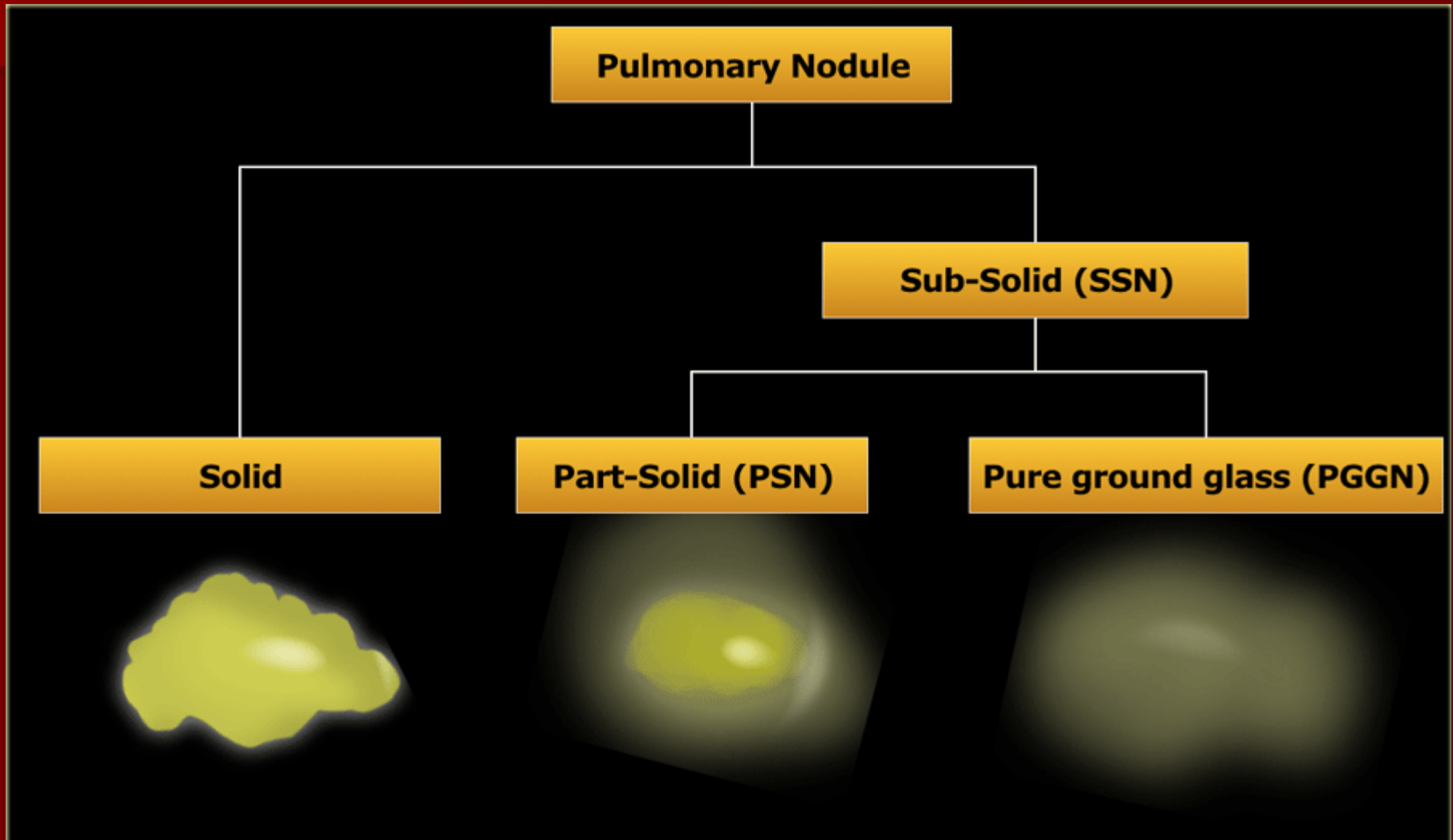

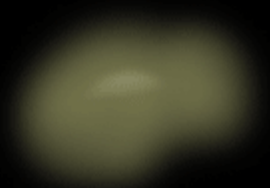
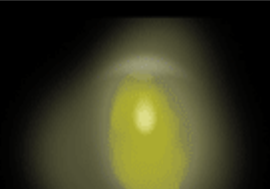



Fleischner 2017 guideline



Solid	Size	Follow up		
	< 6 mm (<100mm ³)	Single	Low risk High risk	No routine follow Optional CT at 12 months
		Multiple	Low risk High risk	No routine follow Optional CT at 12 months
	6-8 mm (100-250mm ³)	Single	Low risk High risk	CT at 6-12 mo, then consider CT at 18-24 CT at 6-12 mo, then CT at 18-24
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24
	> 8 mm (> 250mm ³)	Single	All	Consider CT at 3 mo, PET/CT or Biopsy
		Multiple	Low risk High risk	CT at 3-6 mo, then consider CT at 18-24 CT at 3-6 mo, then CT at 18-24

Subsolid	Size	Follow up
 Groundglass	< 6 mm	No FU indicated
	≥ 6 mm	CT at 6-12 months to confirm persistence, then CT at 3 and 5 years
 Part-solid	< 6 mm	No FU indicated
	≥ 6 mm	CT at 3-6 months to confirm persistence, then annual CT for 5 years
 Multiple	< 6 mm	CT at 3-6 months. If stable CT at 2 and 4 years
	≥ 6 mm	CT at 3-6 months. Subsequent management based on most suspicious nodule

Notes using 2017 Fleischner guideline for pulmonary nodule management

- Only apply in subjects 35 years or older
- Do not apply in immunocompromised subjects, or patients with a known or suspected malignancy
- Use thin-slice (low-dose) CT imaging with off-axis reconstructions to characterize and follow-up lung nodules
- Manual nodule measurements should be based on the average of long- and short-axis diameters (obtained on the same image in any plane). Alternatively, use nodule volumetry. In case of using (semi-automated) nodule volumetry, keep imaging technique and software constant during follow-up
- The new guideline requires risk-stratification on both patient- and nodule-characteristics, contrarily to the old document that only stratified low- or high-risk subjects