## Recommandations

**En cas de métastases cérébrales METACHRONES d'un cancer bronchique à petites cellules avec rechute cérébrale seule et nombre de métastase ≤ 4, le traitement cérébral local doit être systématiquement discuté par :**
**- en l'absence d'irradiation cérébrale prophylactique (IPC) antérieure, l'Irradiation Encéphalique Totale est à privilégier néanmoins une radiothérapie stéréotaxique (RTS) seule est à proposer à chaque fois qu'elle est possible.**
**- en cas d'IPC antérieure, une RTS est à privilégier quand elle est possible**
**-Un traitement systémique par chimiothérapie +/- immunothérapie doit être systématiquement proposé, l'indication et le protocole seront discutés en RCP en fonction notamment du délai si rechute et des traitements antérieurs reçus. Les recommandations sont identiques au ref. CBPC de stade 4.**

### 2. Localisations cérébrales multiples *(plus de 4 métastases)* d'un cancer à petites cellules en situation METACHRONE : rechute cérébrale seule sous forme de MC multiples

La décision thérapeutique dépendra de l'âge, du PS, du délai de la rechute cérébrale après la fin de la première ligne et de la réalisation ou non d'une IPC antérieure.

- **En l'absence d'IPC antérieure :**
  Une IET est préconisée en première intention du fait que le cerveau est le seul site de la maladie, à la dose de 30 Gy en 10 fractions ou 37,5Gy en 15 fractions.
- A l'issue de l'IET, un traitement systémique doit être réalisé pour les patients avec un PS≤2, Les recommandations étant identiques au référentiel CBPC de stade 4.
- **En cas d'IPC antérieure**, un traitement systémique sera réalisé pour les patients avec un PS≤2. Les recommandations sont identiques au référentiel CBPC de stade 4.
  - L'association sel de platine et étoposide +/- atezolizumab ou durvalumab sera privilégiée en cas de rechute survenue au-delà de 3 mois après la première ligne thérapeutique.
  - En cas de réévolution précoce (à moins de 3 mois), les associations C.A.V, carboplatine-paclitaxel ou une monothérapie par topotecan seront proposées (cf. référentiel CBPC). Ceci doit faire l'objet d'une discussion en RCP.

## Recommandations

**En cas de métastases cérébrales multiples d'un cancer à petites cellules en situation METACHRONE avec rechute cérébrale seule :**

- **En cas d'Irradiation Cérébrale Prophylactique antérieure,** le traitement systémique **est recommandé en première intention,** les recommandations étant identiques au référentiel CBPC de stade 4.
- **En l'absence d'Irradiation Cérébrale Prophylactique antérieure, une Irradiation Encéphalique Totale est recommandée en première intention, suivie du traitement systémique.**

### 3. Situations de métastases cérébrales d'un cancer à petites cellules SYNCHRONES avec tumeur pulmonaire en situation oligo- et multi- métastatique

Les situations d'une tumeur bronchique localisée associée à une métastase cérébrale unique sont rares dans les CPC, la règle étant la présence de métastases déjà multiples associées à une tumeur T3 ou T4 avec envahissement médiastinal. On ne distinguera de toute façon pas le caractère unique ou multiple des métastases cérébrales des cancers à petites cellules car la conduite à tenir est la même dans tous les cas :

- Un traitement systémique qui doit être réalisé en premier, avec des recommandations identiques au référentiel CBPC pour les stades 4.

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