American College of Radiology™

Introduction

Lung nodules are commonly identified as incidental findings on chest CT scans performed for reasons other than lung nodule evaluation (e.g. CTA for Pulmonary Embolism), and also on other CT imaging that includes a portion of the lungs (e.g., head/neck, abdominal, spine). Some of these incidental pulmonary nodules (IPNs) will require diagnostic evaluation. Those that do not require diagnostic evaluation may be managed with interval CT follow-up to evaluate for nodule growth. For those IPNs undergoing follow-up in patients without a history of malignancy, 2017 Fleischner Society Guidelines[1] are commonly used for management guidance.

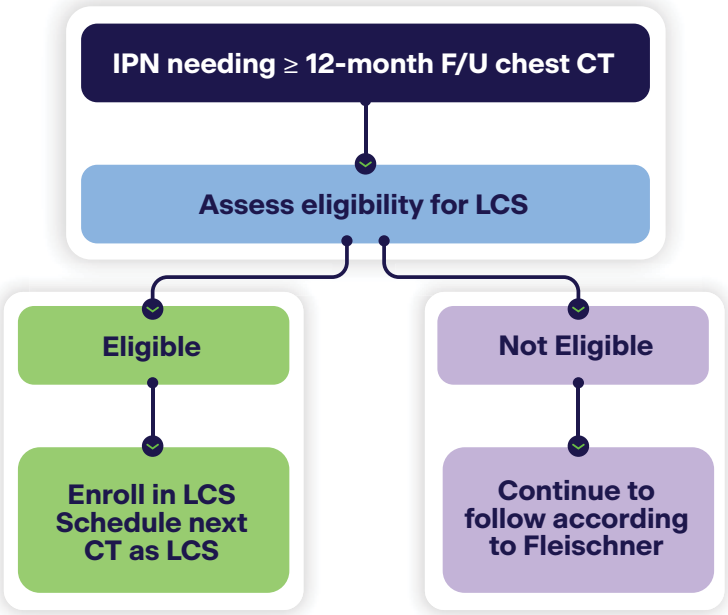
Facilities without robust IPN tracking programs may find it operationally advantageous to transition the care of IPN patients who are lung cancer screening (LCS) eligible into their lung cancer screening program, provided appropriate care handoffs are in place. Transitioning LCS eligible patients into the screening program may also be more patient friendly (reducing out of pocket expenses through decreased co-pays/deductibles), potentially improving adherence to recommended nodule follow-up.

This quick reference offers two strategies to help organizations transition LCS-eligible patients into LCS programs.

IPN to LCS Transition

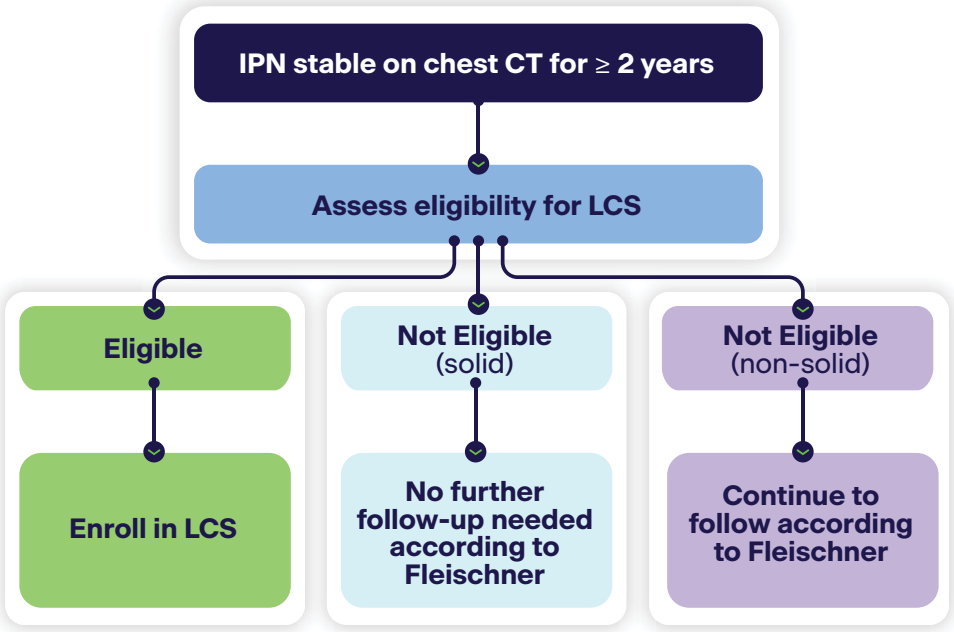
Strategy 1

Assumption: The IPN does not have to be "probably benign" (stable for 2 years) for the patient to enter LCS



Strategy 2

Assumption: The IPN does not have to be "probably benign" (stable for two years) for the patient to enter LCS.



The choice of IPN to LCS transition strategy will depend on available local resources and local practice patterns. Irrespective of the strategy chosen, transitioning LCS eligible IPN patients into screening has the potential to improve the experience and outcomes of patients with lung nodules.

[1] Bankier A.A., MacMahon H., Goo J.M., Rubin G.D., Schaefer-Prokop C.M., Naidich D.P. Recommendations for Measuring Pulmonary Nodules at CT: A Statement from the Fleischner Society. Radiology. 2017 Nov;285(2):584-600. doi: 10.1148/radiol.2017162894. Epub 2017 Jun 26. PMID: 28650738.