Non-small Cell Lung Cancer

Localized Disease
T1-2, N0-1, M0

- Poor CPR
- Good CPR (@ any age)

Radiation (local control)
- Conventional
- Stereotactic
  Rarely offers chance for cure

Surgery (Gold Std)
- Anatomic lobectomy or pneumonectomy
- Wedge or segmental resection → increased risk of recurrence
  - adjuvant chemotx if nodal disease

Surgery
- Highly selected patients with minimal mediastinal disease (N2 disease)
- neoadjuvant chemorads followed by surgery followed by adjuvant chemo

Localized Disease
T2-4, N1-2, M0

- Good CPR

Surgery
- Anatomic lobectomy or pneumonectomy
- Wedge or segmental resection
  → increased risk of recurrence
  - adjuvant chemotx if nodal disease

Locally Advanced Disease
T2-4, N1-2, M0

- Poor CPR

Definitive Chemo & Rads
Lower chance of cure (as compared to surgery)
- Increases survival
- Delays progression

Metastatic Disease
Any T, N3, M0

- Solitary Brain Metastasis (highly select group)

Surgery may be an option along with chemo/rads

Symptomatic Lesion
- Pleural Effusion
- Or Tracheobronchial obstruction

Palliative Surgery
Palliative XRT

CPR= Cardiopulmonary Reserve
Small Cell Lung Cancer

Limited Disease (AJCC Stage I-IIIb)
- Single Peripheral Pulmonary Nodule Mediastinoscopy Negative
  - Good PS
    - Chemo + XRT surgery is very rarely utilized but may be an option
  - Poor PS
    - Chemo +/- Radiation

Extensive Disease (AJCC Stage IV)
- No Cord or Brain Involvement
  - Good PS
    - Chemo Only
  - Poor PS
    - Less Intense Chemo
- + Cord or Brain Involvement
  - Poor PS
    - Radiation + Steroids Then Chemo

n.b., Patients with a good response to chemotherapy and no evidence of brain involvement are candidates for prophylactic cranial irradiation (PCI)

PS = Performance Status