

The Weill Cornell Lung Cancer Appropriate Use Criteria (AUC) addresses twenty-eight clinical conditions and makes recommendations to optimize diagnostic effectiveness.

<b>Common Clinical Conditions</b>	
0	Not Related to Lung Cancer
1	Chest X-Ray Density, Possible Lung Nodule
2	High-Risk Appearing Nodule
3	Incidental Pulmonary Nodule, Age Less Than 35
4	Incidental Pulmonary Nodule, Cancer or Fever
5	Initial Screen, does not meet Lung Cancer Screening Inclusion Criteria
6	Initial Screen, meets Lung Cancer Screening Inclusion Criteria
7	Known Lung Cancer, Follow Up Surgery
8	Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance
9	Known Lung Cancer, Treatment Complication
10	Lung Cancer Care, no AUC Applicable
11	Lung Cancer Screening Follow-Up
12	Multiple Incidental Pulmonary Nodules, Solid, <6 mm, High-Risk Exposure
13	Multiple Incidental Pulmonary Nodules, Solid, 6+ mm, High-Risk Exposure
14	Multiple Incidental Pulmonary Nodules, Solid, Low Risk, <6 mm
15	Multiple Incidental Pulmonary Nodules, Solid, Low Risk, 6+ mm
16	Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm
17	Multiple Subsolid Incidental Pulmonary Nodules, Largest 6+ mm
18	Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, <6 mm
19	Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 6-8 mm
20	Single Incidental Pulmonary Nodule, Solid, High-Risk exposure, 8+ mm
21	Single Incidental Pulmonary Nodule, Solid, Low Risk, <6 mm
22	Single Incidental Pulmonary Nodule, Solid, Low Risk, 6-8 mm
23	Single Incidental Pulmonary Nodule, Solid, Low Risk, 8+ mm
24	Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, <6 mm
25	Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, 6+ mm
26	Single Part-Solid Incidental Pulmonary Nodule, Solid Component <6 mm
27	Single Part-Solid Incidental Pulmonary Nodule, Solid Component 6+ mm
28	Suspected Lung Cancer or Suspected Recurrence

The Lung Cancer AUC is activated when a user orders one of the following four Advanced Imaging Procedures.

<b>Advanced Imaging Procedures</b>	
1	CT Chest without Contrast
2	CT Chest with Contrast
3	CT Chest with and without Contrast
4	CT Lung Cancer Screen (CT Chest without contrast - Low Dose)

The Lung Cancer AUC recommends from the following six Imaging Procedures based on the clinical condition.

Advanced Imaging Procedures	
1	CT Chest without Contrast
2	CT Chest with Contrast
3	CT Chest with and without Contrast
4	CT Lung Cancer Screen (CT Chest without contrast - Low Dose)
5	PET/CT Whole Body
6	CT Chest, Abdomen, Pelvis with Contrast

## Logic Tables

The following Clinical Condition Logic Tables provide the Lung Cancer AUC logic for each clinical condition.

## Key

Value	Score
Blank	No Score Assigned
0	AUC Not Applicable
1	Inappropriate
2	Contact Radiology
3	Appropriate
4	Appropriate Preferred

## Advice Text

The Advice Text provided in each condition is for Ordering Provider Education only and is not included in the logic.

### Condition 0 – Not Related to Lung Cancer

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT Whole Body	CT Chest/Abd/Pelvis W	Reference
Not related to Lung Cancer	0	0	0	0	0	0	NA

**Condition 1 – Chest X-Ray Density, Possible Lung Nodule**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Chest X-Ray Density, Possible Lung Nodule		3	4	1	1	1		1	a
Chest X-Ray Density, Possible Lung Nodule	IOD	4	1	1	1	1		1	b

**Condition 1 - Advice Text**

a	CT Chest with contrast preferred for new chest x-ray density and pulmonary nodule suspected.
b	CT Chest without contrast preferred for new chest x-ray density and pulmonary nodule suspected when iodinated contrast contraindicated.

**Condition 2 - High-Risk Appearing Nodule**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
High-Risk Appearing Nodule		4	4	1	1	1		1	a
High-Risk Appearing Nodule	IOD	4	1	1	1	1		1	b

**Condition 2 - Advice Text**

a	Management of high-risk appearing nodule (irregular contour or per radiology): CT Chest with contrast or CT Chest without contrast at 3 months. If stable, CT Chest with contrast or CT Chest without contrast at 12 months and 24 months.
b	Management of high-risk appearing nodule (irregular contour or per radiology): When iodinated contrast contraindicated, CT Chest without contrast at 3 months. If stable, CT Chest without contrast at 12 months and 24 months.

**Condition 3 - Incidental Pulmonary Nodule, Age Less Than 35**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Incidental Pulmonary Nodule, Age Less Than 35		4	4	1	1	1		NA	a
Incidental Pulmonary Nodule, Age Less Than 35	IOD	4	1	1	1	1		NA	b

**Condition 3 - Advice Text**

a	CT Chest with contrast or CT Chest without contrast preferred for pulmonary nodule(s) in patients less than 35 years of age.
b	CT Chest without contrast preferred for pulmonary nodule(s) in patients less than 35 years of age when iodinated contrast contraindicated.

**Condition 4 - Incidental Pulmonary Nodule, Cancer or Fever**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Incidental Pulmonary Nodule, Cancer or Fever		3	4	1	1	1		LBP	a
Incidental Pulmonary Nodule, Cancer or Fever	IOD	4	1	1	1	1		LBP	b

**Condition 4 - Advice Text**

a	CT Chest with contrast preferred for pulmonary nodule with history of cancer or fever.
b	CT Chest without contrast preferred for pulmonary nodule with history of cancer or fever when iodinated contrast contraindicated.

**Condition 5 - Initial Screen, does not meet Lung Cancer Screening Inclusion Criteria**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Initial Screen, does not meet Lung Cancer Screening inclusion criteria	1	1	1	1	1		2

**Condition 5 - Advice Text**

This patient does not meet criteria for lung cancer screening as defined by the USPSTF. The inclusion criteria are: asymptomatic current smoker age 50-80, and 20 pack years, or asymptomatic former smoker age 50-80, 20 pack years with quit date within 15 years, and attestation of shared decision making.

**Condition 6 – Initial Screen, meets Lung Cancer Screening Inclusion Criteria**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Initial screen, meets Lung Cancer Screening inclusion criteria	1	1	1	4	1		2

**Condition 6 - Advice Text**

Lung cancer screening appropriate.

**Condition 7 – Known Lung Cancer, Follow Up Surgery**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Known lung cancer, follow-up surgery		3	4	1	1	1		4	a
Known lung cancer, follow-up surgery	IOD	4	1	1	1	1		4	b

**Condition 7 - Advice Text**

a	CT Chest with contrast preferred for lung cancer surgery follow-up.
b	CT Chest without contrast preferred for lung cancer surgery follow-up when iodinated contrast contraindicated.

**Condition 8 – Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance		1	4	1	1	4	4	3-4	a
Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance	IOD	4	1	1	1	4	1	3-4	b
Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance	CT - Preg	4	4	1	1	1	1	3-4	c
Known Lung Cancer, Staging, Restaging, Pre-Treatment Assessment and Surveillance	CT - Preg IOD	4	1	1	1	1	1	3-4	d

**Condition 8 - Advice Text**

a	CT Chest with contrast, CT Chest Abdomen Pelvis with contrast or PET/CT preferred for lung cancer staging.
b	CT Chest without contrast or PET/CT preferred for lung cancer staging when iodinated contrast contraindicated.
c	CT Chest with contrast or CT Chest without contrast preferred for lung cancer staging for pregnant patients.
d	CT Chest without contrast preferred for lung cancer staging for pregnant patients when iodinated contrast contraindicated.



**Condition 9 – Known Lung Cancer, Treatment Complication**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Known lung cancer, treatment complication		3	4	3	1	1		4, LBP	a
Known lung cancer, treatment complication	IOD	4	1	1	1	1		4, LBP	b

**Condition 9 - Advice Text**

a	CT Chest with contrast preferred for lung cancer treatment complication assessment.
b	CT Chest without contrast preferred for lung cancer treatment complication assessment when iodinated contrast contraindicated.

**Condition 10 – Lung Cancer Care, no AUC Applicable**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W
Lung cancer care, no AUC applicable	0	0	0	0	0	

**Condition 10 - Advice Text**

Not covered by guidelines.
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**Condition 11 – Lung Cancer Screening Follow-Up**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Lung Cancer Screening Follow-Up	0	0	0	0	0		2

**Condition 11 - Advice Text**

Not covered by guidelines.

**Condition 12 – Multiple Incidental Pulmonary Nodules, Solid, <6 mm, High-Risk Exposure**

Condition	Contraindications	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis w	Reference
Multiple Incidental Pulmonary Nodules, Solid, <6 mm, High-Risk Exposure		4	3	1	1	1		2
Multiple Incidental Pulmonary Nodules, Solid, <6 mm, High-Risk Exposure	IOD	4	1	1	1	1		2

**Condition 12 - Advice Text**

a	Management of multiple well-circumscribed, solid nodules less than 6 mm with high-risk exposure: CT Chest with contrast or CT Chest without contrast at 6-12 months.
b	Management of multiple well-circumscribed, solid nodules less than 6 mm with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 6-12 months.

**Condition 13 – Multiple Incidental Pulmonary Nodules, Solid, 6+ mm, High-Risk Exposure**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Multiple Incidental Pulmonary Nodules, Solid, 6+ mm, High-Risk Exposure		4	3	1	1	1		2	a
Multiple Incidental Pulmonary Nodules, Solid, 6+ mm, High-Risk Exposure	IOD	4	1	1	1	1		2	b

**Condition 13 - Advice Text**

a	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 18 to 24 months.
b	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 18 to 24 months.

**Condition 14 – Multiple Incidental Pulmonary Nodules, Solid, Low Risk, <6 mm**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Multiple Incidental Pulmonary Nodules, Solid, Low Risk, <6 mm	1	1	1	1	1		2

**Condition 14 - Advice Text**

Imaging not recommended for well-circumscribed, solid nodule less than 6 mm without high-risk exposure.
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**Condition 15 - Multiple Incidental Pulmonary Nodules, Solid, Low Risk, 6+ mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference	Advice Text
Multiple Incidental Pulmonary Nodules, Solid, Low Risk, 6+ mm		4	3	1	1	1		2	a
Multiple Incidental Pulmonary Nodules, Solid, Low Risk, 6+ mm	IOD	4	1	1	1	1		2	b

**Condition 15 - Advice Text**

a	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 18 to 24 months.
b	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 18 to 24 months.

**Condition 16 – Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm		4	3	1	1	1		2	a
Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm	IOD	4	1	1	1	1		2	b

**Condition 16 - Advice Text**

a	Management of multiple subsolid nodules less than 6 mm: CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 24 months and 48 months.
b	Management of multiple subsolid nodules less than 6 mm: When iodinated contrast contraindicated, CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 24 months and 48 months.

**Condition 17 – Multiple Subsolid Incidental Pulmonary Nodules, Largest 6+ mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Multiple Subsolid Incidental Pulmonary Nodules, Largest 6+ mm		4	3	1	1	1		2	a
Multiple Subsolid Incidental Pulmonary Nodules, Largest 6+ mm	IOD	4	1	1	1	1		2	b

**Condition 17 - Advice Text**

a	Management of multiple subsolid nodules 6 mm or more: CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 24 months and 48 months.
b	Management of multiple subsolid nodules 6 mm or more: When iodinated contrast contraindicated, Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 24 months and 48 months.

**Condition 18 – Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, <6 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, <6 mm		4	3	1	1	1		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, <6 mm	IOD	4	1	1	1	1		2	b

**Condition 18 - Advice Text**

a	Management of well-circumscribed, solid nodule less than 6 mm with high-risk exposure: CT Chest without contrast at 12 months.
b	Management of well-circumscribed, solid nodule less than 6 mm with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 12 months.

**Condition 19 – Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 6-8 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 6-8 mm		4	3	1	1	1		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 6-8 mm	IOD	4	1	1	1	1		2	b

**Condition 19 - Advice Text**

a	Management of well-circumscribed, solid nodule 6-8 mm with high-risk exposure: CT Chest without contrast at 6-12 months. If stable, CT Chest without contrast at 18-24 months.
b	Management of well-circumscribed, solid nodule 6-8 mm with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 6-12 months. If stable, CT Chest without contrast at 18-24 months.

**Condition 20 – Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, >8 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 8+ mm		4	4	1	1	4		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 8+ mm	IOD	4	1	1	1	4		2	b

**Condition 20 - Advice Text**

a	Management of solid nodule 8 mm or more with high-risk exposure: CT Chest with contrast, CT Chest without contrast or PET/CT at 3 months. If stable, CT Chest with contrast, CT Chest without contrast, or PET/CT at 12 months and 24 months.
b	Management of solid nodule 8 mm or more with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast or PET/CT at 3 months. If stable, CT Chest without contrast or PET/CT at 12 months and 24 months.

**Condition 21 – Single Incidental Pulmonary Nodule, Solid, Low Risk, <6 mm**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Single Incidental Pulmonary Nodule, Solid, Low Risk, <6 mm	1	1	1	1	1		2

**Condition 21 - Advice Text**

Imaging not recommended for well-circumscribed, solid nodule less than 6 mm without high-risk exposure.
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**Condition 22 – Single Incidental Pulmonary Nodule, Solid, Low Risk, 6-8 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Incidental Pulmonary Nodule, Solid, Low Risk, 6-8 mm		4	3	1	1	1		2	a
Single Incidental Pulmonary Nodule, Solid, Low Risk, 6-8 mm	IOD	4	1	1	1	1		2	b

**Condition 22 - Advice Text**

a	Management of well-circumscribed, solid nodule 6-8 mm without high-risk exposure: CT Chest without contrast CT at 6-12 months. If stable, CT Chest without contrast at 18-24 months.
b	Management of well-circumscribed, solid nodule 6-8 mm without high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast at 6-12 months. If stable, CT Chest without contrast at 18-24 months.

**Condition 23 – Single Incidental Pulmonary Nodule, Solid, Low Risk, 8+ mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Incidental Pulmonary Nodule, Solid, Low Risk, 8+ mm		4	4	1	1	4		2	a
Single Incidental Pulmonary Nodule, Solid, Low Risk, 8+ mm	IOD	4	1	1	1	4		2	b

**Condition 23 - Advice Text**

a	Management of solid nodule 8 mm or more with high-risk exposure: CT Chest with contrast, CT Chest without contrast or PET/CT at 3 months. If stable, CT Chest with contrast, CT Chest without contrast or PET/CT at 12 months and 24 months.
b	Management of solid nodule 8 mm or more with high-risk exposure: When iodinated contrast contraindicated, CT Chest without contrast CT or PET/CT at 3 months. If stable, CT Chest without contrast or PET/CT at 12 months and 24 months.

**Condition 24 – Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, <6 mm**

Condition	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer Screen	PET/CT	CT Chest/Abd/Pelvis W	Reference
Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, <6 mm	1	1	1	1	1		2

**Condition 24 - Advice Text**

Imaging not recommended for management of ground glass nodule less than 6 mm.
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**Condition 25 – Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, 6+ mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, 6+ mm		4	3	1	1	1		2	a
Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, 6+ mm	IOD	4	1	1	1	1		2	b

**Condition 25 - Advice Text**

a	Management of ground glass nodule 6 mm or more: CT Chest without contrast at 6-12 months. If stable, CT Chest without contrast at 24 months, 48 months, and 72 months.
b	Management of ground glass nodule 6 mm or more: When iodinated contrast contraindicated, CT Chest without contrast at 6-12 months. If stable, CT Chest without contrast at 24 months, 48 months, and 72 months.

**Condition 26 – Single Part-Solid Incidental Pulmonary Nodule, Solid Component <6 mm**

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Single Part-Solid Incidental Pulmonary Nodule, Solid Component <6 mm		4	3	1	1	1		2	a
Single Part-Solid Incidental Pulmonary Nodule, Solid Component <6 mm	IOD	4	1	1	1	1		2	b

**Condition 26 - Advice Text**

a	Management of part-solid nodule with solid component less than 6 mm: CT Chest without contrast at 12-24 months.
b	Management of part-solid nodule with solid component less than 6 mm: When iodinated contrast contraindicated, CT Chest without contrast at 12-24 months.

**Condition 27– Single Part-Solid Incidental Pulmonary Nodule, Solid Component 6+ mm**

Condition	Contraindication	Contraindication					Reference	Advice Text
		CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT		
Single Part-Solid Incidental Pulmonary Nodule, Solid Component 6+ mm		4	3	1	1	3	2	a
Single Part-Solid Incidental Pulmonary Nodule, Solid Component 6+ mm	IOD	4	1	1	1	3	2	b

**Condition 27 - Advice Text**

a	Management of part-solid nodule with solid component 6 mm or more: CT Chest without contrast at 3-6 months. If stable, CT Chest without contrast at 12 months, 24 months, 36 months, 48 months, and 60 months.
b	Management of part-solid nodule with solid component 6 mm or more: When iodinated contrast contraindicated, CT Chest without contrast CT at 3-6 months. If stable, CT Chest without contrast at 12 months, 24 months, 36 months, 48 months, and 60 months.

**Condition 28 – Suspected Lung Cancer or Suspected Recurrence**

Condition	Contraindication	Contraindication					Reference	Advice Text
		CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT		
Suspected Lung Cancer or Suspected Recurrence		3	4	1	1	1	3-4	a
Suspected Lung Cancer or Suspected Recurrence	IOD	4	1	1	1	1	3-4	b

**Condition 28 - Advice Text**

a	CT Chest with contrast preferred for suspected lung neoplasm or lung cancer recurrence.
b	CT Chest without contrast preferred for suspected lung neoplasm or lung cancer recurrence when iodinated contrast contraindicated.

## Sources

The Lung Cancer Screening AUC has been developed by Weill Cornell Medicine utilizing the following four published sources and local best practice.

No.	Source	Score
1	Guidelines for management of incidental pulmonary nodules detected on CT images. MacMahon H, Naidich DP, Goo JM, Lee KS, Leung AN, Mayo JR et al. . <a href="https://www.ncbi.nlm.nih.gov/pubmed/28240562">https://www.ncbi.nlm.nih.gov/pubmed/28240562</a>	5
2	U.S. Preventive Services Task Force Final Recommendation Statement. Screening for lung cancer <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening</a>	5
3	Methods for staging non-small cell lung cancer: Diagnosis and management of lung cancer. Silvestri GA, Gonzalez AV, Jantz MA, et al. . <a href="https://www.ncbi.nlm.nih.gov/pubmed/23649440">https://www.ncbi.nlm.nih.gov/pubmed/23649440</a>	5
4	Follow-up and surveillance of the patient with lung cancer after curative-intent therapy. Colt HG, Murgu SD, Korst RJ, et al. . <a href="https://www.ncbi.nlm.nih.gov/pubmed/23649451">https://www.ncbi.nlm.nih.gov/pubmed/23649451</a>	5
LBP	Weill Cornell Medicine Local Best Practice	NA

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No Conflicts of Interest Reported.