

Table 1. Diagnostic and staging work-up of SCLC

History and clinical examination

Medical history (including smoking history and comorbidities)

PS

Physical examination

Assessment of paraneoplastic syndromes (especially when initiating immunotherapy)

Laboratory analysis

CBC, liver enzymes, sodium, potassium, calcium, glucose, LDH and renal functions tests should be carried out

Imaging

CT of the thorax and abdomen should be carried out in all patients; an FDG–PET–CT is optional *1

In case of a suspicion of bone metastasis and no other metastasis, a bone scintigraphy should be carried out unless FDG–PET is available

Imaging of the brain (preferably MRI) is mandated in patients with stage I-III disease

MRI of the brain is recommended for patients with stage IV disease who are eligible for PCI but who choose not to undergo PCI

Tumour biopsy

A diagnosis of SCLC is preferably assessed based on histological examination of a biopsy

In case of planned surgery, invasive mediastinal staging is required

Functional assessment

Pulmonary function testing (FEV1, VC, DLCO) is required for patients with stage I-III SCLC who are candidates for surgery or RT

VO2 max assessment by cycle ergometry should be carried out if surgery is planned when pulmonary function tests are limited

LLCG/VZN annotations

1. In patients without evidence for distant metastases who are candidates for chemoradiotherapy, PET-CT staging is recommended