

Response evaluation and follow-up

- After primary surgery patients with TC and AC should be followed at least yearly up to 15 years (III, B) to detect surgically manageable recurrences.
- Biochemical markers, such as chromogranin A and NSE, should be determined every 3-6 months (in cases with elevated values at baseline), and CT should be performed once a year in atypical and every 2 or 3 years in typical.
- Patients with metastatic or recurrent disease should be followed during treatment with cytotoxic or biological agents more often, at 3-6-month intervals with imaging, preferably by CT and biological markers to assess possible benefits of the treatment administered.