NCCN Guidelines Version 1.2012
Lung Cancer Screening

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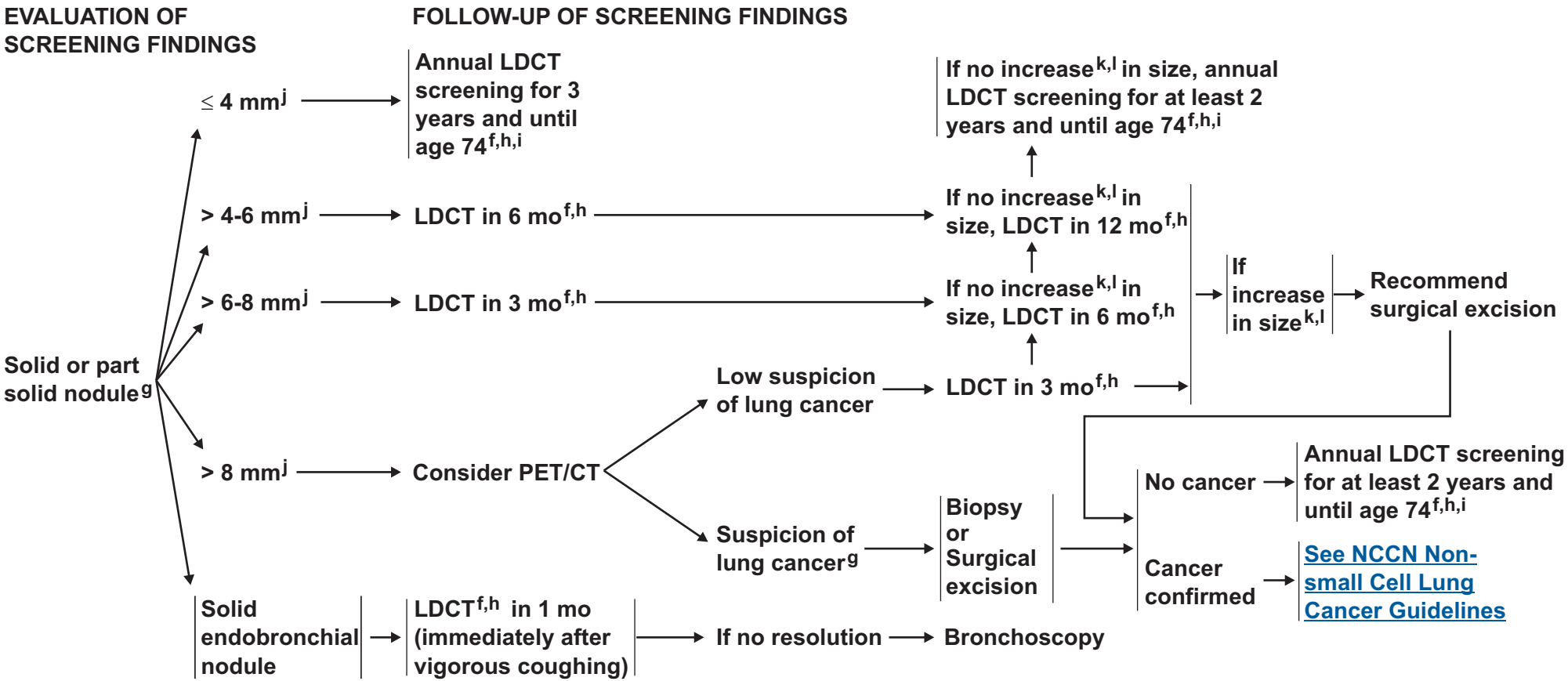
Discussion



[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.

[h] If new nodule at annual or follow-up LDCT, see LCS-4. New nodule is defined as ≥ 3 mm in mean diameter.

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

[j] Mean diameter is the mean of the longest diameter of the nodule and its perpendicular diameter when compared to the baseline scan.

[k] For 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 ≥ 15% compared to baseline scan.

[l] Rapid 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.