In addition to a complete history and physical examination, staging procedures should at least include the following: chest X-ray, complete blood count, liver and renal function tests, LDH, sodium, and a CT-scan of chest and upper abdomen.

Clinical practice guideline

2.1.3. In patients with either a known or suspected lung cancer who have an abnormal clinical finding (Grade 1B).

Clinical practice guideline

2.1.1. For patients with either a known or suspected lung cancer who are eligible for treatment, a CT scan of the chest with head MRI (or CT if MRI is not available) should be performed, even if they have a negative clinical evaluation (Grade 2C).’

Clinical practice guideline

It is widely accepted that the chest radiograph is in general an insensitive measure of mediastinal lymphadenopathy. RECOMMENDATION for the chest CT in NSCLC should be performed. CT of the chest should be performed, level of evidence: fair, benefit: substantial, grade of recommendation: A

Clinical practice guideline

Brain imaging may be appropriate but only if clinical findings.

Clinical practice guideline

Brain and abdominal imaging should be dictated by these findings:

Clinical practice guideline


Systematic review

Clinical practice guideline

Brain imaging in stage III or IV disease in absence of further evaluation or treatment is planned.

Clinical practice guideline

It is widely accepted that the chest CT should be performed in patients with known or suspected lung cancer.

Clinical practice guideline


Clinical practice guideline


Clinical practice guideline


Clinical practice guideline

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<td>Patients with lung cancer that have new onset of back pain, or with sagittal T1-weighted MRI of the entire spine in untreated patients (Grade 1C).</td>
<td>T1-weighted MRI with or without gadolinium of the entire spine should be done initially in patients with known lung cancer with new onset of back pain or focal neurologic deficit.</td>
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**Spine Imaging**


**Rule:** In patients with lung cancer that have new onset of back pain, sagittal T1-weighted MRI of the entire spine is recommended (Grade 1C). T1-weighted MRI with or without gadolinium of the entire spine should be done initially in patients with known lung cancer with new onset of back pain or focal neurologic deficit.

**Notes:** MRI of entire spine with and without in lung cancer patients with back pain or neurologic deficit.

**Evidence:** MRI of entire spine with and without in lung cancer patients with back pain or neurologic deficit.

**Findings:** T1-weighted MRI with or without gadolinium of the entire spine should be done initially in patients with known lung cancer with new onset of back pain or focal neurologic deficit.

**Rule:** T1-weighted MRI with or without gadolinium of the entire spine should be done initially in patients with known lung cancer with new onset of back pain or focal neurologic deficit.

**Notes:** MRI of entire spine with and without in lung cancer patients with back pain or neurologic defect.

**Spine Imaging**

**Rule:** In patients with either a known or suspected lung cancer who have an abnormal clinical evaluation and no suspicious extrathoracic abnormalities on chest CT, additional imaging for metastases is recommended (Grade 1B).

**Notes:** Additional imaging is recommended for metastases in patients with either a known or suspected lung cancer who have an abnormal clinical evaluation and no suspicious extrathoracic abnormalities on chest CT.

**Evidence:** Additional imaging is recommended for metastases in patients with either a known or suspected lung cancer who have an abnormal clinical evaluation and no suspicious extrathoracic abnormalities on chest CT.

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**Evidence:** Additional imaging is recommended for metastases in patients with either a known or suspected lung cancer who have an abnormal clinical evaluation and no suspicious extrathoracic abnormalities on chest CT.

**Findings:** Additional imaging is recommended for metastases in patients with either a known or suspected lung cancer who have an abnormal clinical evaluation and no suspicious extrathoracic abnormalities on chest CT.

**Rule:** PET scanning appears to have excellent performance characteristics in assessing bone metastases.

**Notes:** PET scanning appears to have excellent performance characteristics in assessing bone metastases.

**Evidence:** PET scanning appears to have excellent performance characteristics in assessing bone metastases.

**Findings:** PET scanning appears to have excellent performance characteristics in assessing bone metastases.

**Rule:** Bone imaging is not recommended for screening for distant metastases in patients with limited disease.

**Notes:** Bone imaging is not recommended for screening for distant metastases in patients with limited disease.

**Evidence:** Bone imaging is not recommended for screening for distant metastases in patients with limited disease.

**Findings:** Bone imaging is not recommended for screening for distant metastases in patients with limited disease.

**Rule:** In all patients, the routine staging of SCLC should include medical history and physical examination, complete blood counts, comprehensive chemistry panels, CT scans of the chest and abdomen, a CT scan or MRI of the brain, and a bone scan. Level of evidence, good; benefit, substantial; grade of recommendation, A.

**Notes:** In all patients, the routine staging of SCLC should include medical history and physical examination, complete blood counts, comprehensive chemistry panels, CT scans of the chest and abdomen, a CT scan or MRI of the brain, and a bone scan. Level of evidence, good; benefit, substantial; grade of recommendation, A.

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**Rule:** Brain imaging and PET CT are appropriate for staging SCLC.

**Notes:** Brain imaging and PET CT are appropriate for staging SCLC.

**Evidence:** Brain imaging and PET CT are appropriate for staging SCLC.

**Findings:** Brain imaging and PET CT are appropriate for staging SCLC.

**Rule:** Additional tests to define limited disease in patients with symptoms or abnormal physical examination suggesting metastatic disease have been justified and there is no evidence to exceed the use of the tests (C, £>).

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**Rule:** Bone imaging may be appropriate in patients with bone pain, elevated alkaline phosphatase level, or elevated calcium level in the presence of bone pain.

**Notes:** Bone imaging may be appropriate in patients with bone pain, elevated alkaline phosphatase level, or elevated calcium level in the presence of bone pain.

**Evidence:** Bone imaging may be appropriate in patients with bone pain, elevated alkaline phosphatase level, or elevated calcium level in the presence of bone pain.

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**Evidence:** Brain imaging and PET CT are appropriate for staging SCLC.

**Findings:** Brain imaging and PET CT are appropriate for staging SCLC.

**Rule:** Brain imaging is not recommended for patients who have normal chest CT.

**Notes:** Brain imaging is not recommended for patients who have normal chest CT.

**Evidence:** Brain imaging is not recommended for patients who have normal chest CT.

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