



## **FOLLOW-UP GUIDELINES**

### **Non-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.
- In patients who might be candidates for additional treatment on relapse or progression, Chest X-ray may be performed every 3-6 months for the first 2 years and then annually, although there is currently no randomized evidence to justify this approach.

**NOTE:** Routine use of blood tests, PET scanning, sputum cytology, tumor markers and bronchoscopy should only be performed as clinically indicated.

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