

TOPic of the Day:

Evaluation of Incidental Pulmonary Nodules

More and more small pulmonary nodules are discovered due to the increase in CT scans done for pulmonary embolus, coronary artery disease and follow up of cancers in other parts of the body. They pose management challenges for primary care physicians, pulmonologists and cancer specialists. At Upstate, we have adopted the Guidelines of the Fleischner Society, a prestigious chest radiology society. In brief, solitary pulmonary nodules incidentally discovered in patients over the age of 35 should be evaluated according to this schedule:

Nodule Size (mm)*	Low-Risk Patient†	High-Risk Patient**
≤ 4	No follow up needed	Follow-up CT at 12 mo; if unchanged, no further follow-up
> 4–6	Follow-up CT at 12 mo; if unchanged, no further follow-up	Initial follow-up CT at 6–12 mo then at 18–24 mo if no change
> 6–8	Initial follow-up CT at 6–12 mo then at 18–24 mo if no change	Initial follow-up CT at 3–6 mo then at 9–12 mo and 24 mo if no change
> 8	Followup CT at around 3, 9, and 24 mo, dynamic contrast-enhanced CT, PET and/or biopsy	Same as for low-risk patient

* Average of length and width.

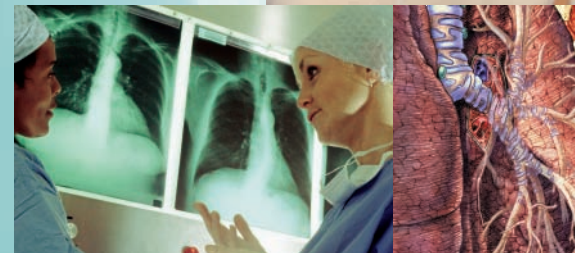
† Minimal or absent history of smoking and of other known risk factors.

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Any patients who require a biopsy or PET should be seen by a multidisciplinary team experienced in the management of pulmonary nodules, such as the Central New York TOP. We would also be happy to provide consultation for any patients who request evaluation by a specialist, or for any physician desiring assistance in decision making about these perplexing problems.

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