

Common Incidental Findings: Management Recommendations

This table outlines the management recommendations for common **incidental findings** (findings discovered during lung cancer screening that are **not** related to lung cancer):

Incidental Finding	Recommendation
Coronary Artery Calcification: Moderate or Severe	<ul style="list-style-type: none"> Optimize cardiac risk factors If symptomatic: Coronary artery disease workup or Cardiology consultation
Aortic Valve Calcification: Moderate or Severe	<ul style="list-style-type: none"> Echocardiogram to rule out aortic stenosis Cardiology consultation if indicated
Ascending Aorta	<ul style="list-style-type: none"> > 45 mm, echocardiogram, consider referral to Cardiology or cardiac surgery
Main Pulmonary Artery	<ul style="list-style-type: none"> > 31 mm, clinical assessment, echocardiogram, consider Respiriology or Cardiology consultation
Pulmonary Emphysema: Moderate or Severe	<ul style="list-style-type: none"> Spirometry pre- and post-bronchodilator If symptomatic: Optimize COPD management; Respiriology consultation if indicated If still smoking: Smoking cessation
Interstitial Lung Abnormality	<ul style="list-style-type: none"> > 5% in any lung zones (upper, mid, lower): Full pulmonary function test <ul style="list-style-type: none"> If abnormal: Respiriology consultation
Bronchiectasis	<ul style="list-style-type: none"> If symptomatic: Respiriology consultation
Pleural Effusion/ Nodularity	<ul style="list-style-type: none"> New pleural effusion or pleural mass; Respiriology consultation
Anterior Mediastinal Nodule/Mass	<ul style="list-style-type: none"> Contrast enhanced CT/MRI; Thoracic surgical referral depending on size, margin characteristics
Mediastinal Lymphadenopathy	<ul style="list-style-type: none"> > 15 mm in short axis diameter: Short-term follow-up scan in 3 to 6 months or refer for EBUS biopsy in the context of other pulmonary findings and patient history
Thyroid Nodule	<ul style="list-style-type: none"> > 15 mm long axis: Thyroid ultrasound; Biopsy if indicated
Thyroid Goitre	<ul style="list-style-type: none"> Thyroid function testing
Esophagus Abnormality	<ul style="list-style-type: none"> Significant dilation, diffuse wall thickening or focal lesions, gastroenterology consultation, consider endoscopy
Breast Lesion	<ul style="list-style-type: none"> Nodules, masses or asymmetric densities: Diagnostic Mammography
Bone Density	<ul style="list-style-type: none"> < 100 HU or > 50% loss of vertebral height in one or more vertebrae: Primary care evaluation of osteoporosis, DEXA scan
Aggressive Bony Lesion	<ul style="list-style-type: none"> Nuclear medicine scan
Liver Lesion	<ul style="list-style-type: none"> > 1 cm with no benign features (e.g. cystic): Multiphasic contrast-enhanced abdominal CT with late arterial, portal venous and delayed phases or MRI
Renal Abnormality	<ul style="list-style-type: none"> Soft tissue or mixed density mass > 1 cm: Contrast-enhanced CT or MRI
Pancreas Lesion	<ul style="list-style-type: none"> Cystic or mass lesion: Contrast enhanced MRI or contrast abdominal CT
Adrenal Nodule	<ul style="list-style-type: none"> 10-40 mm with attenuation 11-20 HU followed up in next screening CT in one year If enlarging or > 40 mm: contrast enhanced abdominal CT with adrenal protocol or MRI If clinical signs or symptoms of pheochromocytoma or Cushing's syndrome: Biochemical test