

NCCN Continuing Education

Target Audience: This journal article is designed to meet the educational needs of oncologists, nurses, pharmacists, and other healthcare professionals who manage patients with cancer.

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Release date: January 10, 2026; Expiration date: January 10, 2027

Learning Objectives:

Upon completion of this activity, participants will be able to:

- Integrate into professional practice the updates to the NCCN Guidelines for Small Cell Lung Cancer
- Describe the rationale behind the decision-making process for developing the NCCN Guidelines for Small Cell Lung Cancer

Disclosure of Relevant Financial Relationships

None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Individuals Who Provided Content Development and/or Authorship Assistance:

The faculty listed below have no relevant financial relationship(s) with ineligible companies to disclose.

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The faculty listed below have the following relevant financial relationship(s) with ineligible companies to disclose. All of the relevant financial relationships listed for these individuals have been mitigated.

Apar Kishor P. Ganti, MD, Panel Chair, has disclosed receiving grant/research support from Chimerix, Imugene Limited, Iovance Biotherapeutics, Inc., Jazz Pharmaceuticals, Inc., Merck & Co., Inc., and Poseida Therapeutics, Inc.; and receiving consulting fees from Amgen Inc., AstraZeneca Pharmaceuticals LP, Cardinal Health, Inc., Catalyst Pharmaceuticals, Inc., Jazz Pharmaceuticals, Inc., Merck & Co., Inc., Pfizer Inc., Regeneron Pharmaceuticals, Inc., and Zai Lab.

Billy W. Loo Jr, MD, PhD, Panel Vice Chair, has disclosed serving as a scientific advisor for BeiGene; and receiving honoraria from Mevion Medical Systems.

Megan Daly, MD, Panel Member, has disclosed receiving grant/research support from Genentech, Inc. and Merck & Co., Inc.; and receiving consulting fees from AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, and Novocure.

Martin Edelman, MD, Panel Member, has disclosed receiving grant/research support from MBrace Therapeutics and Novartis Pharmaceuticals Corporation; receiving consulting fees from Amgen Inc., Auron Therapeutics, Boehringer Ingelheim GmbH, Catalyst Pharmaceuticals, Inc., Coherus Oncology, Harpoon Therapeutics, Inc., Jazz Pharmaceuticals, Inc., and Lantheus; and receiving honoraria from AstraZeneca Pharmaceuticals LP, GSK plc, Pfizer Inc., Sana Biotechnology, Inc., and Seagen Inc.

Evan C. Osmundson, MD, PhD, Panel Member, has disclosed receiving grant/research support from Genentech, Inc. and Varian Medical Systems, Inc.

To view disclosures of external relationships for the NCCN Guidelines Panel, go to [NCCN.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels](https://www.nccn.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels)

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Small Cell Lung Cancer, Version 2.2026

Featured Updates to the NCCN Guidelines

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Abstract

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Small Cell Lung Cancer provide recommendations for diagnostic workup, staging, and treatment. These NCCN Guidelines Insights highlight recent updates, with a particular focus on changes to systemic therapies and radiation treatment in the NCCN Guidelines for Small Cell Lung Cancer.

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Overview

In 2025, approximately 13% of lung tumors are expected to be classified as small cell lung cancer (SCLC), with an estimated 30,000 new SCLC cases diagnosed in the United States.¹ Most patients with SCLC present with hematogenous metastases, and approximately one-third present with limited disease confined to the chest. The NCCN SCLC Panel adopted a combined approach to staging SCLC, incorporating both the AJCC tumor-node-metastasis (TNM) system and the older Veterans Administration (VA) classification scheme.^{2,3} *Limited-stage* SCLC is defined as stage I–III disease (T any, N any, M0) that can be safely treated with definitive radiation therapy (RT). This excludes T3–4 due to multiple extensive lung nodules or disease with tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan. *Extensive-stage* SCLC is defined as stage IV disease (T any, N any, M1a/b/c) or T3–4 as described for limited-stage SCLC. Staging primarily provides a therapeutic guideline for thoracic RT in patients with limited-stage SCLC. However, because of the aggressive nature of SCLC, staging should not delay treatment initiation by more than 1 week. These NCCN Guidelines Insights address the current and evolving systemic and radiation treatment options for both limited-stage and extensive-stage SCLC.

Primary Systemic Therapy for Limited-Stage SCLC

Adjuvant chemotherapy alone is recommended for patients who have undergone surgical resection or stereotactic ablative body RT (SABR) for node-negative, early limited-stage SCLC. Cisplatin/etoposide is the most commonly used first-line combination chemotherapy regimen for patients with limited-stage SCLC.^{4,5} Treatment with cisplatin/etoposide plus definitive thoracic RT showed response rates of 70% to 90%, with a median overall survival (OS) of 25 to 30 months and 5-year OS rates of 31% to 34%.⁴ Data suggest that chemoradiotherapy may also be indicated for patients with limited-stage SCLC who have cytologically negative or indeterminate pleural effusions, but not for those with pericardial effusions.^{6,7} For patients with limited-stage IIB–IIIC (T3–4, N0, M0; T1–4, N1–3, M0) SCLC, the panel recommends various cisplatin/etoposide dosing regimens plus concurrent thoracic RT (category 1).^{8–11} The preferred cisplatin/etoposide regimens for limited-stage SCLC are based on the dosing schedules used in the CONVERT trial (Figure 1).⁴ Carboplatin/etoposide is also listed as a preferred option based on the subgroup analysis in the ADRIATIC trial.^{12,13} The use of myeloid growth factors is not recommended in patients undergoing concurrent chemoradiation (category 1 for not using granulocyte-macrophage colony-stimulating factor [GM-CSF]).¹⁴

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*Provided content development and/or authorship assistance.

The full and most current version of these NCCN Guidelines is available at [NCCN.org](https://www.nccn.org).