

Staging & risk assessment

- A tumor-node-metastasis (TNM) staging is recommended for bronchial NETs and is included in the 7th edition of the Union for International Cancer Control/American Joint Committee on Cancer (UICC/AJCC) TNM staging system (Table 3).
- Biochemical evaluation for bronchial NETs include plasma chromogranin A, plasma-NSE, and in selected cases dU-5-hydroxy indol acetic acid with clinical symptoms of carcinoid syndrome and urine cortisol with Cushing's disease, plasma ACTH and those with signs of acromegaly, plasma GHRH and insulin growth factor (IGF)-I (III, A).
- Conventional X-ray of the chest may suggest a diagnosis of bronchial NETs, but computed tomography (CT) scan is the recommended investigation.
- Bronchoscopy, if necessary with additional endoscopic ultrasonography with biopsies, is the best procedure to detect central bronchial NETs (III, A).
- Since 80% of typical bronchial carcinoids express somatostatin receptors, somatostatin receptor scintigraphy may be informative as well as ⁶⁸Gallium-DOTATATE/TOC (DOTA0, D-Phe1, 8tyr3] Octreotate) positron emission tomography (PET) scanning (III, B).
- For more aggressive bronchial NETs such as LCNEC and SCLC, fluoro-deoxy-glucose (FDG) PET is more informative than somatostatin receptor scintigraphy (III, B).