

## Diagnosis

- In patients with clinical stages I-III lesions, a pretreatment pathological diagnosis is recommended prior to any curative treatment.
- Bronchoscopy is the recommended test to obtain a pathological diagnosis of centrally located tumours in stages I-III with biopsy of any visible lesion [III, A].
- The pathological classification NOS should be used only in cases where it is impossible to obtain enough tissue for further classification, or when steps to further classify the tumour are inconclusive [V, A].
- An exception to the requirement for a pretreatment diagnosis can be made if an experienced multidisciplinary group decides that the risks of obtaining pathology may be unacceptable in a patient in whom the likelihood of malignancy is high based on clinical and imaging findings [III, B].
- A pretreatment pathological diagnosis is strongly recommended for all patients before SABR, unless a multidisciplinary tumour board is of the opinion that the risk-benefit ratio of the procedure is unacceptable. In such a situation, the predicted likelihood of malignancy should preferably be at least 85%, based upon accepted criteria [III, B].
- The descriptive element of the recent WHO classification of adenocarcinoma subtypes should be used to describe bronchoscopic and CT-guided biopsies whenever possible [III, A].
- The revised adenocarcinoma classification may identify patient subtypes for whom an anatomical sublobar resection, rather than lobectomy, would be sufficient [III, A].
- FDG-PET may contribute for the selection of patients for anatomical sublobar resections as low SUVmax values of peripheral tumours indicate lack of mediastinal metastases [III, A]. This diagnosis may be made intra-operatively by video-assisted thoracoscopic biopsy and frozen section analysis.
- In isolated cases a diagnostic anatomical sublobar resection may be acceptable.

### Solitary pulmonary nodule

- The diagnostic approach to non-calcified pulmonary nodules should be based on existing standard guidelines [III, A], although new evidence on nodule management is emerging.
- Likelihood of malignancy based upon risk calculation methods used in CT screening studies should be used only to guide the clinical assessment of pulmonary nodules detected in the wider population [V, C].