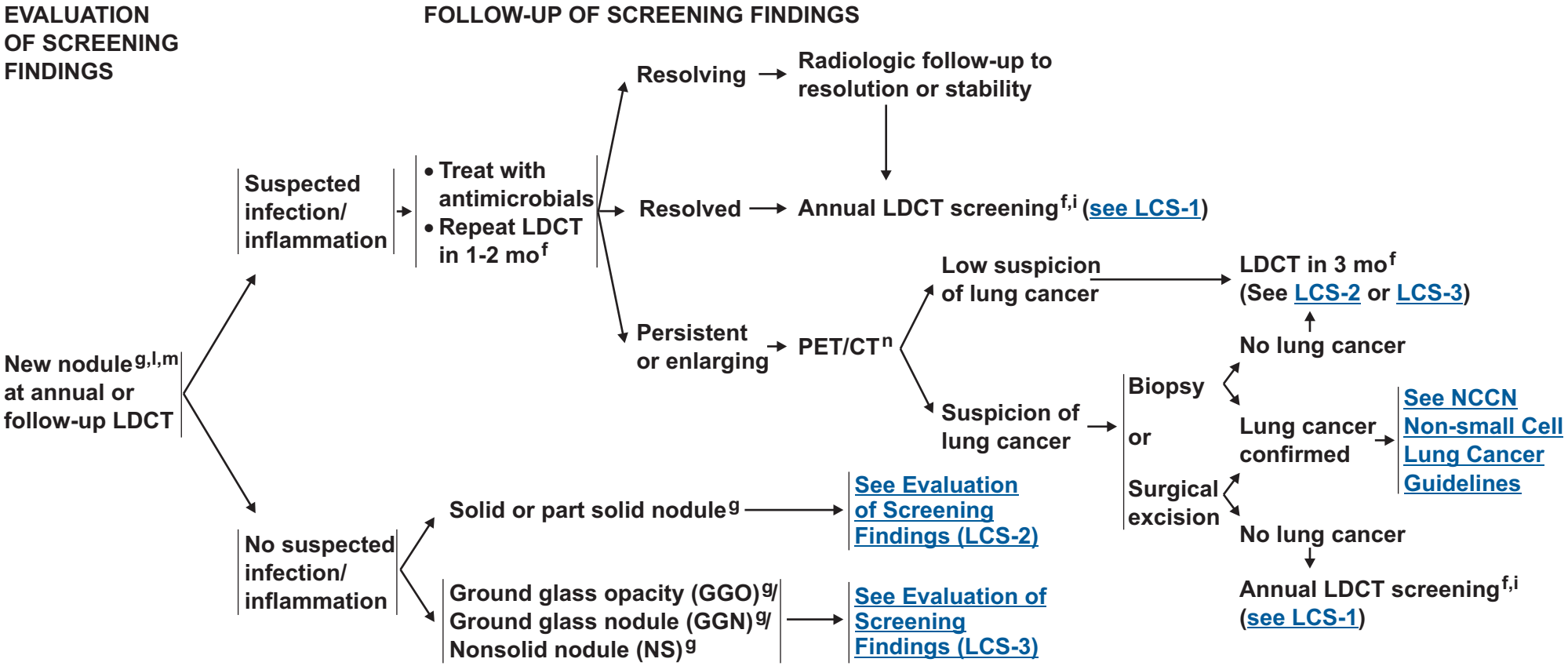

[f]All screening and follow-up CT scans should be performed at low dose (100-120 kVp & 40-60 mAs or less), unless evaluating mediastinal abnormalities or lymph nodes, where standard dose CT with IV contrast might be appropriate.

[g]Without 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.

[i]There is uncertainty about the appropriate duration of screening and the age at which screening is no longer appropriate.

[l]Rapid increase in size should raise suspicion of inflammatory etiology or malignancy other than NSCLC.

[m]New nodule is defined as ≥ 3 mm in mean diameter.

[n]PET-CT for lesions greater than 8 mm.

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.