



FOLLOW-UP GUIDELINES

Small Cell Lung Cancer

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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. SCA disclaims all liability for the use of guidelines except as expressly permitted by SCA. No portion of these guidelines may be copied, displayed for redistribution to third parties for commercial purposes or any non-permitted use without the prior written permission from SCA.

Follow-Up for All Patients

- 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.
- Consider CT chest/abdomen with iv contrast every 6 months for the first 2 years and then yearly for the next 3 years in limited stage small cell lung cancer.
- Consider CT chest/abdomen with IV contrast in extensive stage small cell lung cancer as clinically indicated.

NOTE: Consider CT chest/abdomen with IV contrast in extensive stage small cell lung cancer as clinically indicated.

Reference: SCA Provincial Small Cell Lung Cancer Treatment Guidelines
<http://www.saskcancer.ca/Small%20Cell>