

Search strategy: We searched the PubMed and EmBase databases for articles published till August 15, 2015 using the free text terms: (“extra pulmonary small cell cancer” OR “extra pulmonary small cell carcinoma” OR “extra pulmonary small cell malignancy” OR “extra pulmonary small cell tumor” OR “extra thoracic small cell cancer” OR “extra thoracic small cell carcinoma” OR “extra thoracic small cell tumor” OR “extra thoracic small cell malignancy”). We reviewed the reference list of all the included articles and previous review articles.

Inclusion criteria: We included full-text, peer-reviewed, cross-sectional studies, cohort studies and case-reports that described SCC of the LN. We excluded the following studies: (a) abstracts, comments, editorials, and reviews; (b) studies published in non-English language; (c) studies done in pediatric age group; (d) animal studies. We also excluded the studies describing LNSCC involving the mediastinal LNs and studies or case reports not providing data regarding for the site of LN station involved or follow up.

Initial review of studies: The database thus created from the electronic searches was assimilated in the reference manager package Endnote (version X7.4; Thomson Reuters) and all duplicate citations were discarded. Two authors (ISS, NS) screened these citations by review of the title and abstract to identify the relevant studies. Any disagreement was resolved by discussion between the authors. The full text of each of these studies was obtained and reviewed in detail.

Study selection and data abstraction: Two authors (ISS and NS) independently assessed all the articles for inclusion in the systematic review and extracted the data; the data was entered into a standard data extraction form. The following items were extracted: (a) publication details (authors, year of publication); (b) study design (prospective, retrospective or case-report); (c) number of patients (including the demographic profile) and inclusion criteria; (d) details such as LN region involved, size of the LN, number of LNs involved; (e) stage of the

disease; (f) details of the treatment given (surgical or chemotherapy); (g) response to treatment (complication of chemotherapy progression free survival, overall survival, site of relapse, second line treatment given); and, (h) final outcome. Any differences in the study selection and data extraction process between the two authors were resolved by discussion. For uniformity of reporting, LNEPSCC was staged as limited if it involved either single LN station or if surgical resection with curative intent had been undertaken. The disease was staged extensive if it involved two or more LN regions and/or other body organs.

Statistical analysis: Data from all individual patients (case reports or case series) were entered into a spreadsheet (Microsoft Excel 2016). Data was analyzed using the commercial statistical package SPSS (version 22, IBM Inc.) and is presented in a descriptive fashion as proportions, mean (95% confidence intervals [CI]) or median (interquartile range [IQR]). Chi square and Mann Whitney U tests were used to compare the categorical and numerical data, respectively.