

PULMONARY NODULES

The main worry over unexplained pulmonary lesions is malignancy. The risk that a newly found lesion is cancerous is greatest in smokers (past or current) and those who have a history of cancer (because most cancers have the potential to metastasize to the lungs). Fear of malignancy lessens as the time of documented stability lengthens, and a minimum of two years is ideal. Growth in small nodules (<1cm) is hard to detect so they require a longer period of observation. With the availability of total body scans and UFCT/EBCT for coronary calcium, the number of incidental nodules discovered has blossomed. Because this technology is new, the risk associated with these lesions (as well as their proper clinical handling) is uncertain. If there is no smoking or cancer history, most newly found small nodules are benign. Yet because malignancy can be devastating, no new lung nodule is safely ignored.

If your client has a history of a pulmonary nodule on chest x-ray, CXR, or scan (such as CT or MRI) colon:

1. Please provide:

Date initially found _____

Size _____

Date of last follow-up

2. Please note if any of the following have occurred (check all that apply):

CT scan or MRI -- give findings _____

Biopsy -- give pathology report _____

Surgery -- give pathology report _____

PET scan – give findings _____

3. Is your client on any medications?

Yes (Please give details)

4. Has your client ever had cancer?

Yes (Please give details)

5. Has your client smoked cigarettes?

In the last 12 months? In the last 7 years?

Yes

Yes

No

No

6. Does your client have any other major health problems (ex: heart disease, etc.)?

Yes (Please give details)
