Diagnosis, staging & risk assessment

- Pathological diagnosis should be made according to the World Health Organisation (WHO) classification.
- Biopsies are best obtained by bronchoscopy. A biopsy from a metastatic lesion is preferred if the location of the metastasis can be easily and safely accessed to biopsy (e.g. liver, skin).
- No predictive molecular marker for treatment selection is currently available.

- Initial assessment should include smoking history, physical examination, complete blood count, liver enzymes, sodium, potassium, calcium, glucose, lactate dehydrogenase levels and lung (if localised disease) and renal function tests.
- A computed tomography (CT) scan with contrast of the chest and abdomen is recommended.
- In localised disease or if symptoms or clinical findings suggest involvement, additional bone scintigraphy and CT or MRI of the brain are recommended.
- 2-fluor-2-desoxy-D-glucose positron-emission-tomography (FDG-PET CT) scan is optional in localised disease. PET findings, which modify treatment decisions, should be pathologically confirmed [III, C].
- A bone marrow aspiration and biopsy should be carried out in the case of abnormal blood counts suggesting involvement, particularly in localised disease [V, C].
- Version 7 of the TNM staging system according to the Union for International Cancer Control (UICC) should be used.