

Follow-up

- NSCLC patients treated with radical intent should be followed for treatment-related complications, detection of treatable relapse or occurrence of second primary lung cancer [III, A].
- Surveillance every 6 months for 2 years with a visit including history, physical examination and—preferably contrast-enhanced—volume chest CT scan at least at 12 and 24 months is recommended, and thereafter an annual visit including history, physical examination and chest CT scan in order to detect second primary tumours [III, B].
- For individual patients, follow-up with six-monthly CT scans for 3 years is recommended for patients who are suitable for salvage treatment (e.g. surgery, local ablative therapy) [III, B]. The frequency of the follow-up visits can be tailored to the individual patient for those not suitable for salvage treatment [V, B].
- The selective use of FDG-PET is recommended when recurrence after SABR is suspected based on serial spiral chest CT [III, B].
- Due to a high number of false-positive findings on PET, patients suitable for salvage therapy should undergo a biopsy, whenever possible [III, B].
- NSCLC patients should be offered smoking cessation, as this leads to superior treatment outcomes. Combining behaviour techniques with pharmacotherapy is the preferred approach [I, A].