

Footnotes

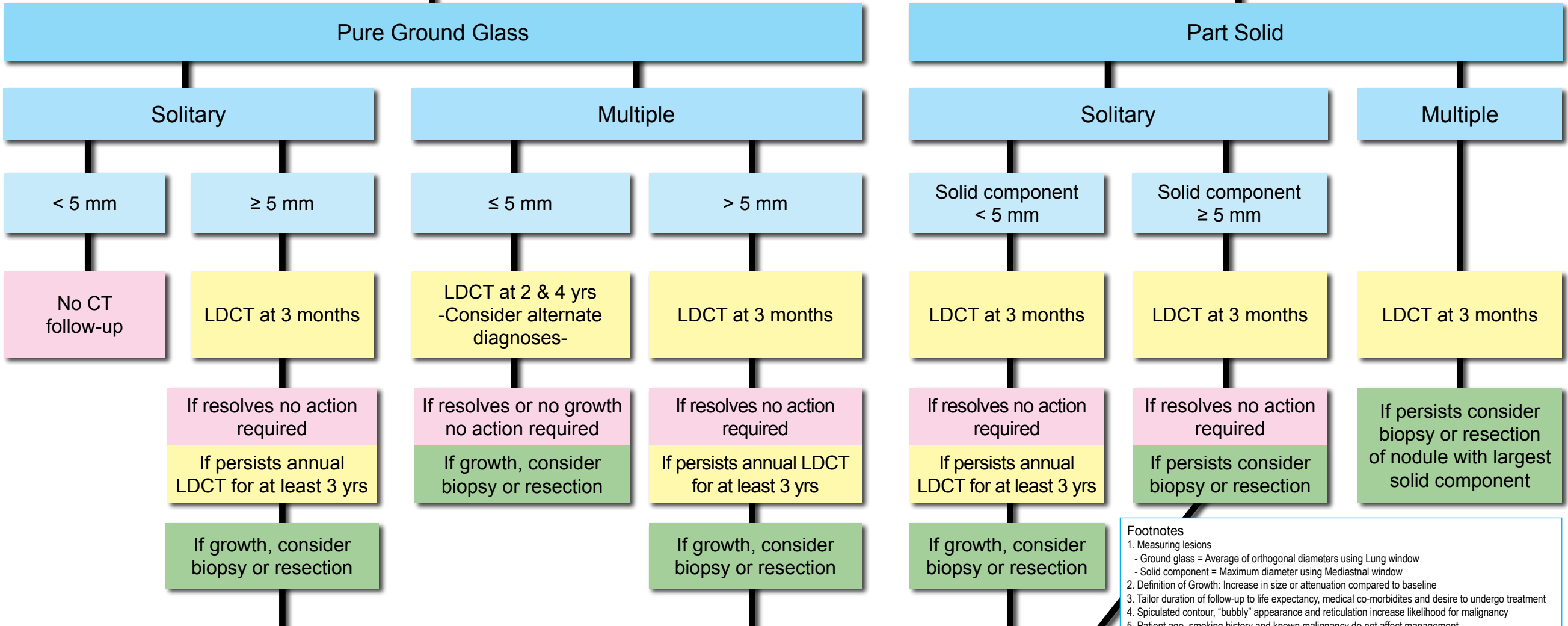
1. Definition of Solid pulmonary nodule: rounded or irregular opacity < 3 cm, well or poorly defined, with soft-tissue attenuation
2. Nodules are measured in the long axis on lung windows
3. Minimally invasive adenocarcinoma, well-differentiated adenocarcinoma and tumors < 8 mm may be FDG-PET(-). Granulomatous and inflammatory lesions may be FDG-PET(+)
4. LDCT = low dose CT
5. Percutaneous needle aspiration biopsy (PNAB)
6. Video assisted thoracoscopic surgery (VATS)
7. Definition of High risk: history of smoking or other known risk factors
8. Definition of Low risk: minimal or absent history of smoking and of other known risk factors
9. Follow-up CT interval is measured from date of the baseline scan

References

- Radiology. 2005 Nov;237(2):395-400. Guidelines for management of small pulmonary nodules detected on CT scans: a statement from the Fleischner Society.
- N Engl J Med. 2011 Aug 4;365(5):395-409. Reduced lung-cancer mortality with low-dose computed tomographic screening.



Subsolid Pulmonary Nodule, evaluated on contiguous 1 mm CT sections



Consider PET for

- Any nodule > 15 mm
- Nodules with solid components > 8 mm

PET allows staging of confirmed malignancy and evaluation of non-surgical patients
Negative PET does not exclude malignancy

Footnotes

- Measuring lesions
 - Ground glass = Average of orthogonal diameters using Lung window
 - Solid component = Maximum diameter using Mediastinal window
- Definition of Growth: Increase in size or attenuation compared to baseline
- Tailor duration of follow-up to life expectancy, medical co-morbidities and desire to undergo treatment
- Spiculated contour, "bubbly" appearance and reticulation increase likelihood for malignancy
- Patient age, smoking history and known malignancy do not affect management
- Follow-up CT interval is measured from date of the baseline scan
- LDCT = low dose CT

References

- Chest. May 2013; 143(5 Suppl): e93S–e120S
- Radiology 266 (1) Jan 2013