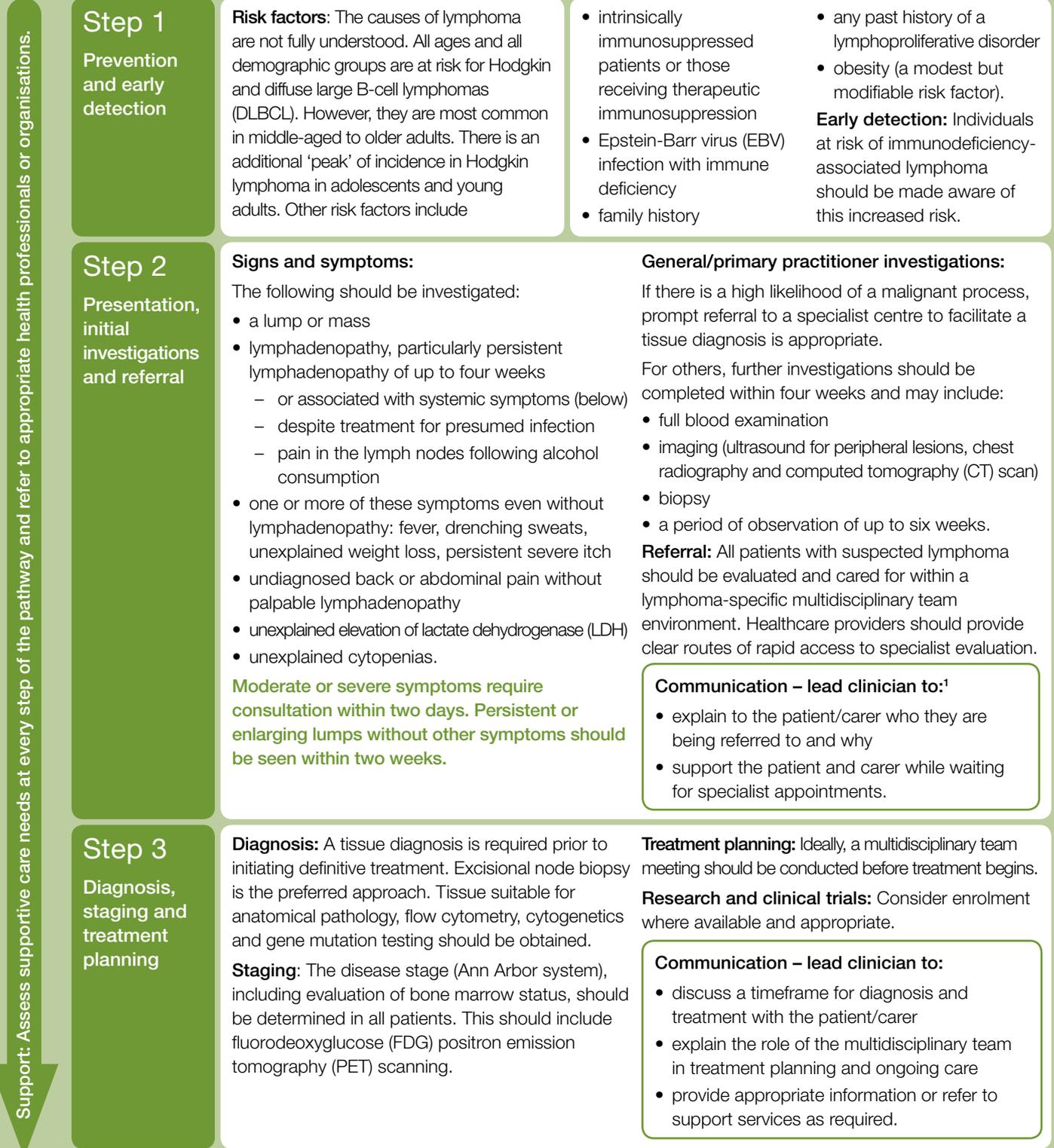


# Optimal cancer care pathway for people with Hodgkin and diffuse large B-cell lymphomas

## Quick reference guide



Please note that not all patients will follow every step of this pathway:



<sup>1</sup> Lead clinician – the clinician who is responsible for managing patient care. The lead clinician may change over time depending on the stage of the care pathway and where care is being provided.

## Step 4

### Treatment:

Establish intent of treatment:

- curative
- anti-cancer therapy to improve quality of life and/or longevity without expectation of cure
- symptom palliation.

### Treatment options:

**Systemic chemotherapy and drug therapy:** Systemic chemotherapy is a key component of treatment. A range of biological and targeted therapies are increasingly being used to treat patients with these lymphomas.

### Stem cell transplant:

High-dose chemotherapy and autologous stem cell transplant may benefit:

- fit patients with recurrent lymphomas that respond to salvage treatment
- some patients with responsive Hodgkin lymphoma who have failed to achieve a complete remission.

**In selected patients, allografting may be considered.**

**Radiation therapy** should be considered for suitable patients with localised disease or those

with more advanced disease with a dominant bulky lesion. This is almost always in the context of combined chemotherapy and radiation.

**Palliative care:** Early referral can improve quality of life and in some cases survival. Referral should be based on need, not prognosis.

### Communication – lead clinician to:

- discuss treatment options with the patient/carer including the intent of treatment as well as risks and benefits
- discuss advance care planning with the patient/carer where appropriate
- discuss the treatment plan with the patient's general practitioner.

More information at <http://www.esmo.org/Guidelines-Practice/Clinical-Practice-Guidelines/Haematologic-Malignancies>

## Step 5

### Care after initial treatment and recovery

Cancer survivors should be provided with the following to guide care after initial treatment.

**Treatment summary** (provide a copy to the patient/carer and general practitioner) outlining:

- diagnostic tests performed and results
- tumour characteristics
- type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided
- contact information for key care providers.

**Follow-up care plan** (provide a copy to the patient/carer and general practitioner) outlining:

- medical follow-up (tests, ongoing surveillance)

- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

Potential late effects of therapy that may require specific screening and monitoring will be determined by the primary treatment used.

### Communication – lead clinician to:

- explain the treatment summary and follow-up care plan to the patient/carer
- inform the patient/carer about secondary prevention and healthy living
- discuss the follow-up care plan with the patient's general practitioner.

## Step 6

### Managing recurrent, residual and metastatic disease

**Detection:** Most cases of recurrent Hodgkin lymphoma or DLBCL are identified through routine follow-up or by the patient presenting with symptoms, or by 'non-specific' systemic tests such as serum LDH.

**Treatment:** Where possible, refer the patient to the original multidisciplinary team. Treatment will

depend on the location, extent of recurrent or residual disease, performance status, previous management and patient preferences.

**Palliative care:** Early referral can improve quality of life and in some cases survival. Referral should be based on need, not prognosis.

**Communication – lead clinician to:** explain the treatment intent, likely outcomes and side effects to the patient/carer.

## Step 7

### End-of-life care

**Palliative care:** Consider referral to palliative care if not already involved. Ensure that an advance care plan is in place.

### Communication – lead clinician to:

- be open about the prognosis and discuss palliative care options with the patient/carer
- establish transition plans to ensure the patient's needs and goals are addressed in the appropriate environment.

Visit [www.cancerpathways.org.au](http://www.cancerpathways.org.au) for consumer friendly guides. Visit [www.cancer.org.au/OCP](http://www.cancer.org.au/OCP) for the full clinical version and instructions on how to import these guides into your GP software.