Some lung nodules on CT scan don't need immediate surgery

By ACSH Staff — June 25, 2015

A study led by Dr. Claudia Henschke of the Icahn School of Medicine at Mount Sinai in New York City, published in the journal *Radiology* [1], examined data on almost 58,000 people who took part in the International Early Lung Cancer Program (I-ELCAP). Almost 2,400 nonsolid nodules were detected, but upon annual follow-up, most remained stable or diminished in size. (A nonsolid nodule is a nodule that does not obscure the underlying lung tissue and in which the only solid components are blood vessels).

The goal of the study was to determine if such nodules when detected on CT screening had to be diagnosed and treated definitively within a short time after detection, or whether they could be followed radiologically without exposing the patient to progressive cancer risk. The data showed that low-dose computed tomography (“spiral CT scan”) can be used as a safe and effective annual screening tool to monitor people with nonsolid lung nodules, which in some cases are precursors to cancer, potentially saving people from unnecessary treatments.

Dr. Henschke told *MedPage Today* [2] that non-solid nodules can occur due to inflammation, infection or fibrosis, and may or may not be cancerous or precancerous. Those that are cancerous or precancerous can, of course, grow and spread, causing serious or lethal effects. Her study indicated that these nonsolid nodules do not require immediate surgery and can be safely managed with annual scanning to see if they are becoming dangerous. In 82 cases where the nodules did grow or developed solid components, investigations revealed 73 cases of lung cancer. Thirty-six of these were diagnosed within 18 months of the baseline screening, and 37 later than that interval.

Yet the lung cancer survival rate was 100 percent: all the dangerous growths were successfully removed without sequelae.

ACSH's Dr. Gil Ross had this comment: We have addressed the issues regarding lung cancer [3] screening several times [4]. Unlike many other screening paradigms, ie those for breast and
prostate cancer, spiral CT screening for lung cancer among medium-term and heavy smokers has shown a survival benefit, clearly. While this study is not applicable to the topic of who should and should not be screened, it is a valuable addition to the literature on this area. It is remarkable that annual screening alone for nonsolid lesions was flawless in its ability to avoid surgery while preserving lifesaving interventions in those few instances where cancer was detected.

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