

# Oncology Clinical Pathways

## Lung Carcinoids

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August 2024 – V1.2024



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Every Step of the Way

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U.S. Department  
of Veterans Affairs

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# Lung Carcinoids – 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.

## Gulf War and Post 9/11 Veterans

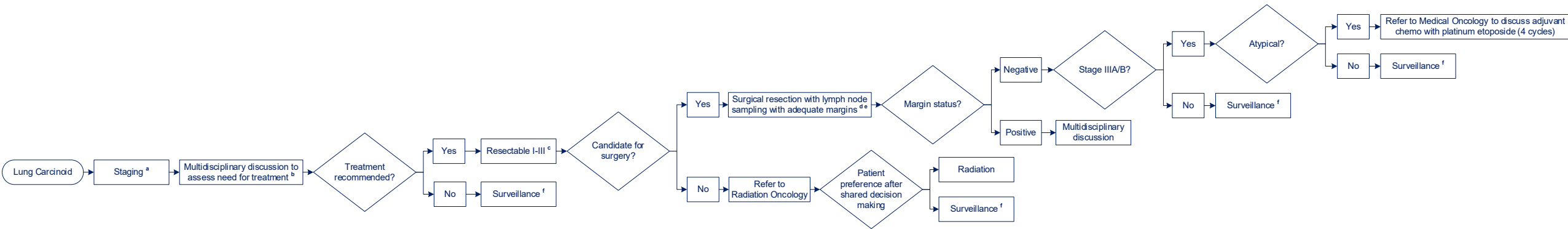
If the patient served any amount of time in Afghanistan, Djibouti, Syria, or Uzbekistan during the Persian Gulf War, from Sept. 19, 2001, to the present or the \*Southwest Asia theater of operations from Aug. 2, 1990, to the present, specific conditions include:

- Typical or atypical carcinoid of the lung

\*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)

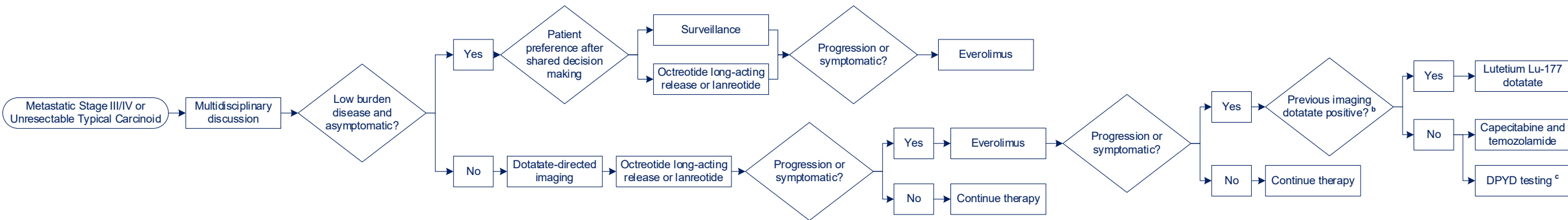
# Lung Carcinoid



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> **Staging** includes chest CT with contrast; if PET/CT is appropriate, DOTA-TATE PET/CT is preferred
- <sup>b</sup> **Assess Need for Treatment** includes risk/benefit analysis based on various factors such as patient life expectancy, comorbidities, tumor location, and likelihood of symptom development
- <sup>c</sup> **T3N2-IIIB T4N2 or T3N3** are unresectable; follow the Unresectable Metastatic Typical Carcinoid pathway
- <sup>d</sup> **Surgical Resection** with lymph node sampling to achieve adequate negative margins
- <sup>e</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>f</sup> **Surveillance** perform DOTA-TATE PET if patient up-staged and not previously performed at diagnosis; otherwise, chest CT is the standard of care

# Lung Carcinoid – Metastatic Stage III/IV or Unresectable Typical Carcinoid



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<sup>a</sup> **Multidisciplinary Discussion** for evaluation of metastasis-directed therapy

<sup>b</sup> **Dotatate Negative** consider that this may display a more aggressive disease biology that is not responsive to octreotide and cytotoxic chemotherapy should be considered; this disease is heterogenous, if rapid progression or significant symptoms occur consideration should be given to evaluating with FDG PET and consideration of cytotoxic chemotherapy

<sup>c</sup> **Perform DPYD Testing If Not Already Performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life, for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

# Lung Carcinoids – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Lung Carcinoids	No molecular testing is currently required for standard prognostication and therapy.				

