Follow up Guidelines for Family Physicians/Nurse Practitioners
Small Cell Lung Cancer

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace Physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, comorbidities, performance status, age, available resources and funding considerations. The Saskatchewan Cancer Agency (SCA) disclaims all liability for the use of guidelines except as expressly permitted by SCA.

Clinical Visit and Evaluation:

In patients treated with curative intent, perform a history and physical examination every 3-6 months for the first 3 years, every 6-12 months for the next 2 years, annually thereafter.

Diagnostic Imaging:

Diagnostic CT surveillance (chest extending to upper abdomen to include adrenals) may be conducted every three months post-treatment in year 1, every 4 months in year 2, then at six month intervals until the end of year 3, followed by annually thereafter. Beyond year 3, low dose CT or minimal dose CT could be considered rather than a diagnostic CT.

Consider CT/MRI brain if symptoms or not received prophylactic cranial irradiation.

If patient is symptomatic, imaging modality specific to patient's symptoms is recommended.

After 5 years of follow-up surveillance, follow-up can return to standard screening for lung cancer. Screening should continue as long as the patient would be clinically appropriate to consider for therapy of any malignancy identified.

At this time, routine PET CT scan for follow-up is not routinely indicated for surveillance.

Refer Back to SCA:

If there are any clinical concerns suggestive of recurrent or metastatic disease, or if there are significant toxicities related to cancer therapy which are outside of your scope of practice requiring intervention, please refer back the patient to the SCA.