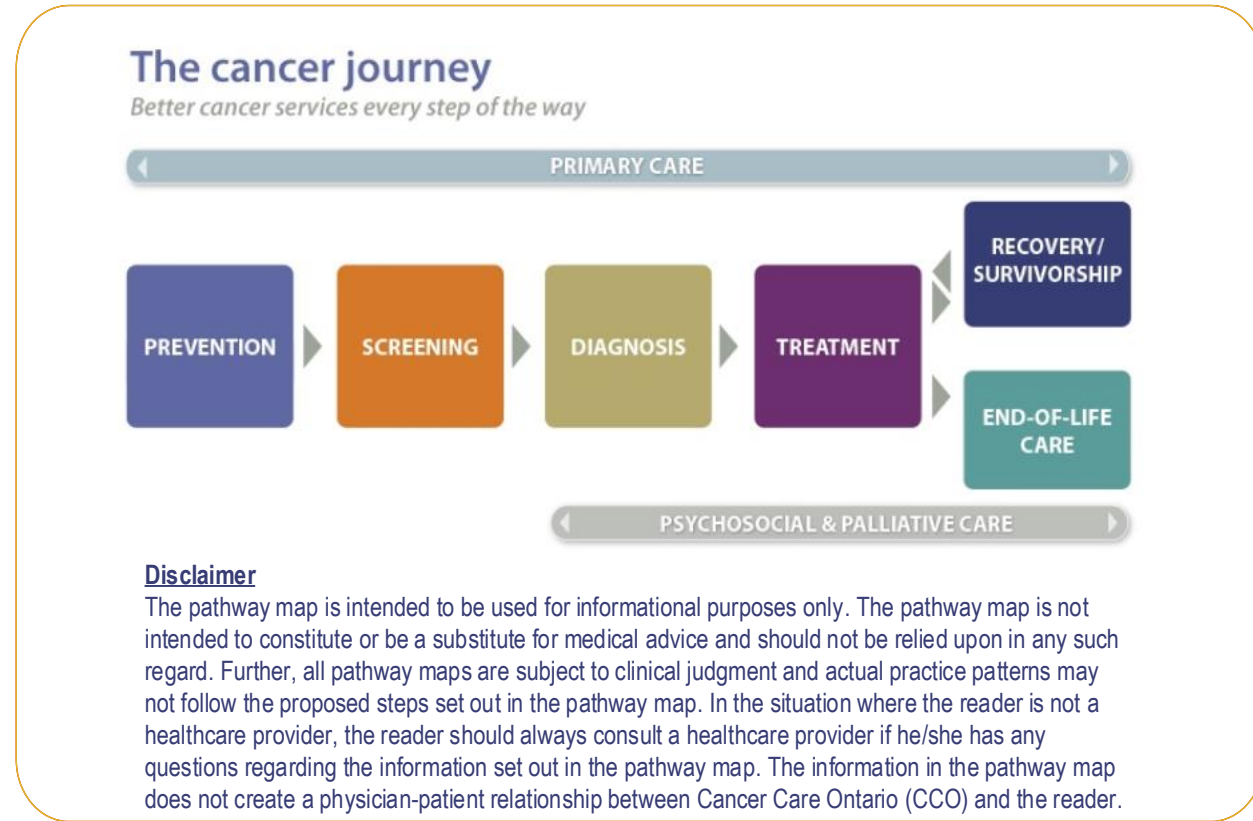


# Esophageal Cancer Follow-up Care Pathway Map

Version 2019.05



### Target Population

Esophageal cancer survivors: adult patients who have completed curative-intent treatment for esophageal cancer. Patients who are on palliative or active treatment are not included in this pathway map.

### Pathway Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health Care Connect](#), is a government resource that helps patients find a family doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication\\*](#)
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.

\* **Note.** [EBS #19-2](#) is older than 3 years and is currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

### Pathway Map Legend

#### Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Psychosocial Oncology (PSO)
- Endoscopy/Gastroenterology

#### Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/Provider Interaction
- Referral
- Wait time indicator time point

#### Line Guide

- Required
- Possible

### Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

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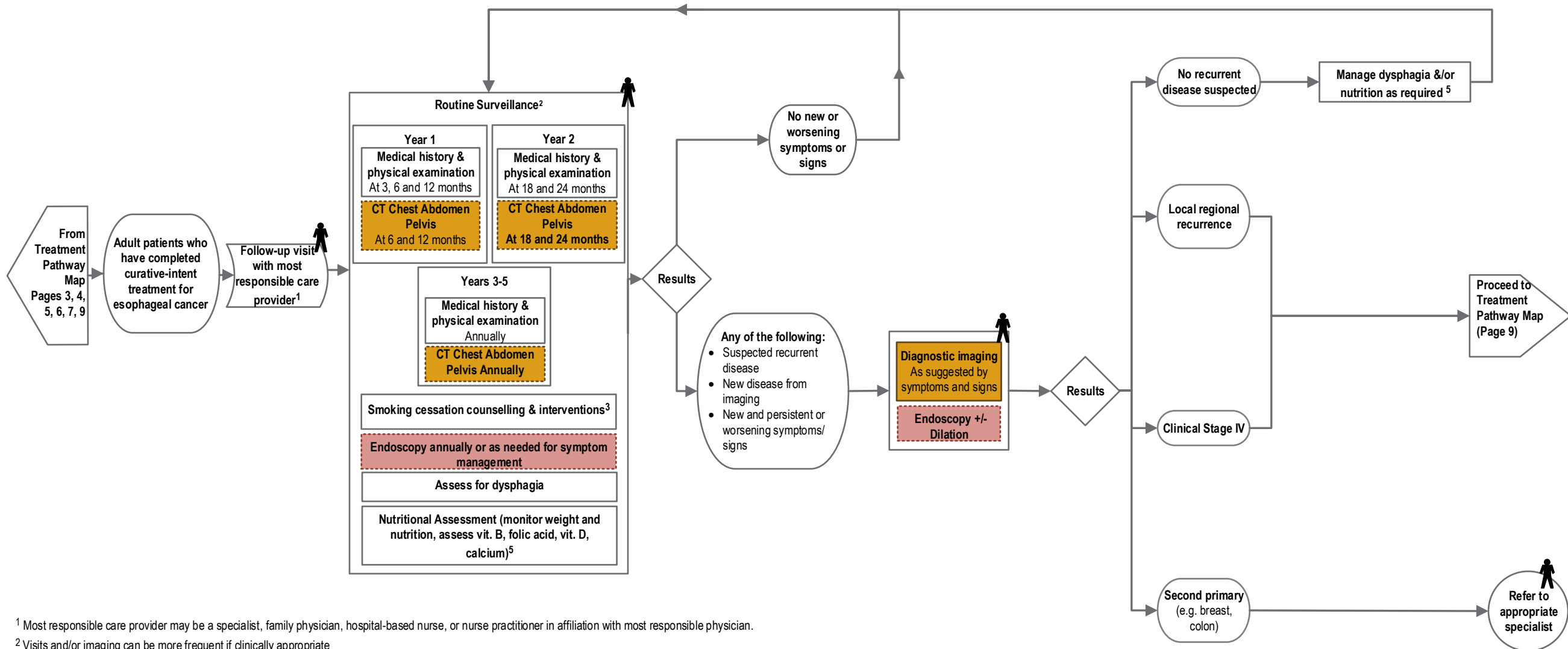
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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>1</sup> Most responsible care provider may be a specialist, family physician, hospital-based nurse, or nurse practitioner in affiliation with most responsible physician.

<sup>2</sup> Visits and/or imaging can be more frequent if clinically appropriate

<sup>3</sup> Smoking cessation counselling is recommended for patients who have completed curative-intent therapy for esophageal cancer. Interventions that involve behavioural and pharmacotherapy support in addition to verbal advice is recommended.

<sup>4</sup> Rapid access to cancer team is required.

<sup>5</sup> Continued follow-up with a registered dietician is recommended for patients experiencing sequelae like weight loss, anorexia, dysphagia, odynophagia, dumping syndrome and early satiety.