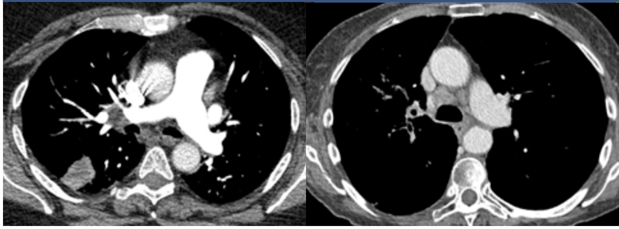
DSOC 2: Lesion with mediastinal / hilar lymphadenopathy without distant metastases on staging CT

NHS England

Assess contrast-enhanced CT of lower neck, thorax and upper abdomen	Broadly assess for fitness for treatment



Proceed with this standard of care where patients are thought to be fit enough for, and willing to undergo, investigations and treatment. Patients who are unfit for, or unwilling to undergo investigations and treatment, should be discussed at the MDT meeting to explore further options including supportive care.

Notes and guidance

Staging EBUS ± EUS should be performed where there are enlarged nodes, including isolated N1 hilar nodes and where there is FDG avidity in normal sized nodes. PET-CT has a significant false negative rate, so sampling of normal sized, PET negative nodes is recommended when nodal appearances are not typically benign on CT or endosonography.

Where staging EBUS ± EUS is performed there should be a systematic examination of mediastinal and hilar lymph nodes beginning with N3 stations, followed by N2 and finally N1. Any accessible lymph node based on CT (≥10mm), PET-CT (FDG avidity above the mediastinal blood pool) or sonographic assessment, is sampled.

A specialist supportive/palliative care review should be routinely offered to all patients for whom the MDT treatment decision is 'best supportive care' and/or uncontrolled symptoms.

Commence prehabilitation / optimisation at first assessment – Ensure the pillars of prehabilitation are covered:

Offer smoking cessation | **Encourage physical activity** | **Prevent and manage malnutrition**

Refer to Lung Cancer Nurse Specialist | **Consider participation in research**

Diagnostic and staging tests

Request Diagnostic and Staging Bundle:

- **PET-CT** (complete within 5 days); **pre-book** staging EBUS ± EUS . Review PET-CT **avoiding full MDT discussion** and proceed as below. Where PET-CT upstages the tumour to M1 see DSOC 4
- Proceed with staging **EBUS ± EUS** where no SCN seen.
- **US guided nodal biopsy** where CT or PET-CT show enlarged or FDG avid supraclavicular nodes (SCN)
- **Biopsy of the primary lesion** where nodes negative on EBUS ± EUS
- Reflex predictive biomarker testing is preferred
- Contrast-enhanced CT brain for suspected stage II (or if known small cell).
- Contrast-enhanced MR brain for suspected stage III

Physiology tests (request simultaneously)

Request Fitness assessment:

- Spirometry and transfer factor
- Consider one or more of: Shuttle walk*, or CPEX*
- ECG
- Consider perfusion scan if pneumonectomy

Request echocardiogram if*:

- Heart murmur
- Abnormal ECG
- Known ischaemic heart disease / valvular disease
- Possibility of pneumonectomy

Assessment by a cardiologist may be required

*May be omitted if surgery not an option

Dataset for MDT discussion:

PET-CT and CT or MR brain results
Bronchoscopy / EBUS ± EUS / other pathology
Performance status, FEV_1 and DLCO
Additional fitness tests as required