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Background: Most pulmonary nodules encountered are benign but can be an initial sign of lung cancer. (1) This dilemma leads to inappropriate follow-up imaging and opportunity costs: time, money, CT slots and clinic spaces. Therefore, we aimed to establish our compliance with the guidelines and propose changes for improvement.

Methods: We retrospectively reviewed clinic letters across the respiratory outpatients over a 2-week period in 2022. Characteristics of the pulmonary nodules, patients risk profile and interval scan were compared against the standard; British Thoracic Society (BTS) Guidelines for the Investigation and Management of Pulmonary Nodules (2015). Target compliance is 100%.

Results: Of 557 clinic reviews, 62 (11%) were for pulmonary nodule follow-up with solid nodules making up 90% of them. All the reviews were in-person consultations. The majority were smokers (76%) and the average age was 70. Out of 62 nodules, 51 (82%) had appropriate follow-up imaging. 11 follow-ups were not compliant (see table 1) Compared to Fleischner Guidelines 2017, there were 8% discordances.

Conclusion: We achieved 82% compliance with the BTS guideline for pulmonary nodule followups. As a part of quality improvement, a new IT system "Lung Cancer Orchestrator" is being integrated with the current system. This system advises follow-up interval scans and simultaneously identifies patients suitable for virtual care post-repeat imaging; potentially improving compliance and associated opportunity costs. We aim to repeat the audit a few months after the new system goes live.

Keywords: Pulmonary nodule, Surveillance, Information Technology

Disclosure:

Conflict of Interest: The authors declare that they have no conflict of interest.

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Reference

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Table 1. shows compliance of follow-up imagings between 2 guidelines including inappropriate ones

	Compliance	
	BTS 2015	Fleischner 2017
YES	51 (82%)	50 (81%)
NO:	11 (18%)	12 (19%)
Earlier scan	5	6
Later scan	1	0
Not discharged	3	4
No Follow-up	2	2