Algorithm for the Management of Non-Small Cell Lung Cancer - Stage II

**Diagnosis & Clinical Staging**
- PET-CT
- Pulmonary function test
- Mediastinal lymph biopsy, via endobronchial ultrasound, mediastinoscopy, or VATS, is indicated for all patients with clinical stage T2N0 or TxN1/2 or greater disease

**Operable**
- Assess for suitability of resection by thoracic surgeon
- Systematic mediastinal lymph node sampling or dissection
- Medically fit
- Lobectomy or Anatomic Pulmonary Resection
  - Sleeve lobectomy (preferred)
  - Pneumonectomy
- Lung resection
  - Segmentectomy
  - Wedge resection

**Inoperable/Decline surgery**
- Co-morbid disease, decreased pulmonary function
- Fit, node positive, large tumour (≥ 5 cm)?
- No
- Radical RT
- Yes
- Consider Chemoradiation

**Positive margins after surgery?**
- No
- Adjuvant Chemotherapy (6-8 weeks post-surgery)
  - Cisplatin + vinorelbine
- Yes
- Assess for suitability of re-resection
  - Suitable
  - Re-resection
  - Not suitable
  - Refer to Radiation Oncologist

**Follow-up & Surveillance**
- Physical exam & chest x-ray or CT scan (see text for timing recommendations)
- Smoking cessation counseling

In circumstances where surgical resection may not be feasible, patients may be presented at a Multidisciplinary Tumour Board for further discussion between surgery, medical oncology, radiation oncology, nursing, palliative care and/or other disciplines as needed.

Whenever possible, patients should be considered for eligibility in ongoing clinical trials.

The recommendations contained in this algorithm and accompanying guideline are a consensus of the Alberta Provincial Thoracic Tumour Team synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.