

Discussion:

Operations Committee recommends the following:

Incidentally detected pulmonary nodules found on routine CT exams (*i.e., nodules detected on non-screening exams*) be followed-up with a low dose CT protocol if the only indication for the follow up CT is evaluation of the nodule(s). This is based primarily on the Fleischner Society recommendations which are attached.

Rational:

The article from 2005 specifically states (Heber MacMahon, et al., 2005)

"A low-dose, thin-section, unenhanced technique should be used when follow-up of a lung nodule is the only indication for the CT examination."

In addition, the second article from 2013 states (David P. Naidich, et al., 2013)

"Accurate surveillance requires consistency in CT technique. Although the initial CT examination may have been reconstructed with use of 5-mm thick sections, follow-up examinations should include contiguous 1-mm-thick sections with use of a low-dose technique."

Lung-Rads should only be used for screening CT chests, not for incidentally detected nodules on non-screening exams.

If a follow-up exam of an incidental pulmonary nodule is warranted, the radiologist will indicate in the impression that the follow-up should be done with low dose technique. A template named "**CT lung follow up nodule**" has been developed in powerscribe.

The technologists must be vigilant in deciding which technique to use when patients return for follow-up as indicated in the report.

References

David P. Naidich, M., Alexander A. Bankier, MD, PhD, Heber MacMahon, MB, BCh,

Cornelia M. Schaefer-Prokop, MD, PhD, Massimo Pistolesi, MD, Jin Mo Goo, MD, . . . William D. Travis, MD. (2013). Recommendations for the Management of Subsolid Pulmonary Nodules Detected at CT: A Statement from the Fleischner Society¹. *radiology.rsna.org*, 266, 304-317.

Heber MacMahon, M., John H. M. Austin, MD, Gordon Gamsu, MD, Christian J. Herold, MD, James R. Jett, MD, David P. Naidich, MD, . . . Stephen J. Swensen, MD. (2005). Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans:. *Radiology*, 237, 395-400.