

**Table 1: The ASSENT Score**

Variable		Score
Age	<75yrs	0.5
	≥75yrs	0
Performance Status	0	1
	1	0.5
	2	0.5
	3	0
Smoking Status	Never	0
	Ex-smoker	1
	Current	1
Staging Ebus performed	No	0
	Yes	0.5
N-Stage (clinical staging)	N0	0
	N1	1
	N2	1
	N3	1
T-Stage (clinical staging)	T1a-c	0
	T2a-b	1
	T3	1
	T4	2
Overall Risk Score	Low	≤3
	Moderate	3 - 4
	High	≥4

**STEP 1: Assess patient fitness, preferences & suitability for further treatment**

Assess if patient is fit for and would accept further work up and treatment of disease recurrence (*noting low rate of active treatment following curative intent radiotherapy in our study*).

This assessment is complex and may take into account a number of factors:

- It may be considered that some patients may only be fit for targeted therapies in the event of distant relapse. In this case the clinical team may consider testing the pre-treatment histology for targetable mutations to help define the need for cross sectional imaging
- There may be new avenues of treatment for local recurrence post radiotherapy such as radiofrequency ablation and re-irradiation (noting that the re-irradiation service is a new & experimental service)

*Good practice point: clinical teams should reassess the need for cross-sectional surveillance at every clinical encounter throughout the survivorship programme.*

**If CT surveillance not appropriate then plan intensity of clinical review according to POETS score & post-treatment NLR-ALC. Consider CXR at clinical appointments**

**STEP 2: Risk stratify surveillance protocol according to ASSENT score**

**Low Risk**  
≤ 3

**Moderate Risk**  
3 - 4

**High Risk**  
≥ 4

Follow risk stratified protocol according to risk category

**Surveillance Protocol for first 2 years following Radiotherapy**

	Months following treatments			
	6 months	12 months	18 months	24 months
<b>Low Risk</b>	Low dose CT Chest		Low dose CT Chest	
<b>Moderate Risk</b>	contrast-enhanced CT chest and upper abdomen	contrast-enhanced CT chest and upper abdomen	contrast-enhanced CT chest and upper abdomen	
<b>High Risk</b>	contrast-enhanced CT chest and upper abdomen +/- MR Brain*	contrast-enhanced CT chest and upper abdomen	contrast-enhanced CT chest and upper abdomen +/- MR Brain*	contrast-enhanced CT chest and upper abdomen

\*Pending local agreement and resource dependent

**Table 2: The STEPS Score**

Variable		Score
Sex	Female	0
	Male	1
T-Stage	T1	0
	T2	0.5
	T3	1
	T4	3
Staging Ebus performed	No	0
	Yes	0.5
Performance Status	0	0
	1	0
	2	1
	3	1
N-Stage	0	0
	1	0
	2	1
	3	1
Overall Risk Score	Low	≤1
	Moderate	1.5 - 2.5
	High	≥3

**STEP 1: Risk stratify clinical review protocol according to STEPS score & NLR/ALC (if available)\***

**Low Risk**  
Steps ≤1

**Moderate Risk**  
Steps 1.5 - 2.5

**High Risk**  
Steps ≥3  
OR post-treatment NLR > 5.5, change in NLR >3.6, post-treatment ALC <0.8

\*Pre-treatment bloods can be up to 6 weeks prior to XRT and post-treatment bloods should be taken up to 4 weeks post treatment

**Clinical Review Protocol**

	Months following treatments														
	3	4.5	6	7.5	9	10.5	12	13.5	15	16.5	18	19.5	21	22.5	24
Low															
Mod															
High															

Clinical Review

Telephone Review