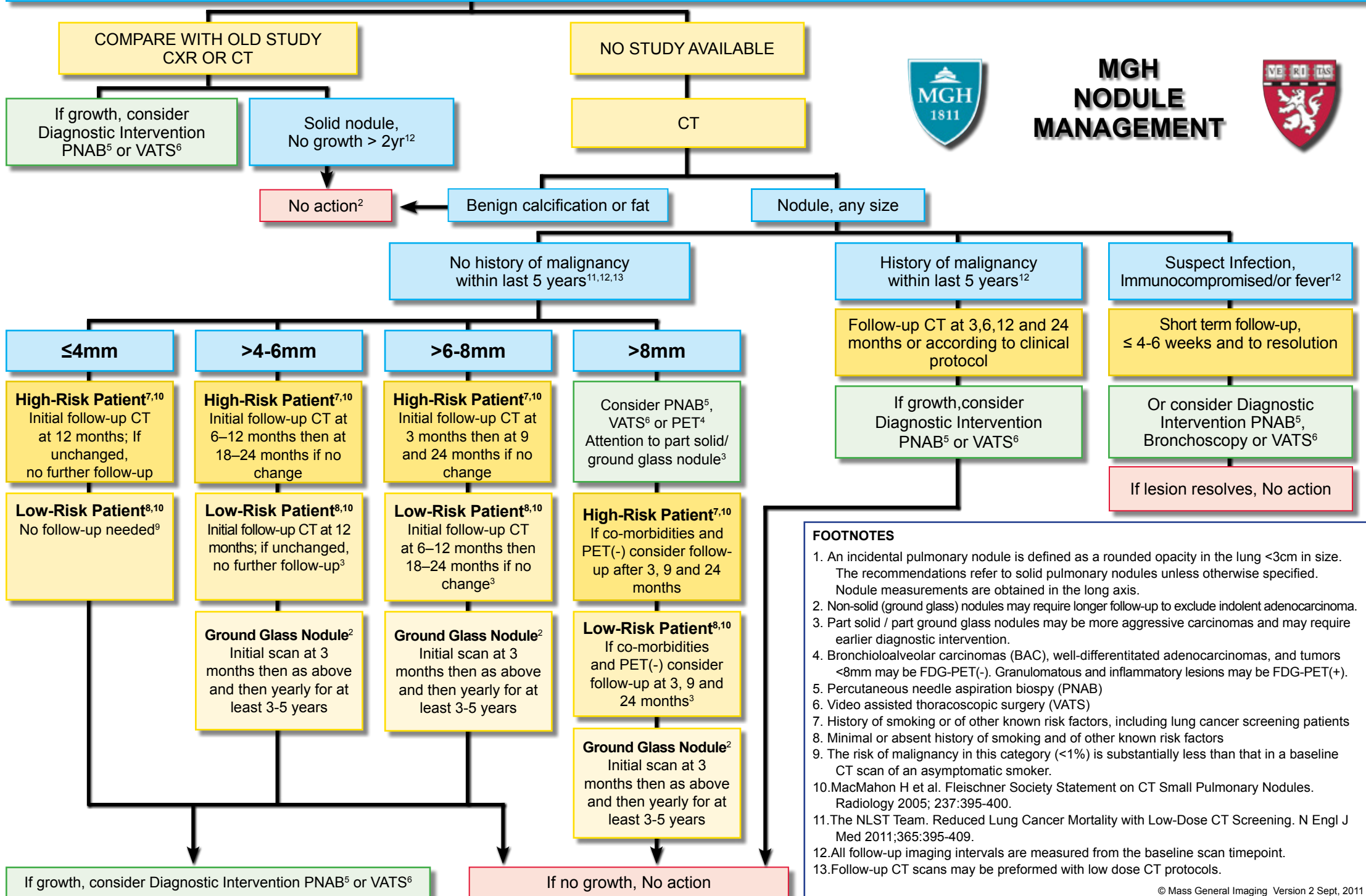


# PULMONARY NODULE FOUND ON X-RAY OR CT<sup>1</sup> ≥ 35 YRS OF AGE



## MGH NODULE MANAGEMENT



**FOOTNOTES**

1. An incidental pulmonary nodule is defined as a rounded opacity in the lung <3cm in size. The recommendations refer to solid pulmonary nodules unless otherwise specified. Nodule measurements are obtained in the long axis.
2. Non-solid (ground glass) nodules may require longer follow-up to exclude indolent adenocarcinoma.
3. Part solid / part ground glass nodules may be more aggressive carcinomas and may require earlier diagnostic intervention.
4. Bronchioloalveolar carcinomas (BAC), well-differentiated adenocarcinomas, and tumors <8mm may be FDG-PET(-). Granulomatous and inflammatory lesions may be FDG-PET(+).
5. Percutaneous needle aspiration biopsy (PNAB)
6. Video assisted thoracoscopic surgery (VATS)
7. History of smoking or of other known risk factors, including lung cancer screening patients
8. Minimal or absent history of smoking and of other known risk factors
9. The risk of malignancy in this category (<1%) is substantially less than that in a baseline CT scan of an asymptomatic smoker.
10. MacMahon H et al. Fleischner Society Statement on CT Small Pulmonary Nodules. Radiology 2005; 237:395-400.
11. The NLST Team. Reduced Lung Cancer Mortality with Low-Dose CT Screening. N Engl J Med 2011;365:395-409.
12. All follow-up imaging intervals are measured from the baseline scan timepoint.
13. Follow-up CT scans may be preformed with low dose CT protocols.

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