

see also [small cell lung cancer intracranial metastases outcome](#).

At the time of diagnosis approximately 70% of patients have extensive disease. Patients with extensive-stage SCLC are considered incurable, and have median survival time of approximately 9–10 months from diagnosis with the current standard treatment ¹⁾.

Without treatment, this cancer has the most aggressive clinical course of all lung cancer types, with survival rates between 2 to 4 months.

Patients with limited SCLC have a median survival of approximately 18 months and can be cured. By using multimodality therapy, including concurrent chemotherapy and radiotherapy, long-term disease-free survival rates can be achieved in approximately 20–25% of patients ²⁾.

Although SCLC is regarded as highly sensitive to both chemotherapy and radiotherapy, fast development of resistance is a major problem. Only a modest improvement in survival has been achieved during the last 20 years, and prognosis remains poor with 5-year survival rates of around 10% and 2% in LD and ED, respectively ³⁾.

It is thought to originate from neuroendocrine cells (APUD cells) in the bronchus called Feyrter cells (named for Friedrich Feyrter).

Hence, they express a variety of neuroendocrine markers, and may lead to ectopic production of hormones like ADH and ACTH that may result in paraneoplastic syndromes and Cushing's syndrome.

Approximately half of all individuals diagnosed with Lambert-Eaton myasthenic syndrome (LEMS) will eventually be found to have a small-cell carcinoma of the lung.

Small-cell carcinoma is most often more rapidly and widely metastatic than [non small cell lung cancer](#) (and hence staged differently). There is usually early involvement of the hilar and mediastinal lymph nodes.

[Prophylactic cranial irradiation](#) did not result in longer overall survival compared with observation in patients with extensive-disease [small cell lung cancer](#). Prophylactic cranial irradiation is therefore not essential for patients with extensive-disease small-cell lung cancer with any response to initial chemotherapy and a confirmed absence of brain metastases when patients receive periodic MRI examination during follow-up ⁴⁾.

¹⁾

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Last update: **2024/06/07 02:49**

