

Small-cell lung cancer (SCLC) accounts for approximately 10%–15% of all lung cancers. Its incidence has steadily decreased in recent decades because of the reduction in cigarette smoking, which is the primary cause of this type of cancer. The rapid growth of SCLC, early dissemination to regional lymph nodes, and formation of distant metastasis result in poor prognosis with an initial sensitivity to chemotherapy and radiotherapy. Chemotherapy and chemoradiotherapy are currently the standard treatments. The treatment by surgical resection is debated because only few patients have early-stage SCLC without metastasis, in whom the surgery can be effective. The patients most likely to benefit from surgery are those with clinical stage I–IIA (T1–2N0M0) disease with evaluation by chest and upper abdominal CT, brain imaging, and FDG-PET/CT. After surgery, 5-year survival rate is approximately 50%. The NCCN Guidelines (version 1.2020) recommend mediastinoscopy or other surgical or endoscopic mediastinal staging prior to resection in all patients to rule out occult nodal disease. Unfortunately, only <5% of SCLC patients are diagnosed with stage I–IIA disease. Despite improvement in the diagnosis and preoperative staging of SCLC, pathological upstaging of early-stage disease is common and results in an overall concordance of 58% between clinical and pathological TNM staging, as per the IASLC database for SCLC.

Because surgical resection is indicated only in a small proportion of SCLC patients, the prospective studies with large sample size comparing the outcomes of patients with surgical resection following clinical or pathological staging are unlikely to be performed. Therefore, the data presented in this book along with previous studies is one of the largest nationwide data pool and can be used to determine the incidence of pathological upstaging after surgery and can be of help in developing recommendations for postoperative adjuvant therapy. The evidence shows that surgery can improve the survival outcomes of selected patients with clinical stage I SCLC. Additionally, it supports the use of four cycles of adjuvant chemotherapy after complete resection. Moreover, in patients with unforeseen stage N2 or N1 disease or in patients without systematic nodal dissection, postoperative radiotherapy should be considered.

This book provides a summary of therapeutic strategies that are essential for the management of SCLC patients. Furthermore, current hot topics including cellular and molecular biology, genomic alterations, circulating tumor cells, and biomarkers in liquid biopsies are included.

It is my honor and pleasure to provide the preface for this book, which includes the contributions and cooperative efforts of international experts in this field and AME Publishing team, who has taken care of the editing process. Enjoy the interesting reading!



Hisashi Saji, MD, PhD

Professor,

Department of Chest Surgery,

St. Marianna University School of Medicine,

2-16-1 Sugao, Miyamae-ku, Kawasaki, Kanagawa, Japan