



Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Center

NON-SMALL CELL AND SMALL CELL LUNG CANCER:

DIAGNOSIS, TREATMENT AND FOLLOW-UP

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Lung cancer

- **Mainly caused by smoking**
- **In 2010, 5 616 men and 2 215 women diagnosed in Belgium**
- **Leading cause of cancer death in males and the second one in females.**
- **Five-year relative survival is only 14.6% in males and 19.5% in females.**
- **Focus on NSCLC and SCLC**

Methods

- **Step 1:** Define the clinical questions
- **Step 2:** Search for existing guidelines (ADAPTE)
- **Step 3:** Screen retrieved guidelines
 - Mainly Dutch guidelines, NICE
- **Step 4:** Assess selected guidelines
+ complement with new primary studies and meta-analyses

Methods

- **Step 5:** **Integrate new studies and adapt guidance to local context**

Multidisciplinary guideline development group
Six meetings July 2012 – April 2013

- **Step 6:** **Stakeholder involvement**

Including patient organisations

- **Step 7:** **CEBAM validation**

- **Step 8:** **Implementation**

- **Step 9:** **Quality indicators and evaluation**

Topics

Diagnosis and staging

- Three tier approach for staging: imaging, pathology and molecular testing

NSCLC treatment

- Operability, lung function, exercise testing
- Early stage: primary surgery, (neo)adjuvant chemotherapy, postoperative radiotherapy, primary radiotherapy
- Locally advanced stage cIII disease
- Parietal pleura, chest wall, sulcus superior tumors
- Metastatic and recurrent NSCLC
- Follow-up after treatment with curative intent

SCLC treatment

- Limited stage disease
- Extensive stage disease
- Relapse

Optimal lung cancer care

- **Experts in highly specialized domains**
- **Multidisciplinary consultation**
- **Examples**
 - **Ultrasound guided (endobronchial or endoscopic) fine-needle biopsy, mediastinoscopy.**
 - **Molecular diagnosis, important for selection of targeted treatment.**
 - **Criteria for operability.**
 - **Primary surgery.**
 - **Stereotactic radiotherapy.**

centralisation

Policy recommendations

- **Centralisation of specialized multidisciplinary lung cancer care (diagnosis and treatment).**
 - *Research agenda:* develop quality indicators
- **Require ISO accreditation and EQA for companion diagnostics, evaluate together with the drug.**
- **Use targeted medicines only in patients who benefit, eg erlotinib in NSCLC with activating EGFR mutation**



Policy recommendations

- **College of oncology**
 - **Facilitator for implementation of guideline.**
 - **Online tools.**
 - **New evidence is posted online, awaiting the guideline update (pre-assessment at least every 5 years).**
- **Scientific and professional societies**
 - **User friendly tools tailored to specific groups of health-care professionals**
 - **Conference presentations**

Colophon

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