

Treatment of localized disease

- A small subset of patients who present with T1-2 N0-1 M0 tumours have a more favourable outcome and 5-year survival rates of 50% have been reported with surgery. These patients should receive four cycles of adjuvant chemotherapy [III, C] and postoperative thoracic radiotherapy if staged pN1 or pN2 [V, C].
- All other patients with T1-4, N0-3 M0 tumours who are in a good performance status (PS) should be treated with concurrent chemotherapy and thoracic radiotherapy [I, A].
- The best OS rates in fit patients were demonstrated with twice-daily 1.5 Gy in 30 fractions given concurrently with four cycles of cisplatin and etoposide [I, B].
- Patients who are not fit enough for twice-daily radiotherapy or are unwilling to accept increased toxic effects may be treated with a once-daily radiotherapy schedule with 4-6 cycles of concurrent cisplatin and etoposide [I, B].
- In good PS patients, thoracic radiotherapy should be initiated with the first or second cycle (i.e. within 30 days) of chemotherapy [II, B].
- All patients with T1-4, N0-3 M0 disease without disease progression after treatment and a reasonably good PS should be offered PCI [I, A].