

# Oncology Clinical Pathways

## Lung Cancer

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February 2023 – V2.2023



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# Lung Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

## Vietnam Veterans – Agent Orange Exposure or Specified Locations

- Respiratory cancers

## Atomic Veterans Exposed to Ionizing Radiation

- Lung cancer
- Bronchioloalveolar carcinoma

## Gulf War and Post 9/11 Veterans

If the patient served any amount of time in Afghanistan, Djibouti, Syria, or Uzbekistan during the Persian Gulf War, from Sept. 19, 2001, to the present or the Southwest Asia theater of operations from Aug. 2, 1990, to the present, specific conditions include:

- Adenosquamous carcinoma of the lung
- Large cell carcinoma of the lung
- Salivary gland-type tumors of the lung
- Sarcomatoid carcinoma of the lung
- Typical and atypical carcinoid of the lung

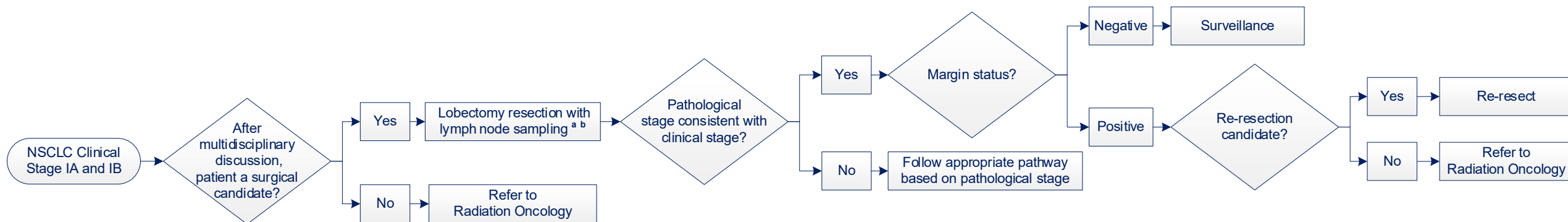
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the \*Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Respiratory cancer of any type

\* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov/presumptive-disability-benefits/)

# Lung Cancer – NSCLC Clinical Stage IA and IB

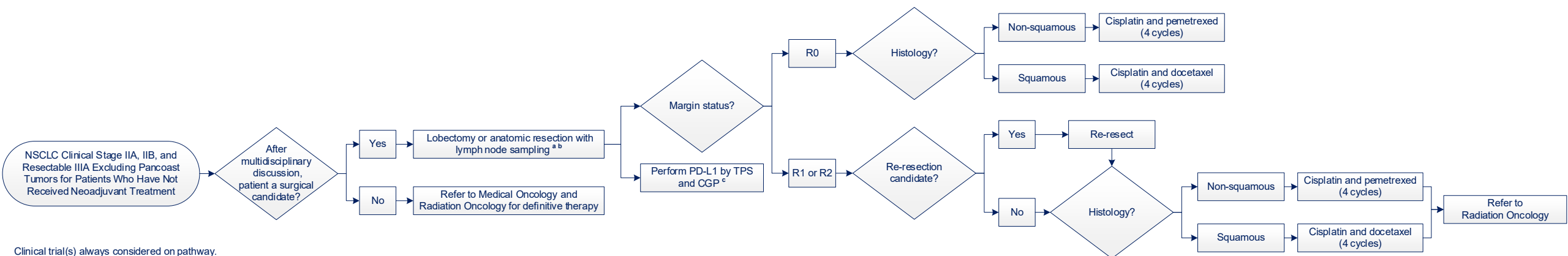


Clinical trial(s) always considered on pathway.

<sup>a</sup> If contraindications to lobectomy, sublobar resection may be considered; segmentectomy is preferred

<sup>b</sup> Lymph node sampling is strongly encouraged as part of standard of care during surgical resection; minimum recommendation should include examination and/or sampling of  $\geq 3$  mediastinal and  $\geq 1$  hilar station

# Lung Cancer – NSCLC Clinical Stage IIA, IIB, and Resectable IIIA Excluding Pancoast Tumors for Patients Who Have Not Received Neoadjuvant Treatment



Clinical trial(s) always considered on pathway.

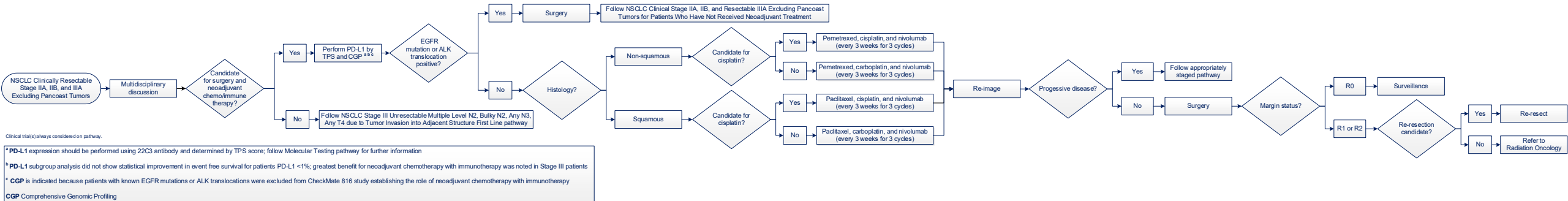
<sup>a</sup> **Lung-sparing anatomic resection** (sleeve lobectomy) preferred over pneumonectomy if anatomically appropriate and margin-negative resection can be achieved

<sup>b</sup> **Lymph node sampling** is strongly encouraged as part of standard of care during surgical resection; minimum recommendation should include examination and/or sampling of  $\geq 3$  mediastinal and  $\geq 1$  hilar station

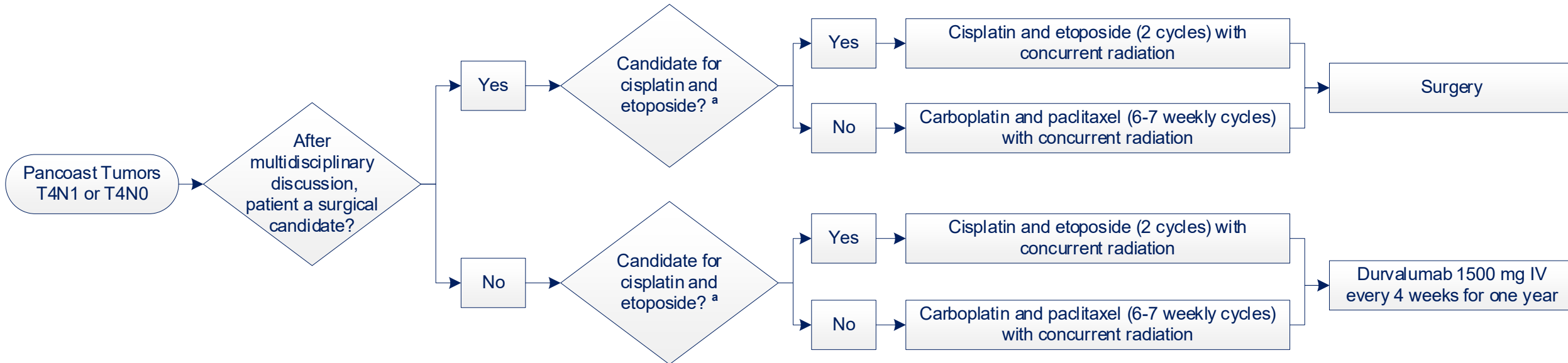
<sup>c</sup> **PD-L1** expression should be performed using 22C3 antibody and determined by TPS score; follow Molecular Testing pathway for further information

**CGP** Comprehensive Genomic Profiling

# Lung Cancer – NSCLC Clinically Resectable Stage IIA, IIB, and IIIA Excluding Pancoast Tumors



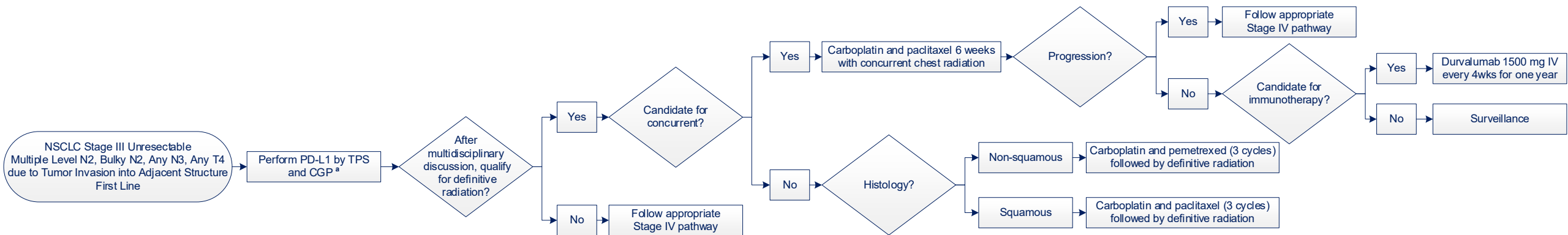
# Lung Cancer – Pancoast Tumors T4N1 or T4N0



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Candidate for cisplatin and etoposide** contraindications include abnormal renal function, ECOG 2, or abnormal heart function

# Lung Cancer – NSCLC Clinical Stage III Unresectable Multiple Level N2, Bulky N2, Any N3, Any T4 Due To Tumor Invasion Into Adjacent Structure First Line



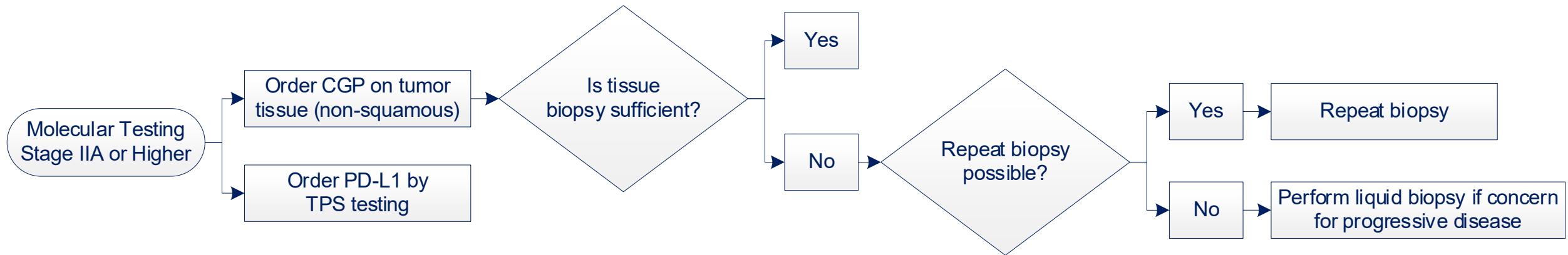
Clinical trial(s) always considered on pathway.

<sup>a</sup>PD-L1 expression should be performed using 22C3 antibody and determined by TPS score; follow Molecular Testing pathway for further information; CGP is indicated because the role of consolidation durvalumab is unclear in EGFR mutant or ALK translocation positive patients

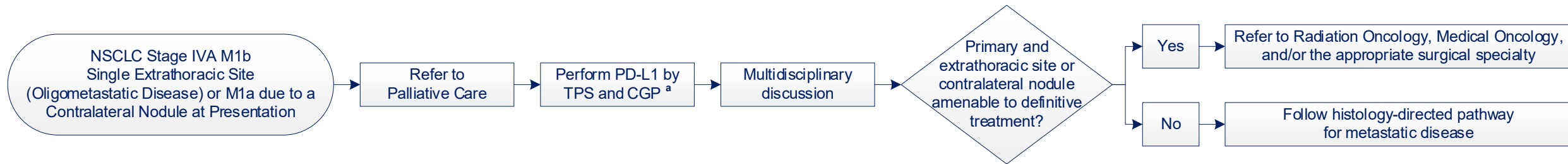
CGP Comprehensive Genomic Profiling



# Lung Cancer – Molecular Testing



# Lung Cancer – NSCLC Stage IVA M1b Single Extrathoracic Site or M1a Due To A Contralateral Nodule at Presentation

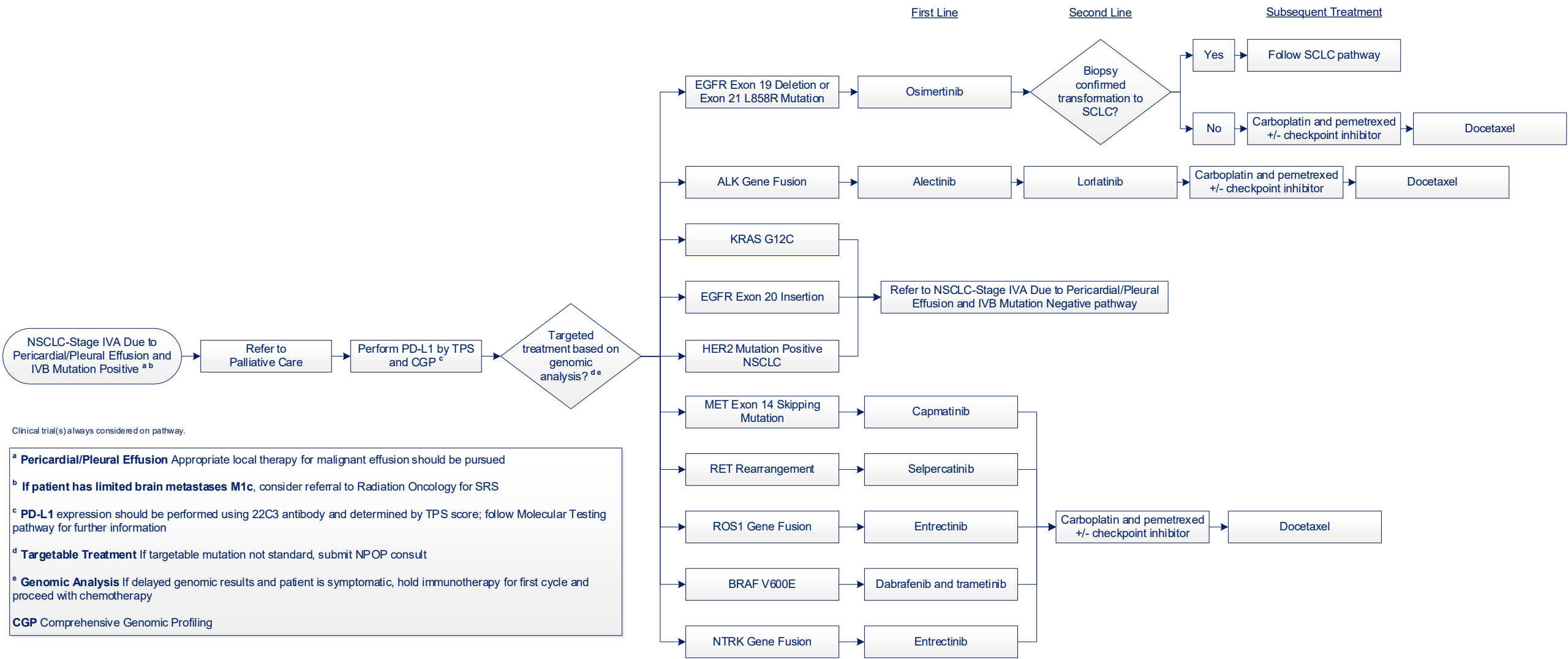


Clinical trial(s) always considered on pathway.

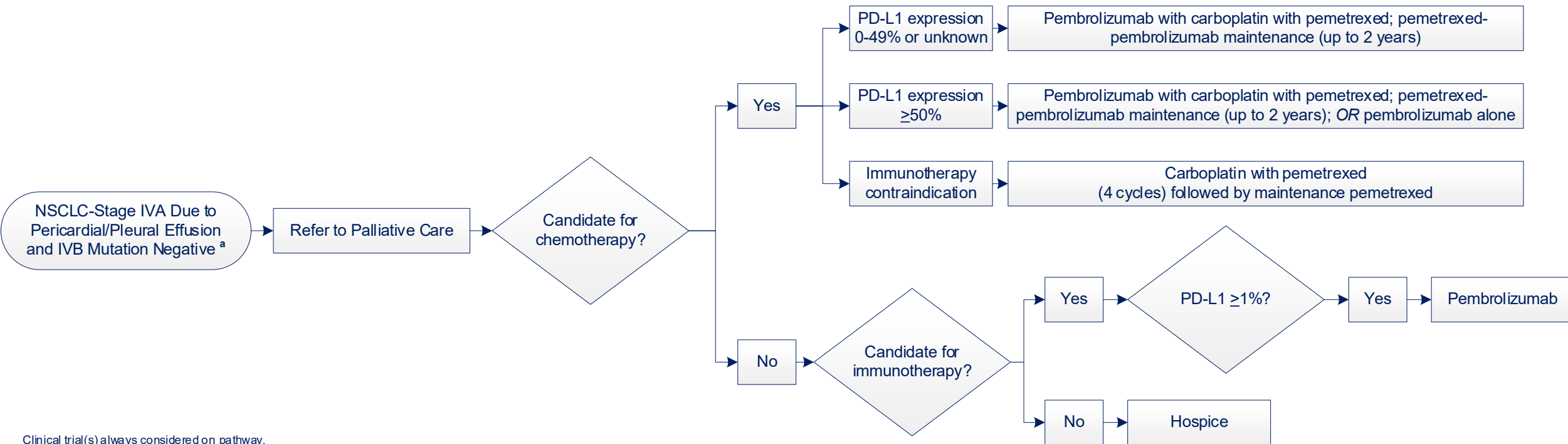
<sup>a</sup> **PD-L1** expression should be performed using 22C3 antibody and determined by TPS score; follow Molecular Testing pathway for further information

**CGP** Comprehensive Genomic Profiling

# Lung Cancer – NSCLC Stage IVA Due to Pericardial/Pleural Effusion and IVB Mutation Positive



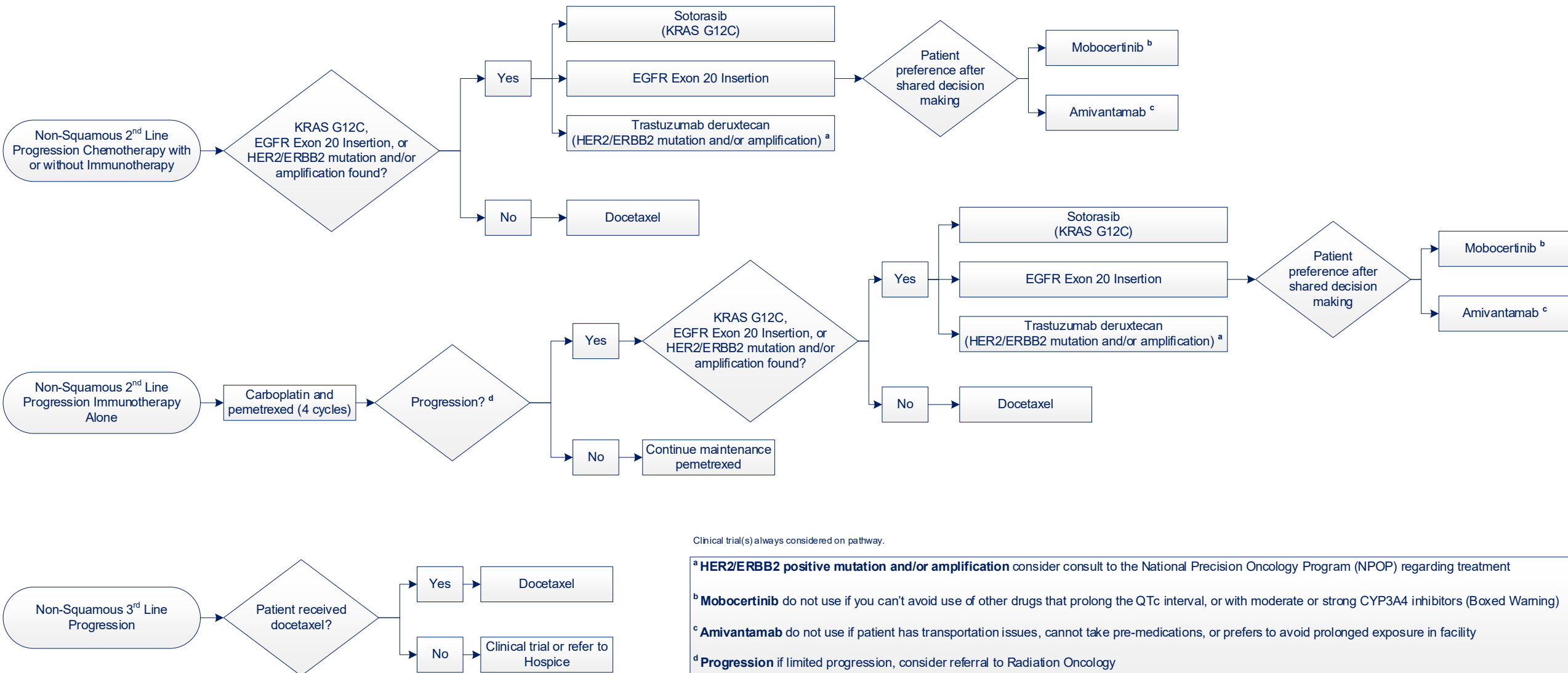
# Lung Cancer – NSCLC Stage IVA Due to Pericardial/Pleural Effusion and IVB Mutation Negative



Clinical trial(s) always considered on pathway.

<sup>a</sup> **Pericardial/Pleural Effusion** appropriate local therapy for malignant effusion should be pursued; pathway also applicable for first line treatment of KRAS G12C, EGFR Exon 20 insertion, and HER2 mutation positive NSCLC

# Lung Cancer – Non-Squamous Relapse



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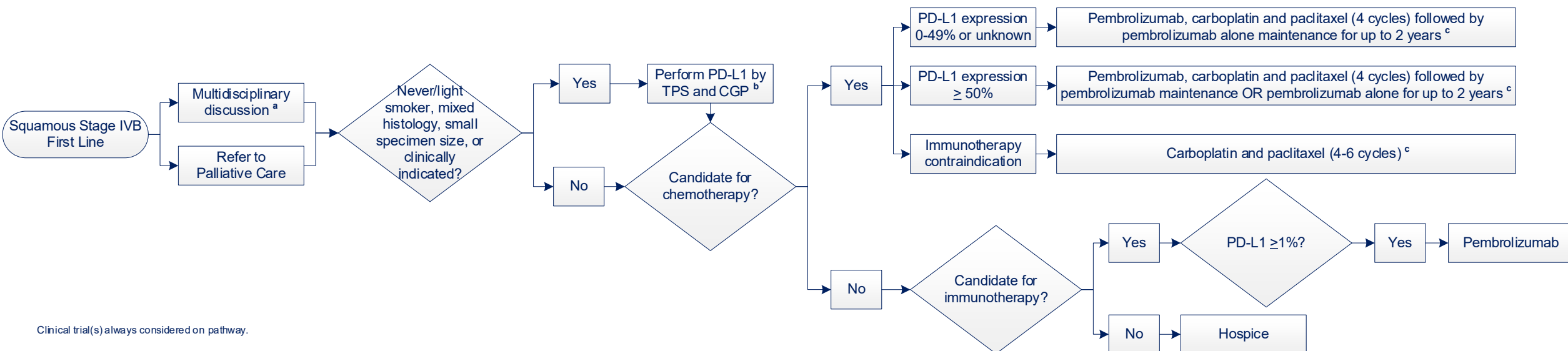
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# Lung Cancer – Squamous Stage IVB First Line



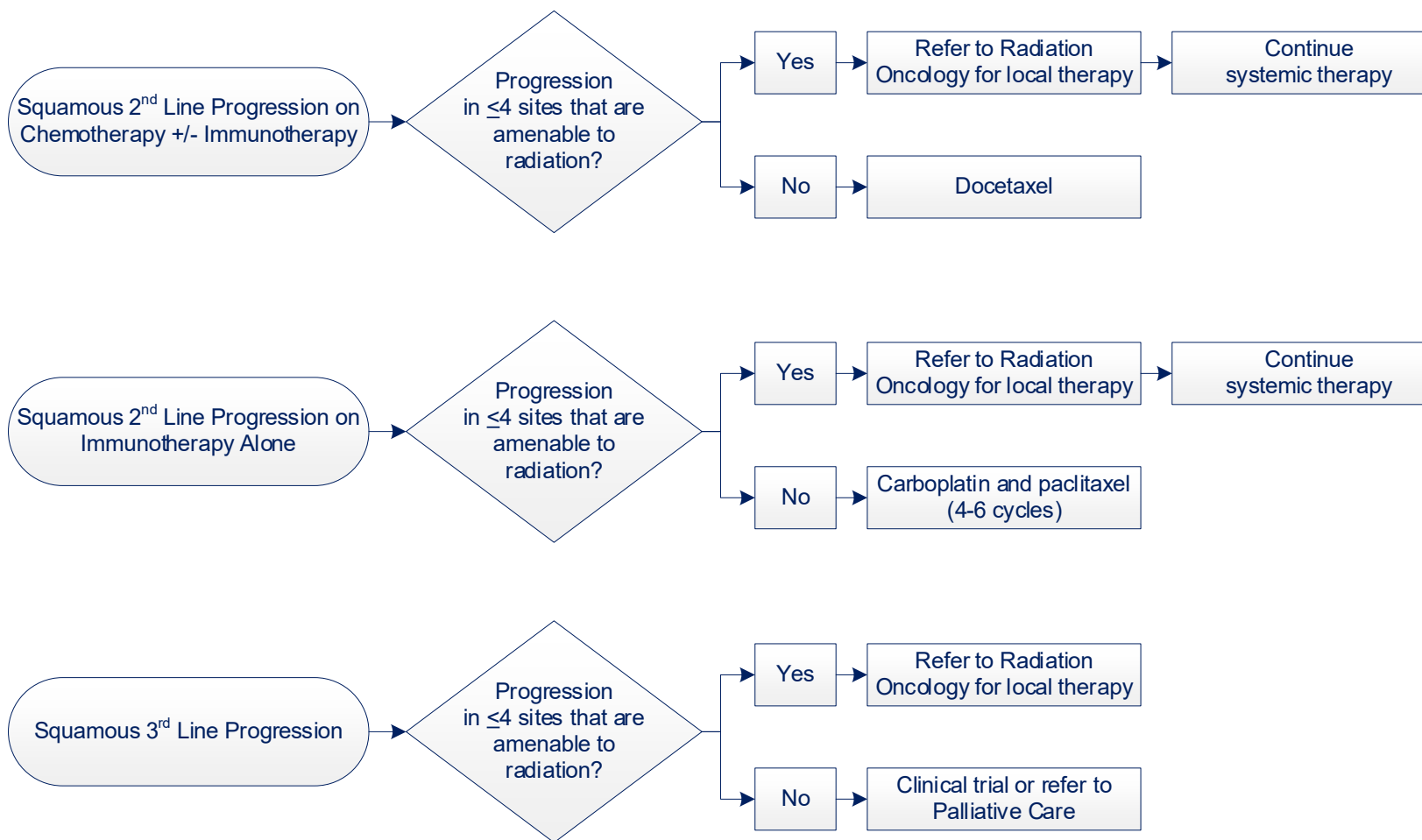
<sup>a</sup> If patient is symptomatic refer to Radiation Oncology

<sup>b</sup> PD-L1 expression should be performed using 22C3 antibody and determined by TPS score; follow Molecular Testing pathway for further information

<sup>c</sup> If limited progression, consider referral to Radiation Oncology and continuation of first-line systemic therapy

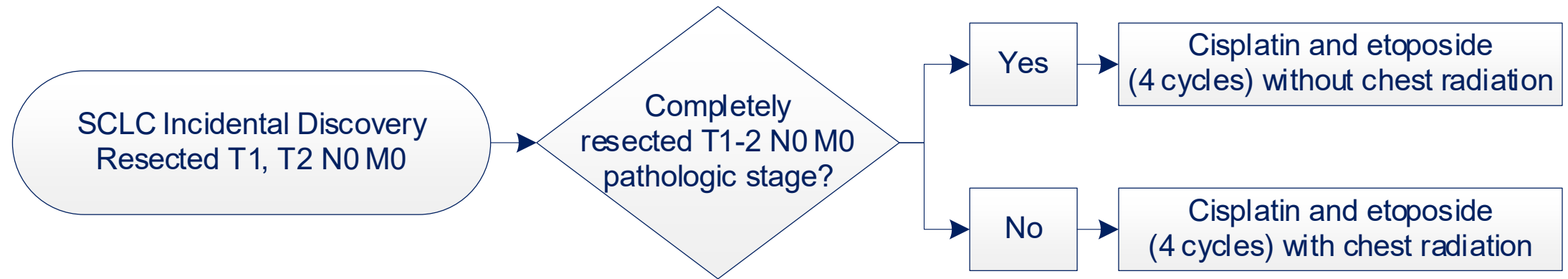
CGP Comprehensive Genomic Profiling

# Lung Cancer – Squamous Relapse



Clinical trial(s) always considered on pathway.

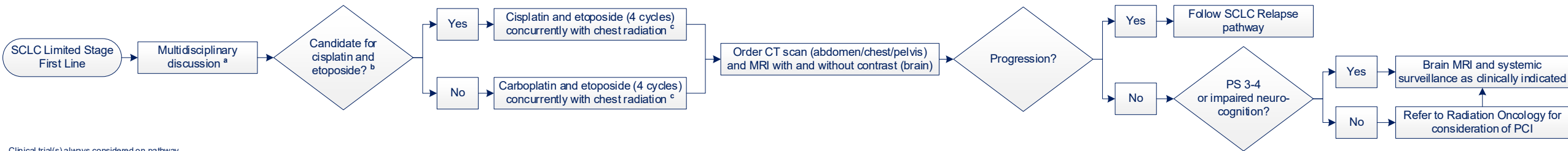
# Lung Cancer – SCLC Incidental Discovery Resected T1, T2 N0 M0



Clinical trial(s) always considered on pathway.



# Lung Cancer – SCLC Limited Stage First Line



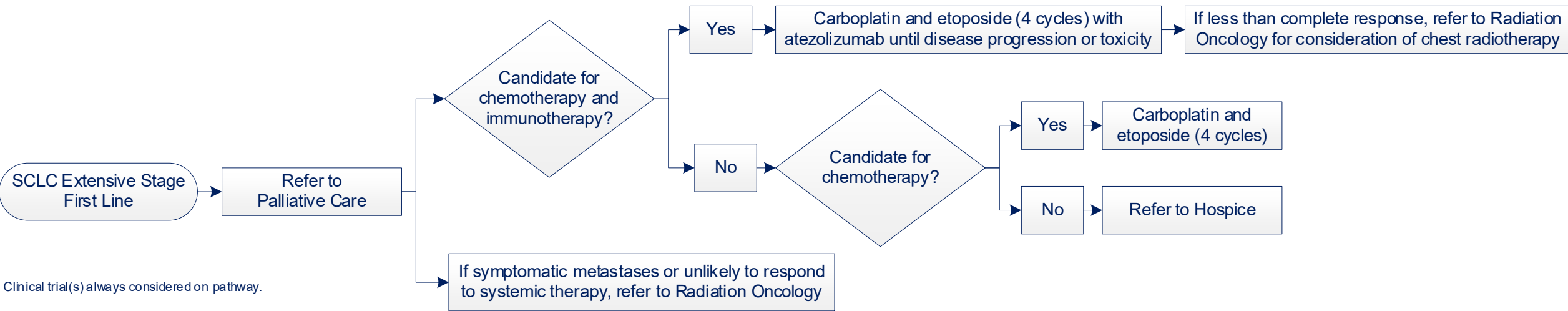
Clinical trial(s) always considered on pathway.

<sup>a</sup> In the rare case of T1-2 N0 M0, surgery can be considered followed by adjuvant chemotherapy

<sup>b</sup> Candidate for cisplatin and etoposide contraindications include abnormal renal function, ECOG 2, or abnormal heart function

<sup>c</sup> Initiate radiation as early as possible, within the first or second cycle of chemotherapy

# Lung Cancer – SCLC Extensive Stage First Line



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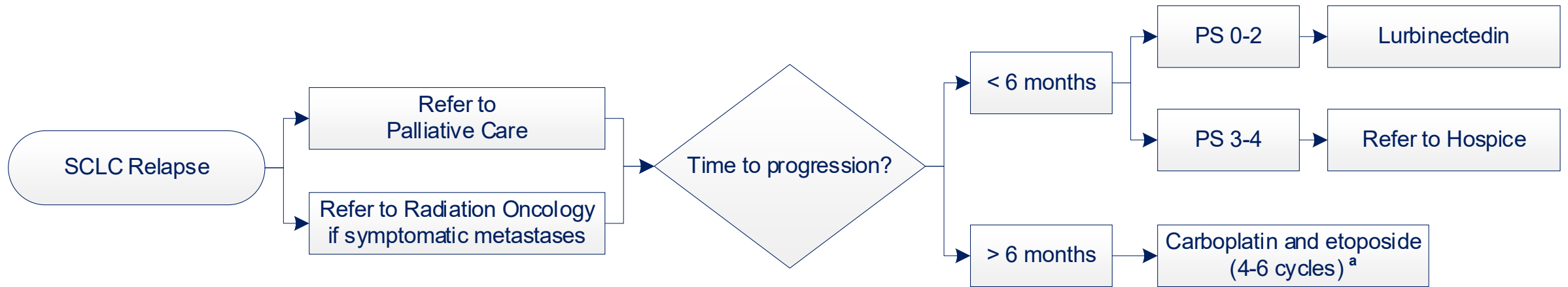
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# Lung Cancer – SCLC Relapse



Clinical trial(s) always considered on pathway.

<sup>a</sup> **If patient is progressing** and did not receive immunotherapy upfront, patient can receive carboplatin, etoposide, and atezolizumab

# Questions?

Contact [VHAOncologyPathways@va.gov](mailto:VHAOncologyPathways@va.gov)



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