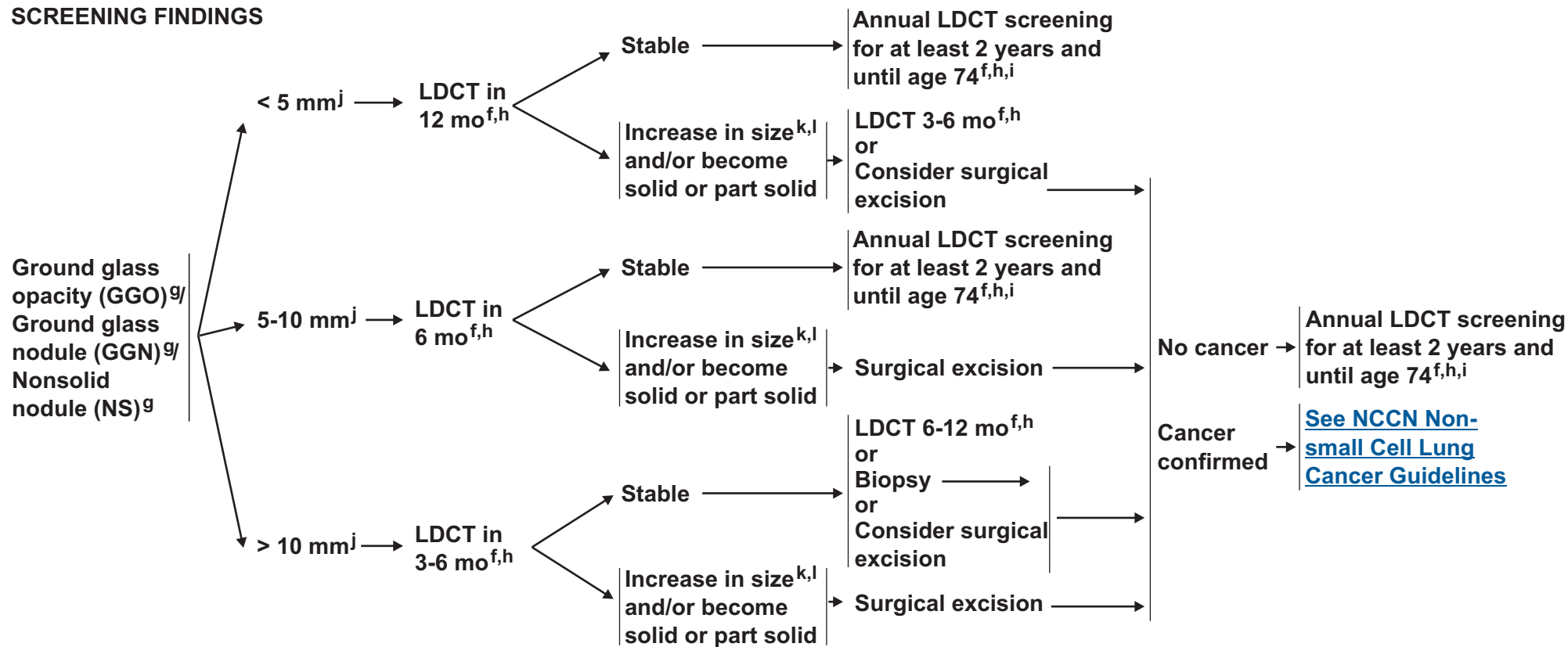




NCCN Guidelines Version 1.2012 Lung Cancer Screening

EVALUATION OF SCREENING FINDINGS

FOLLOW-UP OF SCREENING FINDINGS



^fAll screening and follow-up CT scans should be performed at low dose (100-120 kVp & 40-60 mAs or less), unless evaluating mediastinal abnormalities or lymph nodes, where standard dose CT with IV contrast might be appropriate.

^gWithout benign pattern of calcification, fat in nodule as in hamartoma, or features suggesting inflammatory etiology. When multiple nodules are present and occult infection or inflammation is a possibility, an added option is a course of a broad spectrum antibiotic with anaerobic coverage, followed by low-dose CT 1-2 months later.

^hIf new nodule at annual or follow-up LDCT, [see LCS-4](#). New nodule is defined as ≥ 3 mm in mean diameter.

ⁱThere is uncertainty about the appropriate duration of screening and the age at which screening is no longer appropriate.

^jMean diameter is the mean of the longest diameter of the nodule and its perpendicular diameter when compared to the baseline scan.

^kFor nodules ≤ 15 mm: increase in mean diameter ≥ 2 mm in any nodule or in the solid portion of a part solid nodule compared to baseline scan. For nodules ≥ 15 mm: increase in mean diameter of $\geq 15\%$ compared to baseline scan.

^lRapid increase in size should raise suspicion of inflammatory etiology or malignancy other than NSCLC.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.