



Lost Souls



Peds Atlas



Volumes



Aortic Diameter - Adult



Kidney Size - Peds



Spleen Size - Peds



Testicula

## 2017 Fleischner Society Pulmonary Nodule Follow-Up Guidelines and Recommendations for Solid, Subsolid and Ground-Glass Lung Nodules

Lost Souls® detects Missed Follow-up's

In 51% of cases, physicians fail to obtain the indicated follow-up exams.

Pulmonary Nodule Size	Lung Nodule Type	Single vs. Multiple	Low Risk Patient	High Risk Patient
< 6mm ( $< 100\text{mm}^3$ )	Solid	Solitary	No Follow-Up If suspicious morphology or upper lobe location, consider 12-month follow-up.	Optional CT in 12 months
		Multiple	No Follow-Up If suspicious morphology or upper lobe location, consider 12-month follow-up.	Optional CT in 12 months
	Part-Solid (Subsolid)	Solitary	No Follow-Up	
		Multiple	CT in 3 to 6 months. If unchanged, consider CT at 2 and 4 years.	
	Ground-Glass	Solitary	No Follow-Up If suspicious, consider follow-up at 2 and 4 years. If grows or increasingly solid, consider resection.	
		Multiple	CT in 3 to 6 months. If unchanged, consider CT in 2 and 4 years.	
6 to 8mm ( $100\text{-}250\text{mm}^3$ )	Solid	Solitary	CT in 6 to 12 months, then <b>consider</b> CT in 18 to 24 months.	CT in 6 to 12 months, then <b>obtain</b> CT in 18 to 24 months.
		Multiple	CT in 3 to 6 months, then <b>consider</b> CT in 18 to 24 months	CT in 3 to 6 months, then <b>obtain</b> CT in 18 to 24 months
	Part-Solid (Subsolid)	Solitary	CT in 3 to 6 months to confirm persistence. If unchanged and solid component below 6mm, CT annually for 5 years. <b>Persistent part-solid nodules containing a solid component &gt; 6mm are highly suspicious.</b>	
		Multiple	CT in 3 to 6 months. Then management based on most suspicious nodule(s).	
	Ground-Glass	Solitary	CT in 6 to 12 months to confirm persistence, then CT every 2 years until 5 years. If grows or increasingly solid, consider resection.	
		Multiple	CT at 3 to 6 months. Then management based on most suspicious nodule(s).	
> 8mm ( $> 250\text{mm}^3$ )	Solid	Solitary	In 3 months consider either CT, Biopsy, or PET-CT (however, negative PET-CT does not exclude low-grade malignancy, FDG uptake may be underestimated in small nodules < 1cm, or those close to diaphragm)	
		Multiple	CT in 3 to 6 months, then <b>consider</b> CT at 18 to 24 months	CT in 3 to 6 months, then <b>obtain</b> CT at 18 to 24 months
	Part-Solid (Subsolid)	Solitary	CT in 3 to 6 months to confirm persistence. If unchanged and solid component below 6mm, CT annually for 5 years. <b>Persistent part-solid nodules containing a solid component &gt; 6mm are highly suspicious.</b>	
		Multiple	CT at 3 to 6 months. Then management based on most suspicious nodule(s).	
	Ground-Glass	Solitary	CT in 6 to 12 months to confirm persistence, then CT every 2 years until 5 years. If grows or increasingly solid, consider resection.	
		Multiple	CT at 3 to 6 months. Then management based on most suspicious nodule(s).	

Fleischner Society Recommendations and this table do **NOT** apply to:

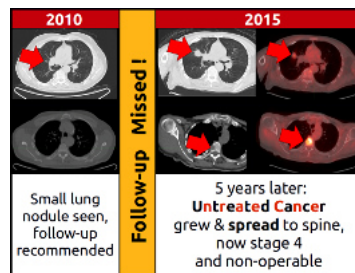
- Patients who have a known cancer.
- Immunosuppressed patients.
- Lung cancer screening, which has separate criteria.
- Intra-fissural, perifissural, and subpleural pulmonary nodules. Perifissural lung nodules are usually benign, unless suspicious nodule morphology is present ([reference](#)).
  - Spiculated margins.
  - Displacement of the pulmonary fissure.
  - Cancer history.
  - In these cases, follow-up should be considered.

Diameter of lung nodule is the **average** of the short and long axes, rounded to the whole millimeter.

Lung Cancer Risk Factors:

- Tobacco use.
- Family history of lung cancer.
- Upper pulmonary lobe location of nodule.
- Presence of emphysema.
- Pulmonary fibrosis.
- Older Age.
- Female gender.

## Don't let this happen to Your Patient:



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[2017 Fleischner Society Lung Nodule Follow-Up Guidelines for Solid, Subsolid and Ground-glass Pulmonary Nodules](#)

## References

- H MacMahon, DP Naidich, JM Goo, KS Lee, ANC Leung, JR Mayo, AC Mehta, Y Ohno, CA Powell, M Prokop, GD Rubin, CM Schaefer-Prokop, WD Travis, PE Van Schil, AA Bankier. Guidelines for Management of Incidental Pulmonary Nodules Detected on CT Images: From the Fleischner Society 2017. Radiology 2017, DOI: <http://dx.doi.org/10.1148/radiol.2017161659>
- McWilliams, A.; Tammemagi, M. C.; Mayo, J. R.; Roberts, H.; Liu, G.; Soghrati, K.; Yasufuku, K.; Martel, S.; Laberge, F.; Gingras, M.; Atkar-Khattra, S.; Berg, C. D.; Evans, K.; Finley, R.; Yee, J.; English, J.; Nasute, P.; Goffin, J.; Puksa, S.; Stewart, L.; Tsai, S.; Johnston, M. R.; Manos, D.; Nicholas, G.; Goss, G. D.; Seely, J. M.; Amjadi, K.; Tremblay, A.; Burrowes, P.; MacEachern, P.; Bhatia, R.; Tsao, M.-S. & Lam, S. Probability of Cancer in Pulmonary Nodules Detected on First Screening CT [New England Journal of Medicine, 2013, 369, 910-919](#)

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