

## Appendix

**Table 1:** ACCP radiologic group descriptors and indications for pathological nodal staging.

Group	Description	CT features	Invasive mediastinal staging?	N2/3 prevalence
A	Mediastinal infiltration	Conglomerate mediastinal nodal involvement, individual lymph nodes cannot be distinguished or measured.	No Diagnostic procedure only	100%
B	Enlarged discrete mediastinal node involvement	Nodes $\geq 1$ cm short-axis diameter on CT.	Yes Staging EBUS in the first instance	60%
C	Abnormal hilar node or central tumour, normal mediastinum	Normal mediastinum (nodes $< 1$ cm) but enlarged hilar (N1) nodes ( $\geq 1$ cm), or central tumour. <sup>a</sup>	Yes Staging EBUS in the first instance	20–25%
D	Peripheral stage I tumour	Normal mediastinum, normal N1 nodes ( $< 1$ cm). Peripheral tumour. <sup>b</sup>	No Proceed to treatment if no nodal involvement on PET	5–10%

<sup>a</sup> Central tumour defined as being within proximal one third of the hemithorax on transverse CT image.

<sup>b</sup> Peripheral tumour defined as being within outer two thirds of the hemithorax on transverse CT image.

Abbreviations: ACCP = American College of Chest Physicians; CT = computed tomography.

Adapted from Silvestri et al.<sup>1</sup> and Evison et al.<sup>2</sup>

### REFERENCES

1. Silvestri GA, Gonzalez AV, Jantz MA, et al. Methods for staging non-small cell lung cancer: Diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2013;143(5 Suppl):e211S-e250S. doi: 10.1378/chest.12-2355.
2. Evison M, Crosbie P, Navani N, et al. How should performance in EBUS mediastinal staging in lung cancer be measured? *Br J Cancer*. 2016;115(8):e9. doi: 10.1038/bjc.2016.253.