SPN	Referral Guide: Page 1 of 1	Pulmonary
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Diagnosis/Definition:

An SPN is a rounded radiographic density of 2cm or less in diameter, and essentially surrounded by pulmonary parenchuma, and is often asymptomatic. As these lesions may represent early bronchogenic carcinoma, their timely management is important.

Initial Diagnosis and Management:

History to include smoking, TB/fungal occupational exposures, physical exam, including evaluation of lymph nodes. Evaluation process for the chest radiograph (CSR): Search for old CXRs for comparison with current film (this step often saves an unnecessary work-up!). If lesion is stable in size for 2 or more years or is clearly calcified in a benign pattern, the probability of malignancy is very low, and no further evaluation or follow-up is mandatory. If lesion is new and enlarging, prompt referral to Pulmonary Service is required for consideration of diagnosis or empiric resection. If an insufficient radiographic history is available (>1 but < 2 years), to make either of the above determinations, at a minimum, the lesion should be followed radiographically initially at 2-3 month intervals to assure stability until at least a 2 year time frame has been met. All patients need to be evaluated promptly after radiographic abnormality is identified. 1) Availability of CXR showing abnormality and 2) Location of previous radiography.

Ongoing Management and Objectives:

To assure timely, consistently follow up lesions of indeterminate etiology and/or age. Prompt referral for further evaluation and management of lesions that are progressive or new.

Indications for Specialty Care Referral:

New or enlarging lesions. Lesions of an indeterminate nature or age in which a high suspicion for malignancy exists. Risk factors would include: increasing age (especially>40 years). Prior smoking history>20 pack/years. Concurrent interstitial lung disease. Asbestos exposure.

Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:
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Fiteria for Return to Primary Care:

Lesion determined to be benign or of sufficient stability over time as to not require further follow-up. For patients in whom the lesion was resected, follow-up will be maintained in Pulmonary for varying lengths of time for this issue only. After release from Pulmonary in these cases, generally no special follow-up is required.

Revision History: Created

Revised

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.