Treatment Algorithm for Lung Cancer Surveillance After Definitive Curative Intent Therapy

Patients with stage I-III NSCLC

- Age should not preclude surveillance imaging
- Surveillance imaging may be omitted
- The following tests should not be used as a surveillance tool:
  - Circulating biomarkers
  - 18F-FDG PET
  - Brain MRI for NSCLC

Consider overall health status, chronic medical conditions, and patient preferences

Is the patient clinically suitable for and willing to accept further treatment?

Diagnostic chest CT that includes the adrenals, with contrast (preferred) or without contrast every 6 months for 2 years

Low-dose screening chest CT for detection of new primary lung cancers annually after the first 2 years

Patients with stage I-III SCLC

- Did the patient receive prophylactic cranial irradiation?
  - Yes
    - Clinicians may offer brain MRI every 3 months for the first year and every 6 months for the second year
  - No
    - Clinicians should offer brain MRI every 3 months for the first year and every 6 months for the second year

Is the patient clinically suitable for and willing to accept further treatment?

Brain MRI should not be routinely offered to asymptomatic patients after 2 years of disease-free survival

No

Note:
- These recommendations apply to patients with curatively treated stage I-III NSCLC and SCLC with no clinical suspicion of recurrent disease. This includes patients treated with surgery, stereotactic body radiotherapy, and chemoradiation.
- They also pertain only to routine surveillance strategies. Imaging to evaluate symptoms and follow up on previous findings is not addressed in this algorithm.
- These recommendations do not address the frequency of the clinical evaluation (history and physical examination) for either the suspicion of recurrence and/or to provide reassurance.

This algorithm is derived from recommendations in Lung Cancer Surveillance After Definitive Curative Intent Therapy: ASCO Guideline. This is a tool based on an ASCO guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

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