

Fleischner Society 2017 Guidelines for Management of Incidentally Detected Pulmonary Nodules in Adults

A: SOLID NODULES*

Single

Low risk*

<6 mm (<100 mm ³)	No routine follow-up
6 - 8 mm (100-250 mm ³)	CT at 6 - 12 months, then consider CT at 18 - 24 months
>8 mm (>250 mm ³)	Consider CT, PET/CT, or tissue sampling at 3 months

Nodules <6 mm do not require routine followup, but certain patients at high risk with suspicious nodule morphology, upper lobe location, or both may warrant 12-month follow-up (recommendation 1A).

High risk*

<6 mm (<100 mm ³)	Optional CT at 12 months
6 - 8 mm (100-250 mm ³)	CT at 6 - 12 months, then CT at 18 - 24 months
>8 mm (>250 mm ³)	Consider CT, PET/CT, or tissue sampling at 3 months

Nodules <6 mm do not require routine follow up, but certain patients at high risk with suspicious nodule morphology, upper lobe location, or both may warrant 12 month follow-up (recommendation 1A).

Multiple

Low risk*

<6 mm (<100 mm ³)	No routine follow-up
6 - 8 mm (100-250 mm ³)	CT at 3 - 6 months, then consider CT at 18-24 months
>8 mm (>250 mm ³)	CT at 3 - 6 months, then consider CT at 18-24 months

Use most suspicious nodule as guide to management. Follow-up intervals may vary according to size and risk (recommendation 2A).

High risk*

<6 mm (<100 mm ³)	Optional CT at 12 months
6-8 mm (100-250 mm ³)	CT at 3 - 6 months, then at 18 - 24 months
>8 mm (>250 mm ³)	CT at 3 - 6 months, then at 18 - 24 months

Use most suspicious nodule as guide to management. Follow-up intervals may vary according to size and risk (recommendation 2A).

B: SUBSOLID NODULES*

Ground Glass, Single

<6 mm (<100 mm ³)	No routine follow-up
>6 mm (>100 mm ³)	CT at 6 - 12 months to confirm persistence, then CT every 2 years until 5 years.

In certain suspicious nodules, <6 mm, consider follow-up at 2 and 4 years. If solid component(s) or growth develops, consider resection. (Recommendations 3A and 4A).

Part Solid, Single

<6 mm (<100 mm ³)	No routine follow-up
>6 mm (>100 mm ³)	CT at 3 - 6 months to confirm persistence. If unchanged and solid component remains <6 mm, annual CT should be performed for 5 years

In practice, part-solid nodules cannot be defined as such until ≥ 6 mm, and nodules <6 mm do not usually require follow-up. Persistent part-solid nodules with solid components ≥ 6 mm should be considered highly suspicious (recommendations 4A-4C)

Multiple

<6 mm (<100 mm ³)	CT at 3 - 6 months. If stable, consider CT at 2 and 4 years.
>6 mm (>100 mm ³)	CT at 3 - 6 months. Subsequent management based on the most suspicious nodule(s).

Multiple <6 mm pure ground-glass nodules are usually benign, but consider follow-up in selected patients at high risk at 2 and 4 years (recommendation 5A).

Note - These recommendations do not apply to lung cancer screening, patients with immunosuppression, or patients with known primary cancer.

** Dimensions are average of long and short axes, rounded to the nearest millimeter.

* Consider all relevant risk factors (see Risk Factors).