Algorithm for the Management of Thymic Neoplasms

Accompanies Clinical Practice Guideline LU-008
Effective Date: December 2012

Initial Evaluation and Work-Up, Including CT Scan of Chest

Early Stage Disease (Stage I-IIA)
- Complete Surgical Resection

Localized Disease (Stage IIB-III)
- Potentially Operable
  - Surgical Resection
- Initially Inoperable
  - Induction Chemotherapy with PAC, ADOC, or VIP
  - Reassess for Surgery
  - Operable
    - Surgical Resection
  - Inoperable
    - Chemotherapy with PAC, ADOC, or VIP

Advanced Disease (Stage IVA-IVB)
- Induction Chemotherapy with PAC, ADOC, or VIP
- Surgery for Debulking and Symptom Control
  - Operable
  - Inoperable

Operable
- Surgical Resection
- Adjuvant or Postoperative Radiotherapy
  - Clear/ close margins: 45 – 50 Gy
  - Microscopically +ve margins: 54 Gy
  - Grossly +ve margins: 60 Gy
  - Gross residual disease: 60 – 70 Gy

Inoperable
- Chemotherapy with PAC, ADOC, or VIP

Yearly Follow-Up Including Annual CT Scan of Chest

The recommendations contained in this algorithm and accompanying guideline are a consensus of the Alberta Provincial Thoracic Tumour Team synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.