

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 (< 100mm ³)	Solid	Solitary	No Follow-Up <small>If suspicious morphology or upper lobe location, consider 12-month follow-up.</small>	Optional CT in 12 months
		Multiple	No Follow-Up <small>If suspicious morphology or upper lobe location, consider 12-month follow-up.</small>	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 <small>If suspicious, consider follow-up at 2 and 4 years. If grows or increasingly solid, consider resection.</small>	
		Multiple	CT in 3 to 6 months. If unchanged, consider CT in 2 and 4 years.	
	Solid	Solitary	CT in 6 to 12 months, then consider CT in 18 to 24 months.	CT in 6 to 12 months, then obtain CT in 18 to 24 months.
		Multiple	CT in 3 to 6 months, then consider CT in 18 to 24 months	CT in 3 to 6 months, then obtain CT in 18 to 24 months
6 to 8mm (100-250mm ³)	Part-Solid (Subsolid)	Solitary	CT in 3 to 6 months to confirm persistance. If unchanged and solid component below 6mm, CT annually for 5 years. Persistent part-solid nodules containing a solid component > 6mm are highly suspicious.	
		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. <small>If grows or increasingly solid, consider resection.</small>	
		Multiple	CT at 3 to 6 months. Then management based on most suspicious nodule(s).	
	> 8mm (> 250mm ³)	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 consider CT at 18 to 24 months	CT in 3 to 6 months, then obtain CT at 18 to 24 months
	Part-Solid (Subsolid)	Solitary	CT in 3 to 6 months to confirm persistance. If unchanged and solid component below 6mm, CT annually for 5 years. Persistent part-solid nodules containing a solid component > 6mm are highly suspicious.	
		Multiple	CT at 3 to 6 months. Then management based on most suspicious nodule(s).	
		Solitary	CT in 6 to 12 months to confirm persistence, then CT every 2 years until 5 years. <small>If grows or increasingly solid, consider resection.</small>	
	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:

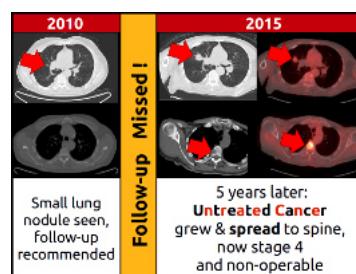
- Patients who have a known cancer.
- Immunosuppressed patients.
- Lung cancer screening, which has separate criteria.
- Intra-fissural, perifissural, and subpleural pulmonary nodules. Perifissural lung nodules are usually benign, unless suspicious nodule morphology is present ([reference](#)).
 - Spiculated 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

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Content Editor: [Michal Kulon, MD](#)