

Staging and risk assessment

- A complete history including a precise smoking history and comorbidities, weight loss, PS and physical examination must be recorded
- Laboratory: standard tests including routine haematology, renal and hepatic functions and bone biochemistry tests are required
- Routine use of serum tumour markers, such as CEA, is not recommended [IV, B]
- Contrast-enhanced CT scan of the chest and upper abdomen including the liver and the adrenal glands should be carried out at diagnosis
- Imaging of CNS should be considered at diagnosis for all patients with metastatic disease [IV, B] and is required for patients with neurological symptoms or signs [IV, A]. MRI is more sensitive than CT scan [III, B]
- If bone metastases are clinically suspected, bone imaging is required [IV, B]
- Bone scan or PET, ideally coupled with CT, can be used for detection of bone metastasis [IV, B]. PET-CT is the most sensitive modality in detecting bone metastasis [II, B]
- NSCLC is staged according to the UICC system (8th edition) and is grouped into the stage categories shown in Tables 2 and 3
- In the presence of a solitary metastatic site on imaging studies, efforts should be made to obtain a cytological or histological confirmation of stage IV disease [IV, A]
- Response evaluation is recommended after two to three cycles of ChT or immunotherapy, using the same initial radiographic investigation that demonstrated tumour lesions [IV, B]. The same procedure and timing (every 6–9 weeks) should be applied for the response evaluation in patients treated with targeted therapies and/or immunotherapy [IV, B]. Follow-up with PET is not routinely recommended, due to its high sensitivity and relatively low specificity [IV, C]
- Measurements and response assessment should follow RECIST v1.1 [IV, A]. The adequacy of RECIST in evaluating the response to EGFR or ALK TKI in respective genetically driven NSCLC is debatable [IV, B]
- In the case of immune checkpoint inhibitor therapy, RECIST should be used, although irRECIST, iRECIST, imRECIST may have a role in the overall assessment of therapy [IV, B]