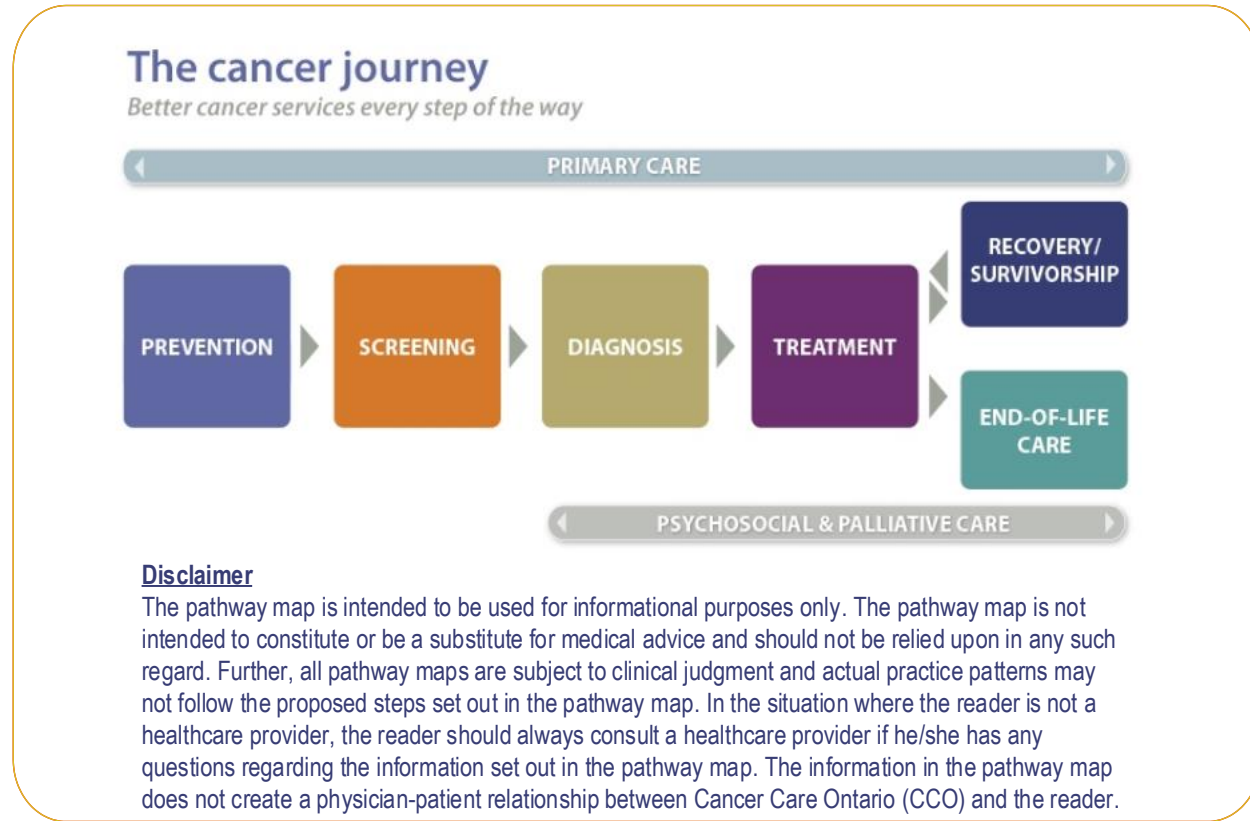


Esophageal Cancer Treatment Pathway Map

Version 2019.05



Target Population












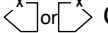










Patients with a confirmed esophageal cancer diagnosis who have undergone the recommended diagnostic and staging procedures as outlined in the **Esophageal Cancer Diagnosis Pathway Map**.

Pathway Map 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.
- Counseling and treatment for smoking cessation should be initiated early on in the pathway map and continued by care providers throughout the pathway map as necessary. [Program Training & Consultation Centre – Hospital Based Resources](#)
- In order to minimize delays, processes may be carried out in parallel if disease management is not affected.
- For more information on Multidisciplinary Cancer Conferences visit [MCC Tools](#)
- For more information on wait time prioritization, visit: [Surgery](#)
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3*](#)
- The following should be considered when weighing the treatment options described in this pathway map for patients with potentially life-limiting illness: (1) Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care - including restorative or rehabilitative care - or may become the total focus of care, (2) Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient's overall approach to care
- For more information on the systemic treatment QBP please refer to the [Quality-Based Procedures Clinical Handbook for Systemic Treatment](#)

* **Note.** [EBS #19-2](#) and [EBS #19-3](#) 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		Shape Guide	
	Primary Care		Intervention
	Palliative Care		Decision or assessment point
	Pathology		Patient (disease) characteristics
	Surgery		Consultation with specialist
	Radiation Oncology		Exit pathway
	Medical Oncology		Off-page reference
	Radiology		Patient/Provider interaction
	Multidisciplinary Cancer Conference (MCC)		Referral
	Psychosocial Oncology (PSO)		Wait time indicator time point
	Neurosurgery	Line Guide	
	Endoscopy/Gastroenterology		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.

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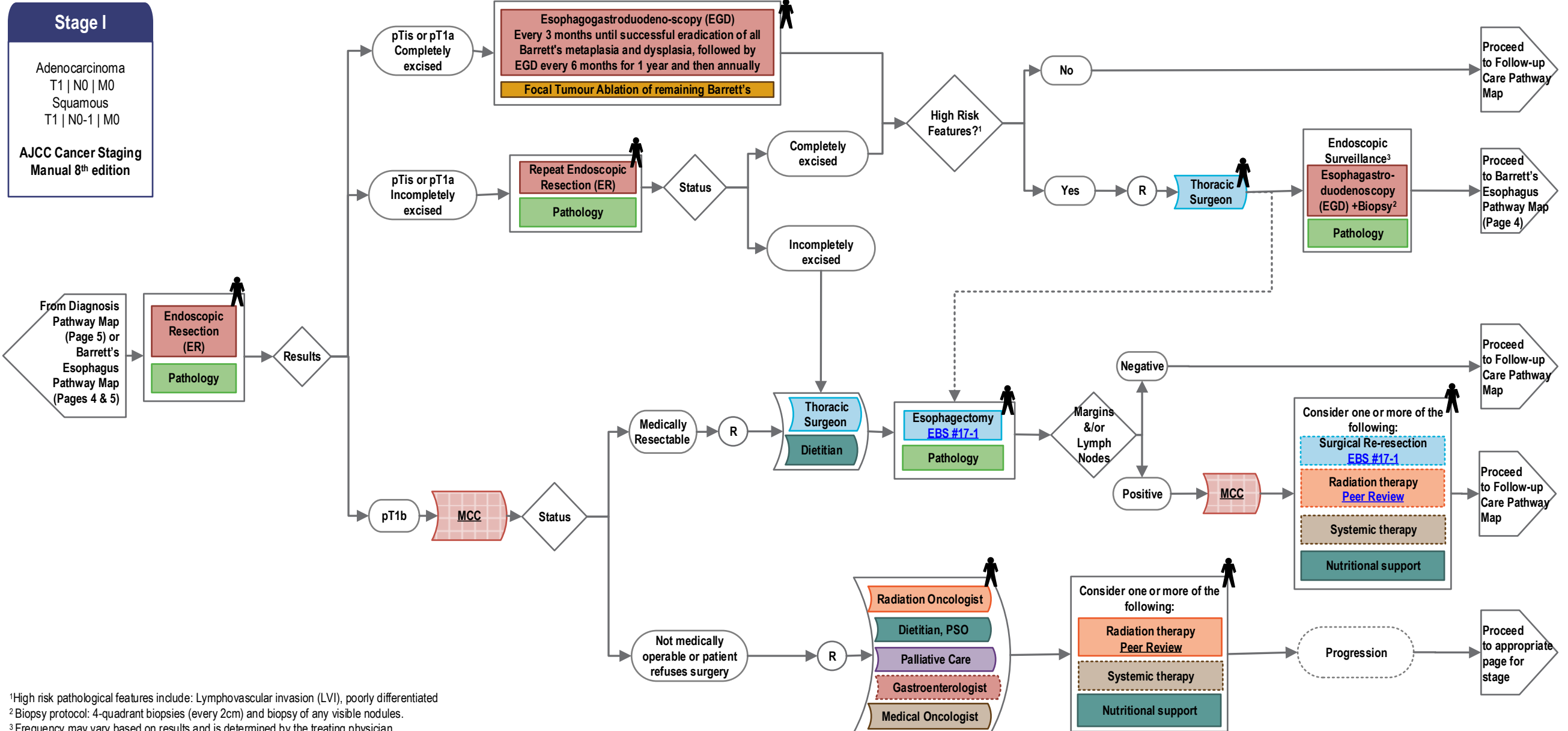
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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

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



¹High risk pathological features include: Lymphovascular invasion (LVI), poorly differentiated

²Biopsy protocol: 4-quadrant biopsies (every 2cm) and biopsy of any visible nodules.

³Frequency may vary based on results and is determined by the treating physician.

Esophageal Cancer Treatment Pathway Map

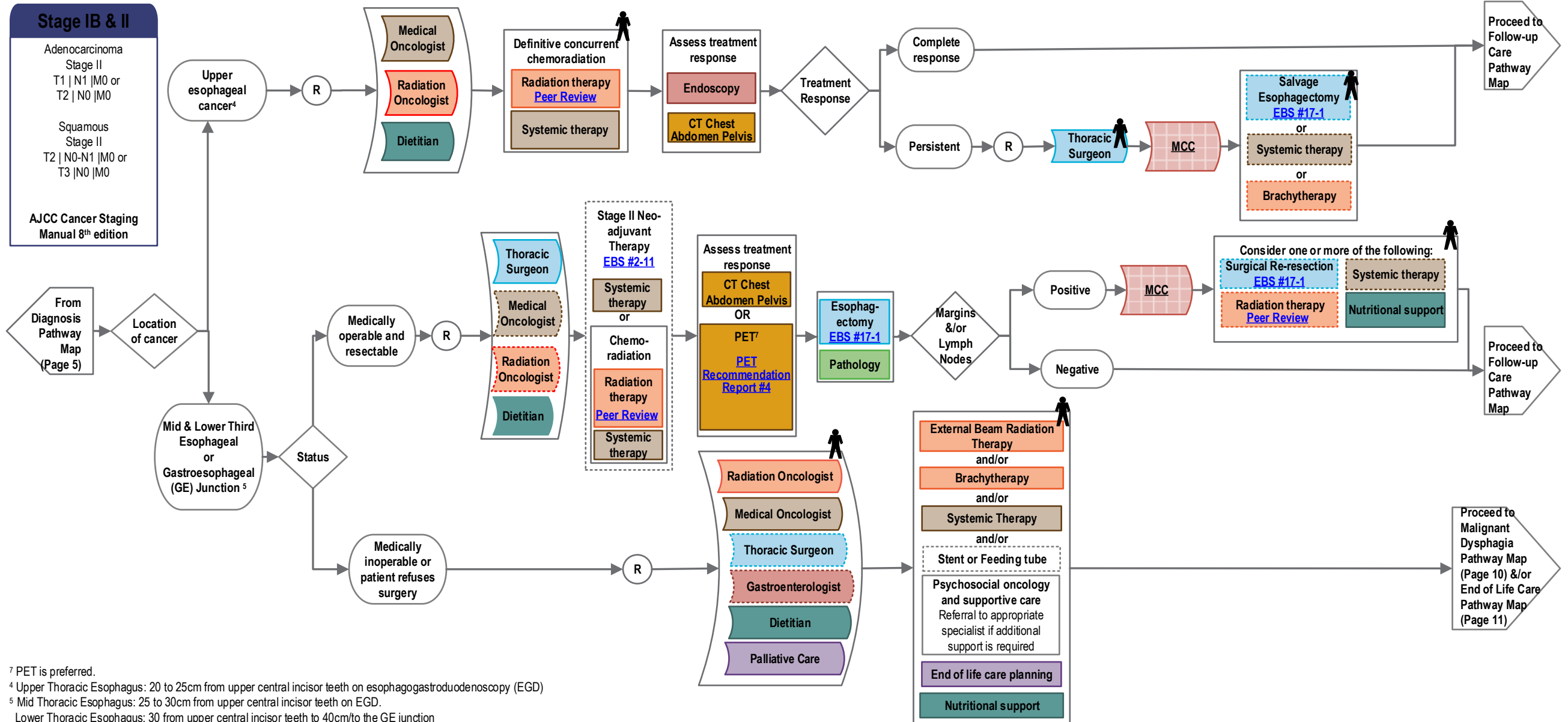
Clinical Stage IB and II

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⁷ PET is preferred.

⁴ Upper Thoracic Esophagus: 20 to 25cm from upper central incisor teeth on esophagogastroduodenoscopy (EGD)

⁵ Mid Thoracic Esophagus: 25 to 30cm from upper central incisor teeth on EGD.

Lower Thoracic Esophagus: 30 from upper central incisor teeth to 40cm/to the GE junction

Esophageal Cancer Treatment Pathway Map

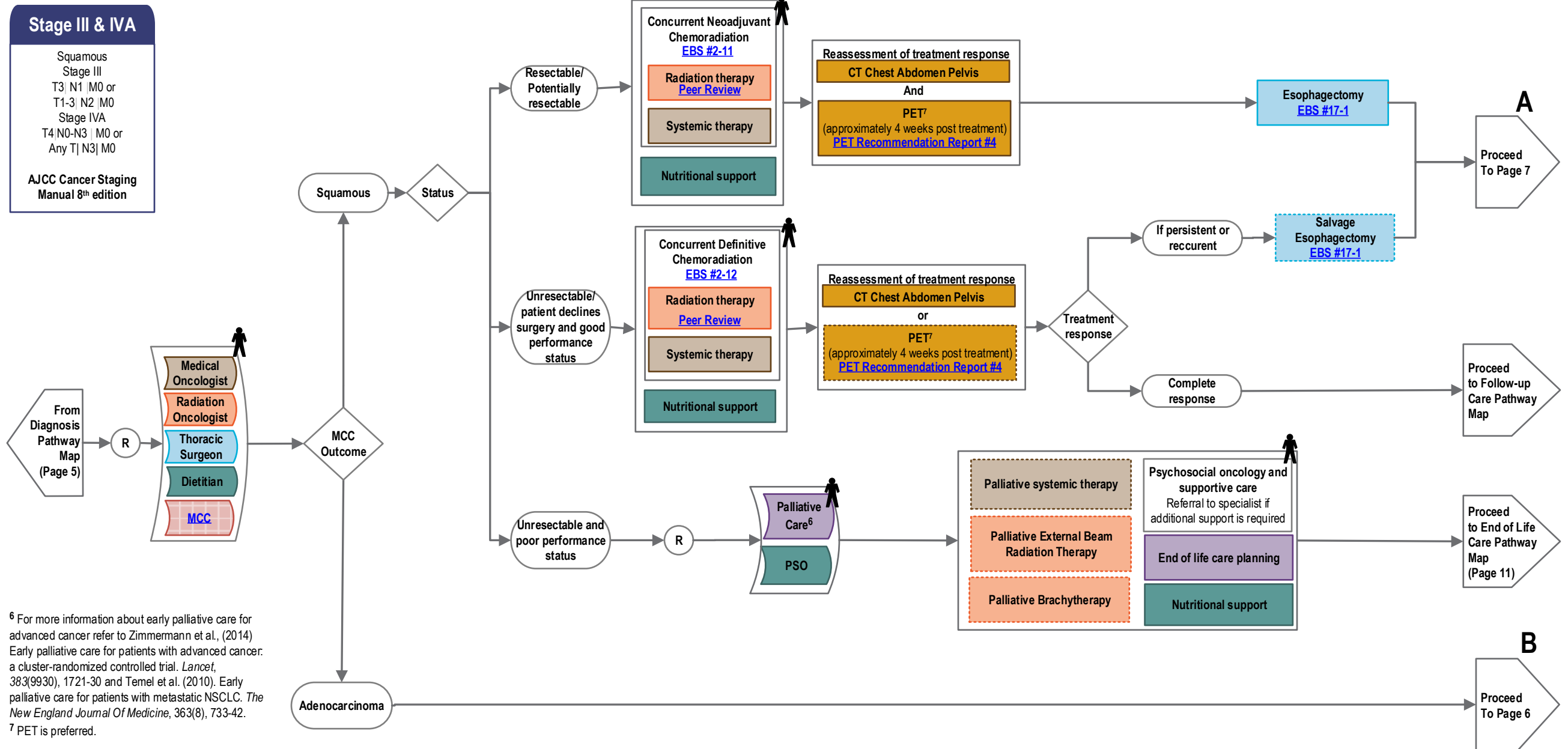
Clinical Stage III and IVA (squamous)

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⁶ For more information about early palliative care for advanced cancer refer to Zimmermann et al., (2014) Early palliative care for patients with advanced cancer: a cluster-randomized controlled trial. *Lancet*, 383(9930), 1721-30 and Temel et al. (2010). Early palliative care for patients with metastatic NSCLC. *The New England Journal Of Medicine*, 363(8), 733-42.

⁷ PET is preferred.

Esophageal Cancer Treatment Pathway Map

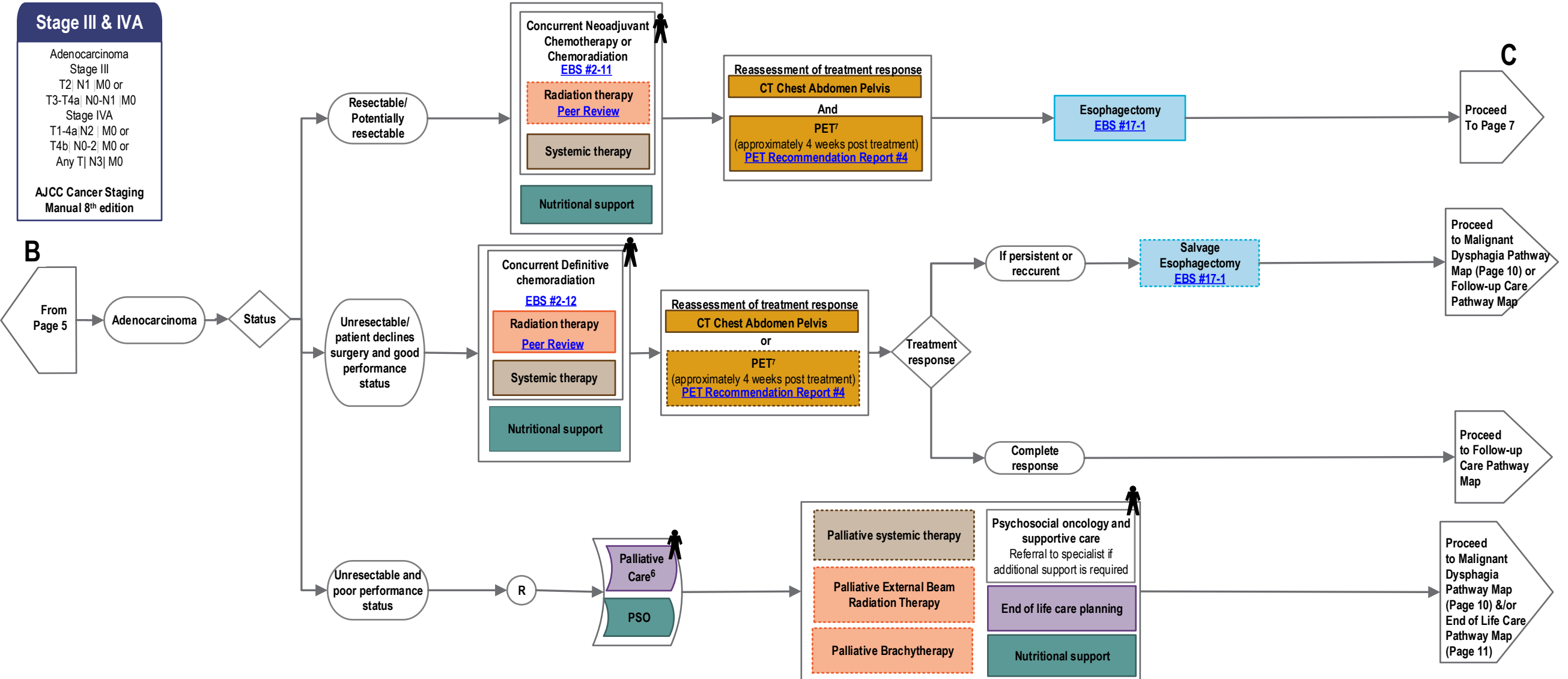
Clinical Stage III and IVA (adenocarcinoma)

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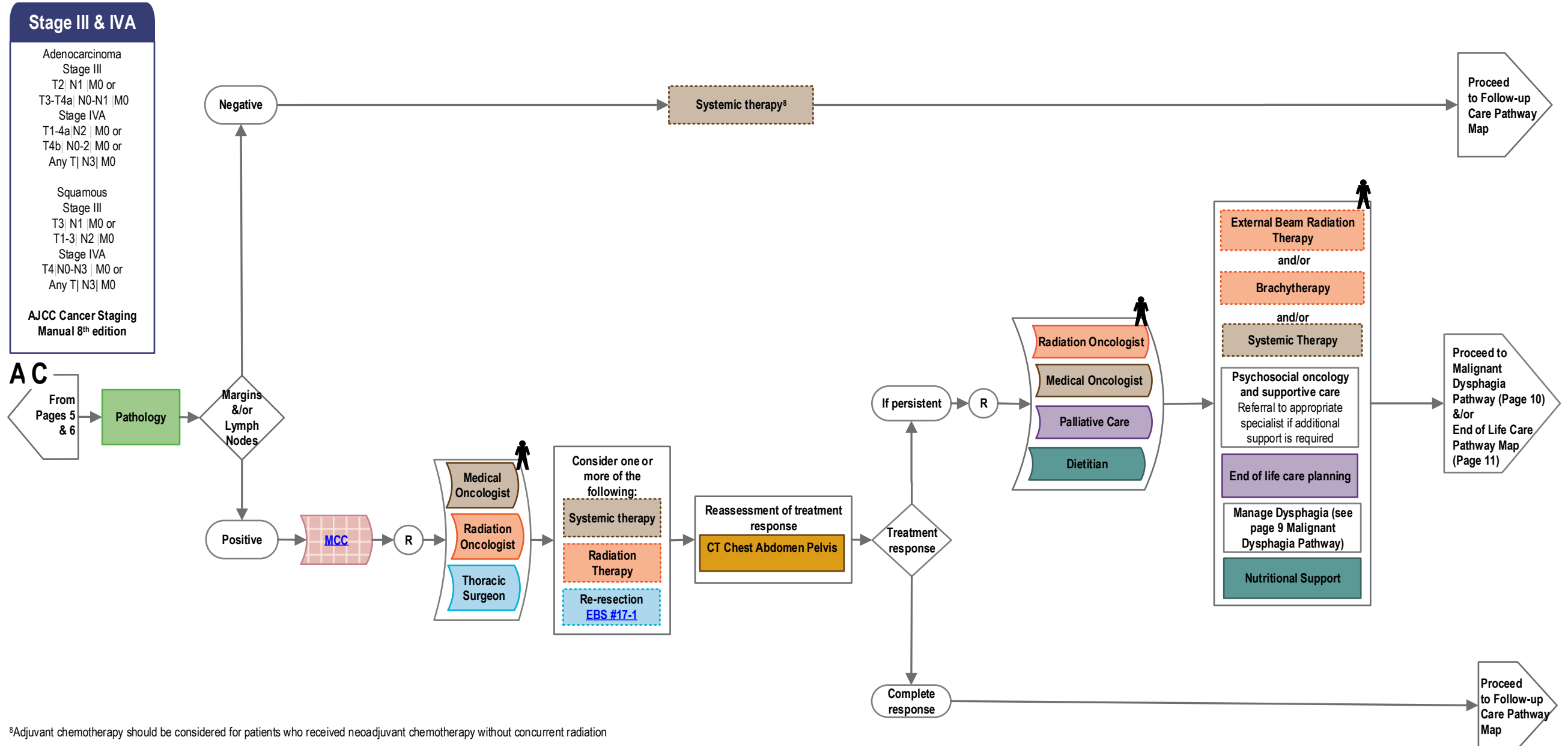
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⁸Adjuvant chemotherapy should be considered for patients who received neoadjuvant chemotherapy without concurrent radiation

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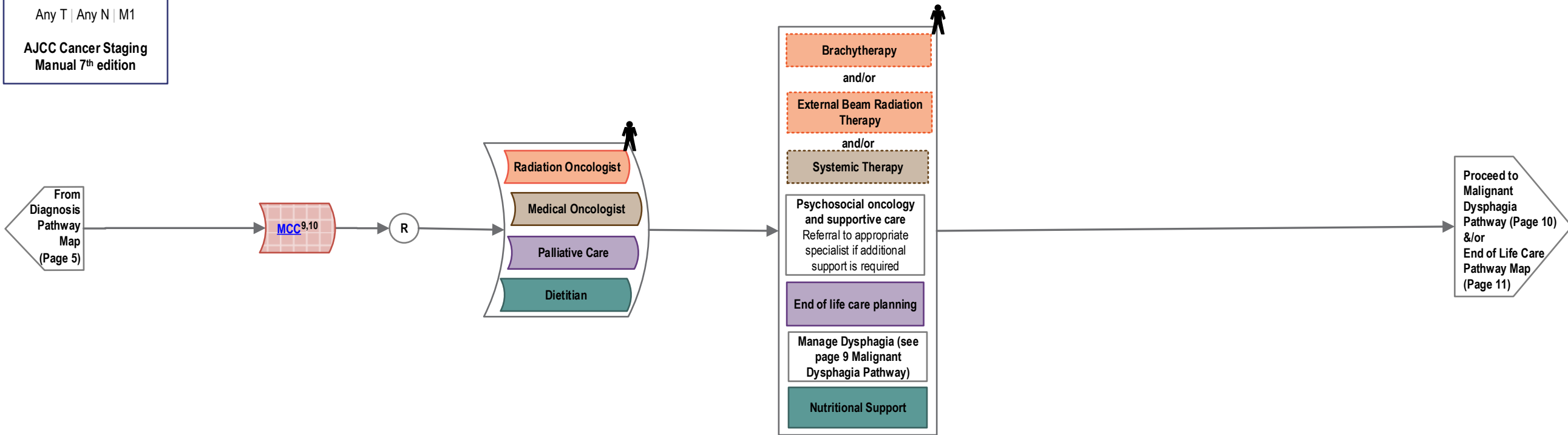
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Stage IVB

Any T | Any N | M1

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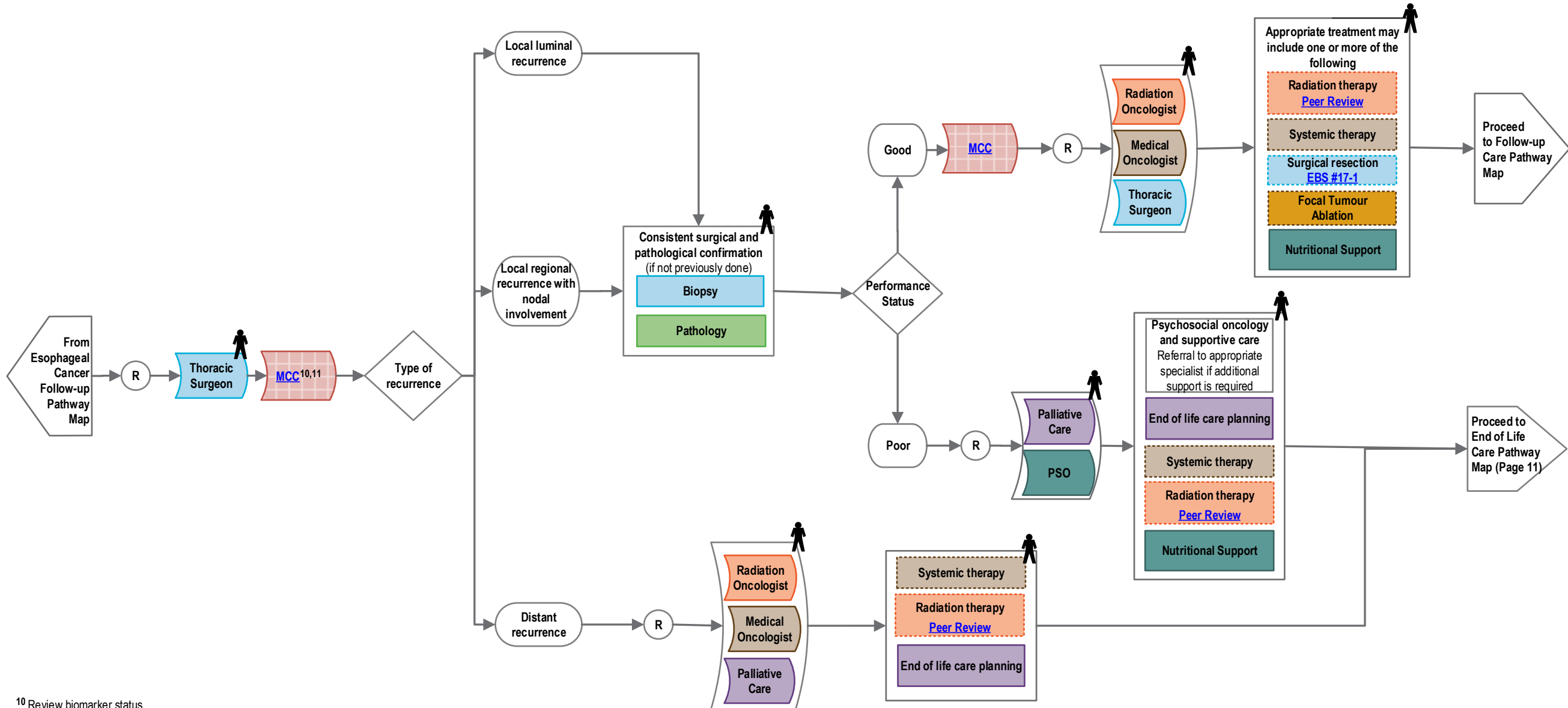
⁹ Key factors to consider in treatment decision include performance status, weight loss, disease symptoms, co-morbidities, sites of metastatic disease, molecular testing, patient wishes and understanding, and emotional status.

¹⁰ Review biomarker status

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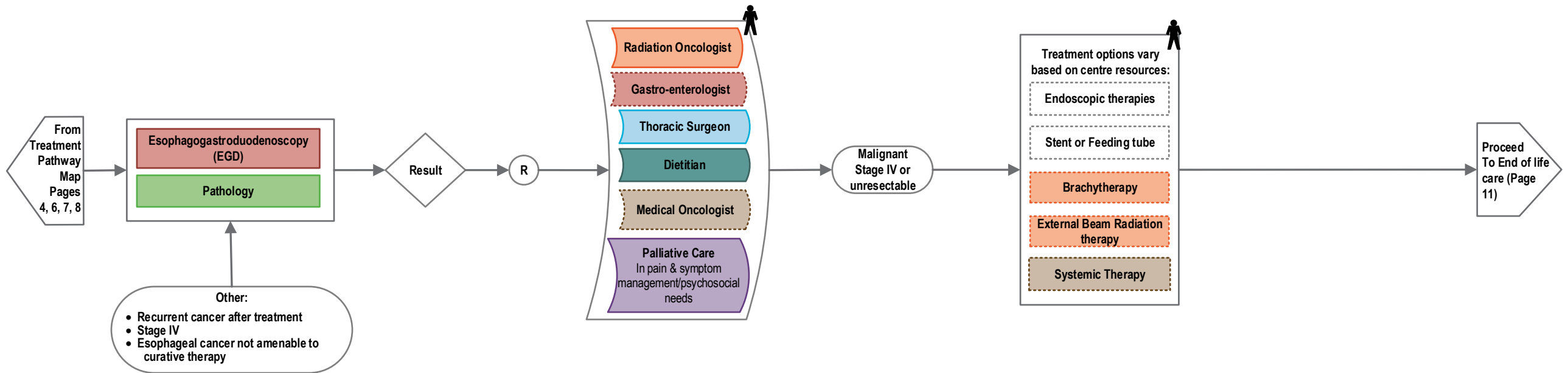
¹⁰ Review biomarker status

¹¹ Subsequent treatment depends on: performance status, time to relapse, age, patient wishes (if long disease-free interval, recurrent tumor may be sensitive to initial chemotherapy)

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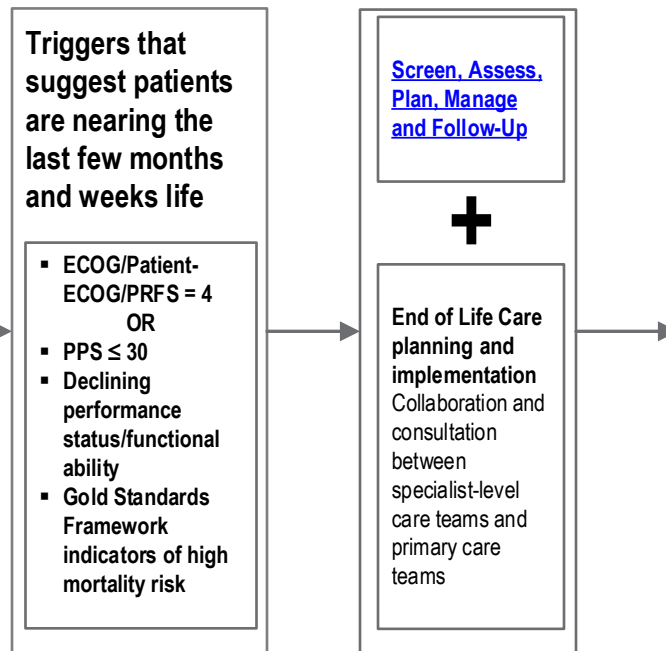
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Pathway Map Target Population:
Individuals with cancer approaching end of life, and their families.

While this section of the pathway map is focused on the care delivered at the end of life, the palliative care approach begins much earlier on in the illness trajectory. Refer to [Screen, Assess & Plan](#) within the Psychosocial & Palliative Care Pathway Map



End of Life Care

- Revisit Advance Care Planning**
 - Ensure the patient has determined who will be their Substitute Decision Maker (SDM)
 - Ensure the patient has communicated to the SDM his/her wishes, values and beliefs to help guide that SDM in future decision making
- Discuss and document goals of care with patient and family**
 - Assess and address patient and family's information needs and understanding of the disease, address gaps between reality and expectation, foster realistic hope and provide opportunity to explore prognosis and life expectancy, and preparedness for death
 - Introduce patient and family to resources in community (e.g., day hospice programs)
- Develop a plan of treatment and obtain consent**
 - Determine who the person wants to include in the decision making process (e.g., substitute decision maker if the person is incapable)
 - Develop a plan of treatment related to disease management that takes into account the person's values and mutually determined goals of care
 - Obtain consent from the capable person or the substitute decision maker if the person is incapable for an end-of-life plan of treatment that includes:
 - Setting for care
 - Resuscitation status
 - Having, withholding and or withdrawing treatments (e.g. lab tests, medications, etc.)
- Screen for specific end of life psychosocial issues**
 - Specific examples of psychological needs include: anticipatory grief, past trauma or losses, preparing children (young children, adolescents, young adults), guardianship of children, death anxiety
 - Consider referral to available resources and/or specialized services
- Identify patients who could benefit from specialized palliative care services (consultation or transfer)**
 - Discuss referral with patients and family
- Proactively develop and implement a plan for expected death**
 - Explore place-of-death preferences and assess whether this is realistic
 - Explore the potential settings of dying and the resources required (e.g., home, residential hospice, palliative care unit, long term care or nursing home)
 - Anticipate/Plan for pain & symptom management medications and consider a Symptom Response Kit (SRK) for unexpected pain & symptom management
 - Preparation and support for family to manage
 - Discuss emergency plans with patient and family (who to call if emergency in the home or long-term-care or retirement home)
- Home care planning**
 - Connect with Home and Community Care early (not just for last 2-4 weeks)
 - Ensure resources and elements in place
 - Consider a Symptom Response Kit (SRK) with access to pain, dyspnea and delirium medication
 - Identify family members at risk for abnormal/complicated grieving and connect them proactively with bereavement resources

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