STUDY GUIDE

SEPAR-SECT recommendations for perioperative invasive mediastinal staging of non-small cell lung cancer.

Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and Spanish Society of Thoracic Surgeons (SECT) [2] · 2026

SEPAR-SECT Recommendations for Perioperative Invasive Mediastinal Staging of Non-small Cell Lung Cancer: A Comprehensive Study Guide

This study guide provides an overview of the 2026 joint consensus recommendations from the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the Spanish Society of Thoracic Surgeons (SECT) regarding the staging of non-small cell lung cancer (NSCLC).

Overview of the Recommendations

The 2026 SEPAR-SECT document serves as an update to the 2011 guidelines. It incorporates the 9th edition of the TNM classification and focuses on the entire perioperative setting. The primary goal is to harmonize staging practices, minimize staging errors, and facilitate precise therapeutic decision-making in the context of modern targeted and immune-based treatments.

Key Objectives

- **Refinement of Prognosis:** Accurate staging is critical for predicting patient outcomes.
- **Treatment Guidance:** Results guide multimodal treatment plans.
- **Survival Improvement:** Proper staging leads to better management and improved survival rates.
- **Standardization:** Establishing quality standards for intraoperative lymphadenectomy and integrating IASLC (International Association for the Study of Lung Cancer) definitions.

Core Concepts in Mediastinal Staging

1. Risk Stratification and Staging Requirements

The recommendations stratify the necessity of invasive staging based on tumor size and radiological findings:

- **Low Risk (T1a and T1b):** For tumors classified as T1a or T1b that show no radiological evidence of nodal disease, invasive mediastinal staging is **not** required, regardless of the tumor's location.
- **High Risk (N1 Disease):** Clinical N1 disease is recognized as a high-risk factor for unsuspected (occult) mediastinal involvement.
- **Intermediate Suspicion:** In cases where there is intermediate suspicion of mediastinal disease, surgical staging techniques are preferred due to their superior accuracy compared to endosonography alone.

2. Methodologies for Staging

The guidelines evaluate several endoscopic and surgical approaches:

- **Endoscopic Techniques:** Includes endobronchial ultrasound-guided (EBUS) and oesophageal ultrasound-guided (EUS) techniques.
- **Surgical Techniques:** Includes mediastinoscopy (and its variants), transcervical lymphadenectomies, and intraoperative lymphadenectomies.

3. Intraoperative Standards

The document emphasizes the importance of the quality of intraoperative lymphadenectomy and aligns with IASLC definitions regarding the "completeness of resection."

Short-Answer Practice Questions

1. Which two professional societies developed these 2026 recommendations?

> **Answer:** The Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the Spanish Society of Thoracic Surgeons (SECT).

2. What major classification update was incorporated into these guidelines?

> **Answer:** The 9th edition of the TNM classification for lung cancer.

3. Under what specific conditions is invasive mediastinal staging considered unnecessary?

> **Answer:** It is not required for T1a and T1b tumors that lack radiological evidence of nodal disease.

4. How does the document compare surgical staging to endosonography for cases of "intermediate suspicion"?

> **Answer:** Surgical staging techniques demonstrate superior accuracy compared to endosonography alone in these cases.

5. What are the two primary radiological factors used to stratify the risk of occult mediastinal disease?

> **Answer:** Tumour size and radiological nodal involvement.

6. What is the significance of N1 disease according to the updated recommendations?

> **Answer:** N1 disease is recognized as a setting associated with a high risk of unsuspected (occult) mediastinal involvement.

Essay Prompts for Deeper Exploration

1. **The Evolution of Staging Guidelines:** Discuss how the inclusion of the 9th edition TNM classification and the focus on the "perioperative setting" differentiate the 2026 SEPAR-SECT recommendations from the earlier 2011 version.
2. **Surgical vs. Endoscopic Approaches:** Analyze the recommendations regarding the choice between surgical staging and endosonography. In what clinical scenarios does the document advocate for one over the other, and why is this distinction critical for patient outcomes?
3. **The Role of Precision Medicine:** Explain how accurate mediastinal staging supports the "evolving era of targeted and immune-based treatments." Why is "precise therapeutic decision-making" more important now than it was in previous decades?
4. **Quality Standards in Thoracic Surgery:** Evaluate the importance of integrating IASLC definitions of "completeness of resection" and standardized intraoperative lymphadenectomy into surgical practice.

Glossary of Important Terms

Term	Definition
EBUS / EUS	Endobronchial and oesophageal ultrasound-guided techniques used for endoscopic staging of the mediastinum.
Invasive Staging	Diagnostic procedures (surgical or endoscopic) used to physically sample lymph nodes or tissue to determine the extent of cancer spread.
IASLC	International Association for the Study of Lung Cancer; the organization providing global definitions for lung cancer staging and resection completeness.
Mediastinoscopy	A surgical procedure used to examine the mediastinum and sample lymph nodes.
NSCLC	Non-small cell lung cancer; the primary focus of the SEPAR-SECT staging recommendations.
Occult Mediastinal Disease	Cancerous involvement of the mediastinal lymph nodes that is not visible on standard radiological imaging (unsuspected disease).
Perioperative	The period of time extending from the initial preoperative evaluation through the intraoperative procedure and into the postoperative recovery.
T1a / T1b	Specific sub-classifications of tumor size/extension under the TNM system that represent early-stage, smaller tumors.
TNM Classification	A staging system based on the size/extent of the primary Tumor (T), the involvement of regional lymph Nodes (N), and the presence of distant Metastasis (M).
Transcervical Lymphadenectomy	A surgical technique for removing lymph nodes through an incision in the neck.