Appendix 1

Algorithm for Mediastinal Lymph Node Staging in NSCLC

Algorithm for preoperative mediastinal staging and post-induction restaging according to the Revised European Society of Thoracic Surgeons (ESTS) Guidelines.

Preoperative Mediastinal Staging Algorithm

1. Patient with potentially resectable NSCLC
→ Contrast-enhanced CT of the chest
→ PET-CT

2. Evaluation mediastinal and hilar lymph nodes

3. Low-risk situation (ALL criteria required):
• Peripheral tumour
• Tumour size ≤3 cm
• No mediastinal or hilar lymph node enlargement on CT
• No mediastinal or hilar FDG uptake on PET-CT
→ No invasive mediastinal staging required

4. If ANY of the following are present:
• Central tumour (any size)
• Tumour > 3 cm
• PET-positive mediastinal lymph nodes
• CT-enlarged mediastinal lymph nodes (>10 mm)
• Suspected N1 disease
→ Invasive mediastinal staging REQUIRED

5. First-line invasive staging:
→ Endosonography (EBUS-TBNA ± EUS-FNA)

6. Endosonography results:
a) Positive for malignancy
→ No further mediastinal staging

b) Negative for malignancy AND high clinical suspicion persists or inadequate
→ Surgical mediastinal staging

7. Surgical mediastinal staging:
→ Video-assisted mediastinoscopy (preferred)

Post-Induction Mediastinal Restaging Algorithm

1. Patient with initially proven N2/N3 disease treated with induction therapy

2. Restaging imaging:
→ PET–CT (for guidance only)

3. Restaging strategy:
→ Endosonography (EBUS-TBNA ± EUS-FNA)
→ Consider surgical restaging if endosonography is negative or inadequate

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