



Editorial

The problematic lung nodule



Dear Editor

we would like to lend perspective to your readers on the topic of incidental pulmonary nodules and point out the significance of the updated Fleischner recommendations. [1] Before the introduction of nuanced guidelines, the American College of Chest Physicians recommended in 2003 that all incidental nodules, even tiny ones, be followed for at least 2 years to ensure benignity [2]. One can imagine the staggering number of follow-up examinations that this produced and the ensuing headache for referring providers as well as radiologists. The emergence of high-resolution CT in the early 2000's was mostly responsible for these recommendations as virtually no nodule could go undetected. The Fleischner Society, known for their dedication to chest imaging, introduced their first lung nodule guidelines in 2005 and 2013. These were slow to catch on in part due to their fragmented release – the 2005 version focused on small pulmonary nodules detected on low-dose CT, while the 2013 version addressed subsolid nodules on standard CT.

The 2017 guidelines marks the first comprehensive iteration of the Fleischner criteria. Now, nodules < 6 mm can be safely left alone in low risk patients (6 mm mean diameter; measured by averaging the 2 axial diameters of the nodule). The 6 mm threshold that was set for recommending follow-up is based on data confirming estimated cancer risk of 1% or greater, which indeed is arbitrary but is deemed acceptable. In contradistinction, detection of a < 6 mm nodule on a lung cancer screening chest CT would not alter the course of continued

annual examinations according to Lung Imaging Reporting and Data System (Lung-RADS). [3] Not only do the updated guidelines succeed in reducing the number of unnecessary follow-up studies ordered by providers and interpreted by radiologists but ultimately decrease cost to the healthcare system, radiation exposure, and patient anxiety.

References

- [1] L.J. Anderson, A.M. Davis, Incidental pulmonary nodules detected on CT images, *JAMA* 320 (21) (2018) 2260–2261.
- [2] B.B. Tan, K.R. Flaherty, E.A. Kazerooni, M.D. Iannettoni, The solitary pulmonary nodule, *Chest* 123 (1 Suppl) (2003) 89S–96S.
- [3] Lung-RADS™ Version 1.0 Assessment Categories, (2014) Release date: April 28.

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