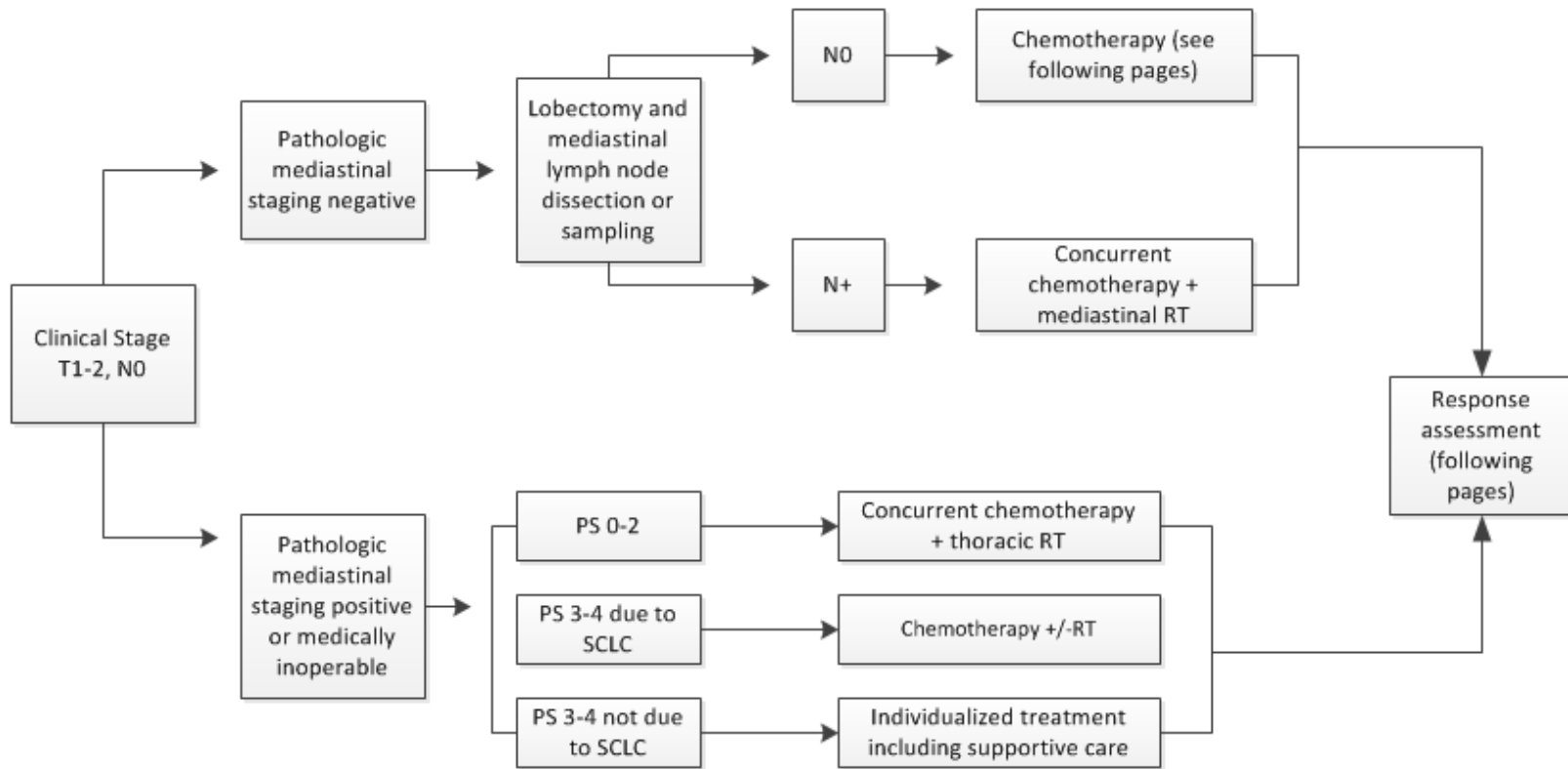
COME HOME Small Cell Lung Cancer Pathway v4 January 2015

Diagnostic workup:

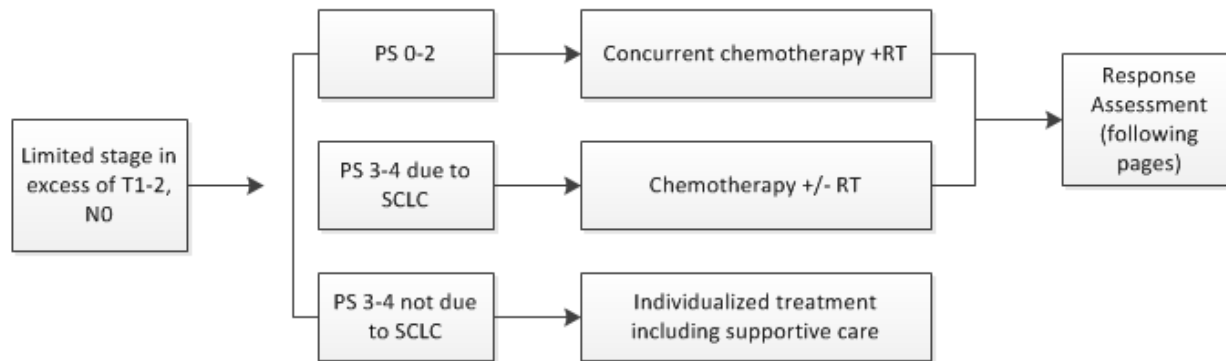
1. Pathology review (all patients)
2. History and physical within one month of first visit (all patients)
3. Staging entered within one month of first visit (all patients)
4. Performance Status entered within one month of first visit (all patients)
5. CBC with differential, platelets, BUN creatinine within one month of first visit (all patients)
6. Chest/liver/adrenal CT with contrast within one month of first visit (Stage I-III required, optional stage IV/recurrent)
7. Brain MRI or CT with contrast (Stage I-III required, optional stage IV/recurrent)
8. PET-CT (Clinical Stage T1-2, N0) and as clinically indicated
9. Smoking cessation counseling and intervention (all patients)
10. Thoracentesis (if clinically indicated)
11. Pulmonary function tests (Clinical stage T1-2, N0)
12. Bone imaging (if PET-CT done and equivocal)
13. Mediastinoscopy (Clinical Stage T1-2, N0)

Initial Treatment

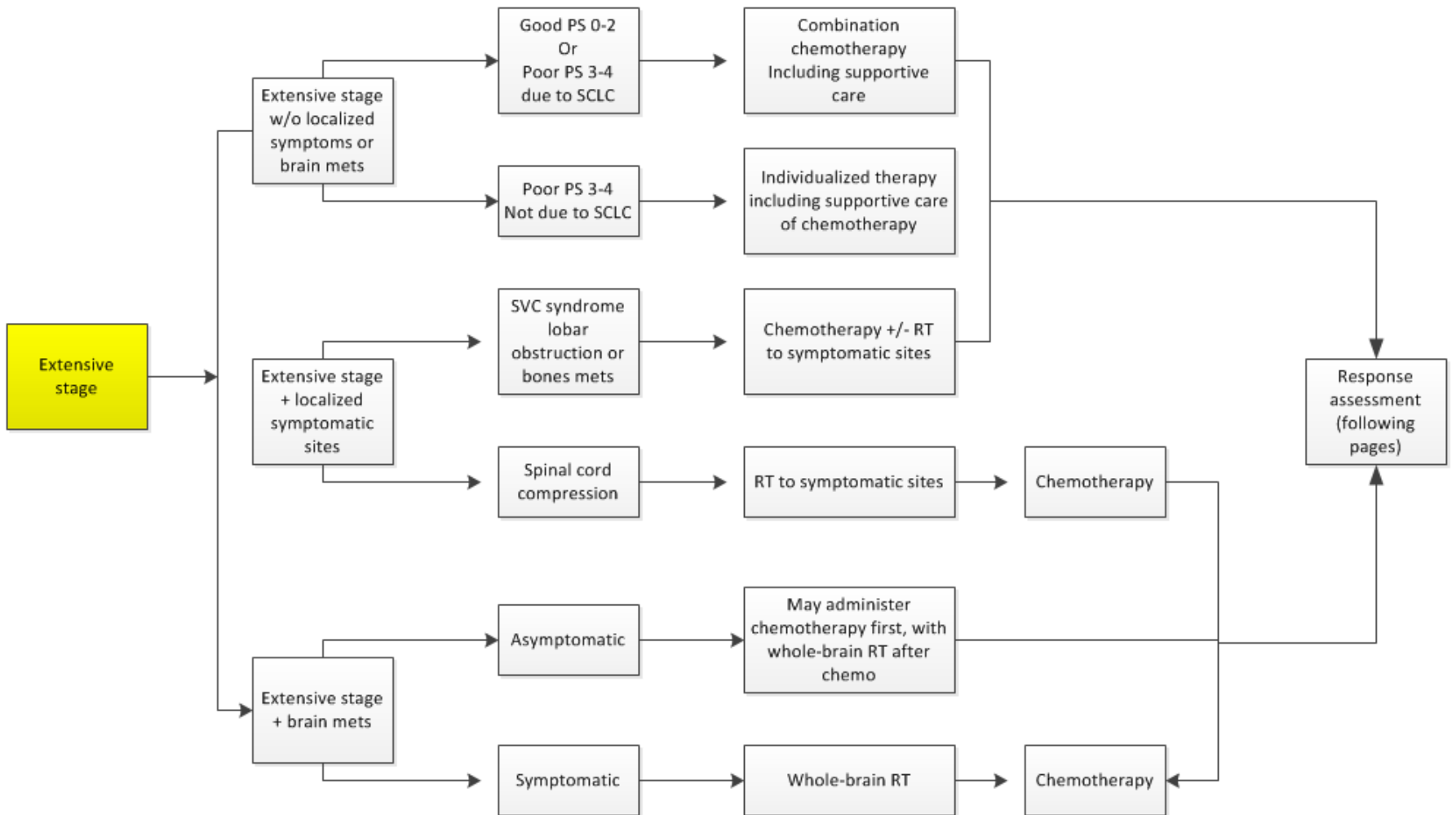
Clinical stage T1-2, N0



Clinical stage: limited stage (T any, N any, M0; except T3-4 due to lung nodules that do not fit in a tolerable radiation field) in excess of T1-2, N0



Clinical stage: Extensive stage (T any, N any, M1a/b; T3-4 due to multiple lung nodules)



Chemotherapy as primary or adjuvant therapyLimited stage (maximum of 4-6 cycles):

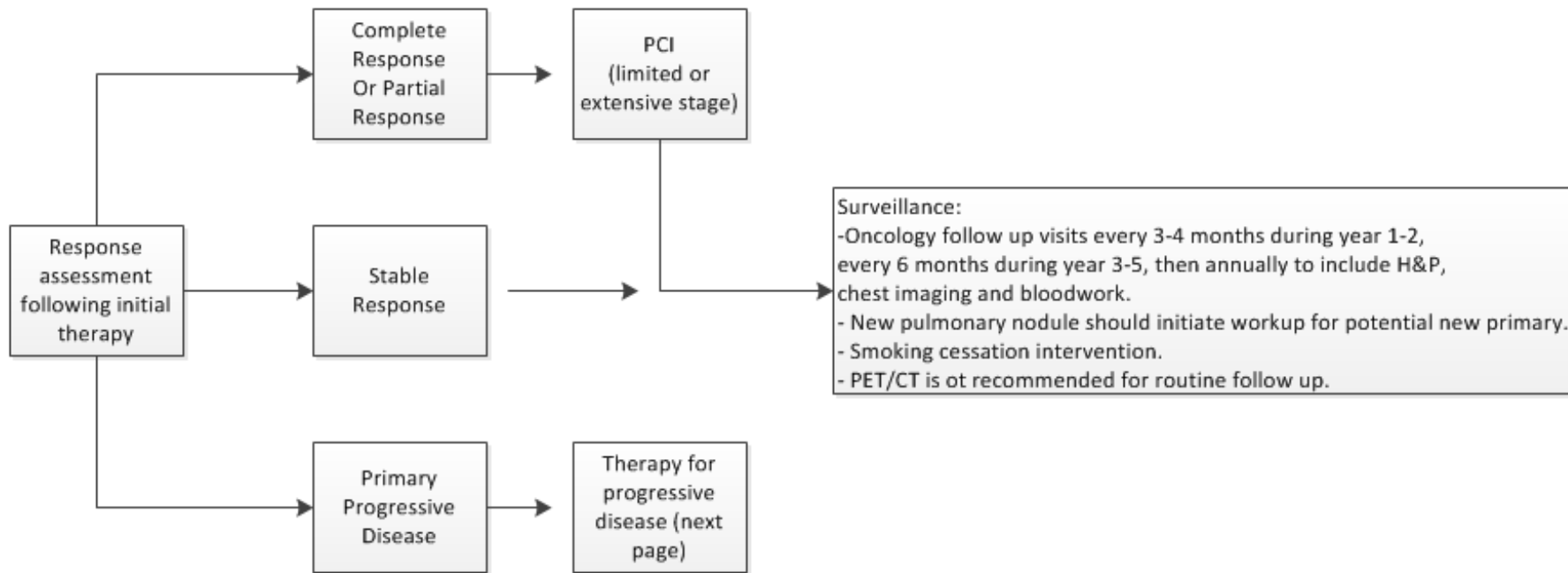
- Cisplatin 60 mg/m² day 1 and etoposide 120 mg/m² days 1, 2, 3 (preferred if concurrent chemo/RT)
- Cisplatin 80 mg/m² day 1 and etoposide 100 mg/m² days 1, 2, 3 (preferred if concurrent chemo/RT)
- Carboplatin AUC 5-6 day 1 and etoposide 100 mg/m² days 1, 2, 3
- The use of myeloid growth factors is not recommended during concurrent chemotherapy + RT

Extensive stage (maximum of 4-6 cycles):

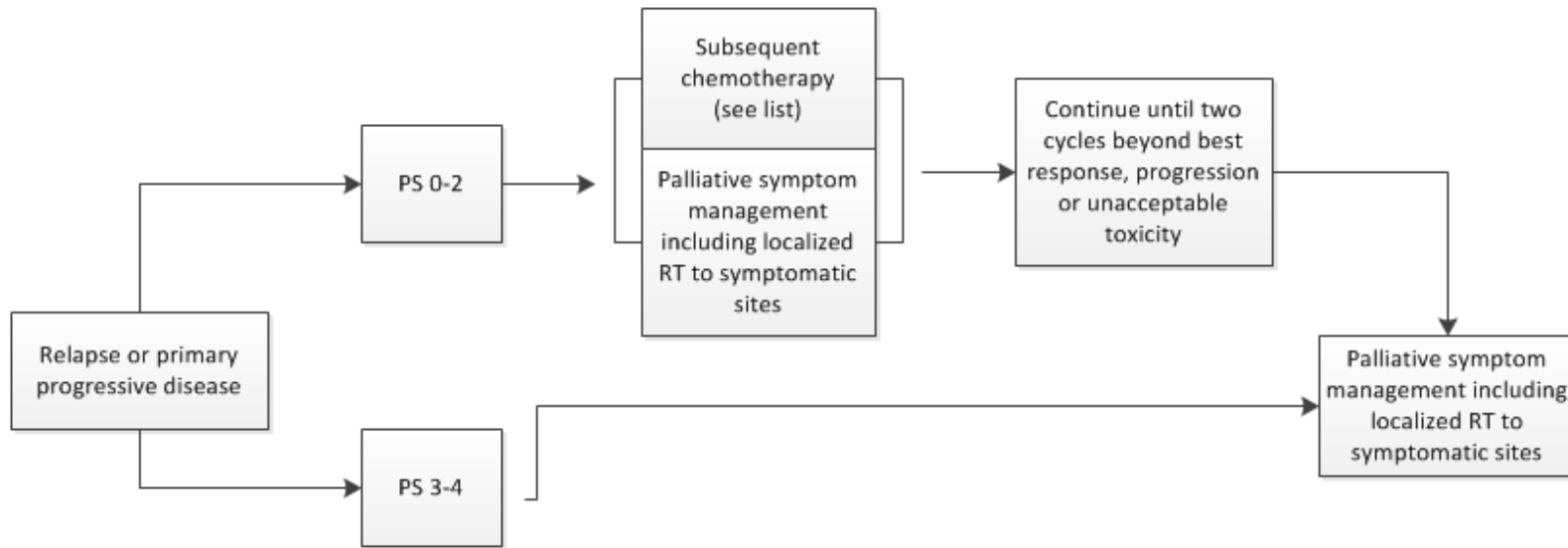
- Cisplatin 75 mg/m² day 1 and etoposide 100 mg/m² days 1, 2, 3
- Cisplatin 80 mg/m² day 1 and etoposide 80 mg/m² days 1, 2, 3
- Cisplatin 25 mg/m² days 1, 2, 3 and etoposide 100 mg/m² days 1, 2, 3
- Carboplatin AUC 5-6 day 1 and etoposide 100 mg/m² days 1, 2, 3

Response assessment following initial therapy

- Chest x-ray (optional)
- Chest/liver/adrenal CT with IV contrast whenever possible
- Brain MRI (preferred) or CT with IV contrast whenever possible, if prophylactic cranial irradiation (PCI) to be given
- Other imaging studies, to assess prior sites of involvement as clinically indicated
- CBC, Platelets
- Electrolytes, LFTs, Ca, BUN, creatinine



Progressive Disease



Subsequent Chemotherapy

- Clinical trial preferred
- Relapse < 6 mo, PS 0-2
 - Paclitaxel
 - Docetaxel
 - Topotecan
 - Irinotecan
 - Vinorelbine
- Relapse > 6 mo: original regimen
 - Temozolomide 75mg/m² for 1 week every 21-28 days