

Treatment of metastatic disease

First-line treatment of metastatic disease

- 4-6 cycles of etoposide plus cisplatin or carboplatin are recommended [I, B].
- In young patients (and patients with localised disease), etoposide-cisplatin is recommended [II, B].
- Irinotecan-cisplatin, gemcitabine-carboplatin (in poor prognostic patients only) and i.v. or oral topotecan-cisplatin are alternative options if etoposide is contraindicated [II, C].
- Patients in a reasonably good PS with any response to first-line treatment should be evaluated for PCI [II, B].
- The routine use of thoracic irradiation in patients with metastatic SCLC is not recommended [II, C].

Second-line treatment of metastatic disease

- For refractory patients and resistant patients with early relapse (<6 weeks), participation in a clinical trial or best supportive care is recommended [II, C].
- Oral or i.v. topotecan are recommended for patients having resistant or sensitive relapse with CAV being an alternative option [II, B].
- Patients with sensitive relapse may derive benefit from reintroduction of the first-line regimen (usually platinum-etoposide) [V, C].