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GUIDELINE OBSERVATION

Updates of the NCCN guidelines for non-small cell lung cancer

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Updates in version 2.2019 of the NCCN guidelines for non-small cell lung cancer from version 1.2019

NSCL-22

ALK rearrangement positive metastatic NSCLC: Lorlatinib added as a treatment option after progression on crizotinib and alectinib, brigatinib, or ceritinib.

NSCL-23

ALK rearrangement positive metastatic NSCLC: Lorlatinib added as a treatment option, after progression on alectinib, brigatinib, or ceritinib.

NSCL-24

ROS1 rearrangement positive metastatic NSCLC: Lorlatinib added as a treatment option, after progression on crizotinib or ceritinib.

Updates in version 1.2019 of the NCCN guideliynes for non-small cell lung cancer from version 6.2018

DIAG-2

Footnote g modified: "Non-solid (ground-glass) nodules may require longer follow-up to exclude indolent adenocarcinoma." (also applies to DIAG-3).

DIAG-3

Solitary pure ground-glass nodules ≥ 6 mm.

Follow-up modified: "CT at 6–12 mo to confirm, no growth or change in solid component, then CT every 2 y until 5 y".

Solitary part-solid nodule(s); sub-categories modified: "< 6 mm", "≥ 6 mm".

Follow-up modified: CT at 3–6 mo to confirm, no growth or change in solid component, then annual CT for 5 y.

DIAG-A 3 of 3

Bullet added: "An EBUS-TBNA negative for malignancy in a clinically (PET and/or CT) positive mediastinum should undergo subsequent mediastinoscopy prior to surgical resection." (also added to footnote h on NSCL-2).

Bullet modified: "TTNA and anterior mediastinotomy (ie, Chamberlain procedure) provide additional access to anterior mediastinal (station 5 and 6) lymph nodes if these are clinically suspicious. If TTNA is not possible due to proximity to aorta, VATS biopsy is also an option".

NSCL-2

Durvalumab changed from a category 2A to a category 1 recommendation. (also applies to NSCL-5, 6, 8, 11, 12, E)

Footnote k added: "If MRI is not possible, CT of head with contrast." (also applies to NSCL-4, 7, 9, 11, 12, 13, 16).

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