NSCLC: Summary of important changes and new decision tree

Early stage (I-IIA, some IIB)

SABR for all inoperable patients and some borderline operable patients (would only be suitable for sublobar resection)

Peripheral and not abutting chest wall	54Gy/3#/1 week
Peripheral and abutting chest wall	55Gy/5#/2 weeks
Central (PTV 1-2cm away from primary bronchial tree or	50Gy/5#/2 weeks
brachial plexus)	60Gy/8#/3-4 weeks (more common)
Unsuitable for SABR (e.g. PTV<1cm from primary bronchial tree	55Gy/20#/4 weeks
or brachial plexus, or medically unfit)	CHART: 54Gy/36#/12 days
	60-66Gy/30-33#/6-6.5 weeks
	Stage 2B: Consider
	chemoradiotherapy

During COVID, patients in these groups had still further hypofractionated RT:

- A few peripheral tumours were considered for 34Gy/1#
- Some tumours abutting the chest wall were treated with 48-54Gy/3#
- More central tumours were treated with 50Gy/5#
- Some ultracentral tumours were treated with 15# treatments

Stage III

- Increased rate of surgery
- No role for PORT (even in N2 patients) unless R1 resection or if there is extracapsular lymph node disease.

Stage IV

- See changes in RCR guidelines for treatment of brain metastases

Solitary lesion	Surgery or SRS	15-24Gy/1#	
1-4 lesions, total volume	SRS	15-24Gy/1#	
<20cm ³ , KPS>70 and		Consider adding W	/BRT: 30Gy/10#/2 weeks
controlled extracranial disease			
Multiple metastases	KPS>70	WBRT	30Gy/10#/2 weeks
			20Gy/5#/1 week
	KPS<70	Supportive care or	nly

- If the synchronous metastases are only to the brain (or, as SARON progresses, there is low metastatic burden elsewhere), with chest disease that is radically treatable and brain metastases amenable to SRS (see above), then the chest disease can receive consolidation RT after systemic therapy, and the brain metastases can be treated with SRS.

NSCLC: Updated decision tree

Stage 1-2 29%	Candidate for surgery 60% (NLCA, 2017 period)	Surgery		Complete resection → Observation 93% Positive margins (R1) 7% → Re-resection If no longer operable: Adjuvant radiotherapy (Stage	No recurrence 50% → Observation Local or regional recurrence 15% → Some may have palliative chest radiotherapy (see Stage IV)
	Medically	Candidate	Peripheral	2 only) and/or chemotherapy 50-55Gy/20#/4 weeks 60Gy/30#/6 weeks 54Gy/3#/1 week 0-	Distant recurrence 35% → some may have palliative radiotherapy (see Stage IV)
	inoperable 40% (NLCA, 2017 period)	for SABR 55%- Adjusted from NLCA	and not abutting chest wall Peripheral and abutting chest wall Central (PTV 1-2cm away from primary bronchial tree or brachial	5% (Currently- likely to increase) 50-55Gy/5#/2 weeks 90% (Currently- likely to decrease) 60Gy/8#/3-4 weeks 5-10%	
		plexus) Unsuitable for SABR (e.g. PTV<1cm from primary bronchial tree or brachial plexus, or medically unfit) 2% (adjusted from NCLA) (Remaining 43% (NCLA- Noptimum) receive chemoradiotherapy/palliabest supportive care)		_	

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Adizie et al. 2019)			Adizie et al. 2019)			

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Stage 4	Low metastatic	After systemic therapy:		
	burden (e.g. brain			
50%	metastases only,	Chest disease: Radical RT as appropriate following systemic therapy. E.g.		
	which are	55Gy/20# /4 weeks or 60-66Gy/30-33#/6-6.5 weeks		
	amenable to SRS),		AND	
	with radically	Brain metastase	s (1-4 lesions, total volume <20cm ³ , KPS>70): SRS: 15-	
	treatable chest	24Gy/1#		
	disease 6%	,,		
	No Focal	No radiotherapy	(chemo-immunotherapy, targeted therapy or supportive	
	symptoms 47%		ding on PS and mutation profile)	
	Focal symptoms	Chemo-	Chest	
	47%	immunotherap	Good PS: 30-39Gy/10-13#/2-2.5 weeks (limit cord dose to	
		y (Good PS)/	36Gy) 15%	
		Supportive	OR 20Gy/5#/1 week 15%	
		care (poor PS)		
		+ palliative	Poor PS: 17Gy/2#/8days 10%	
		radiotherapy	OR 10Gy/1# 20%	
		according to	Bone	
		symptoms	20Gy/5#/1 week <mark>15%</mark> or 8Gy/1# <mark>10%</mark>	
		, , , , , ,	Brain	
			1-4 lesions, total volume <20cm ³ , KPS>70 and controlled	
			extracranial disease → SRS 15-24Gy/1# 6%	
			Consider adding WBRT:	
			30Gy/10#/2 weeks 7%	
			,,,	
			Multiple metastases:	
			KPS>70 → WBRT 30Gy/10#/2 weeks or 20Gy/5#/1 week	
			17%	
			KPS<70 → Supportive care only	
			,	
/// DC	(Varnofsky) Borform	<u> </u>		

(K)PS- (Karnofsky) Performance Status

SRS- Stereotactic Radiosurgery