

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

Common Clinical Conditions	
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
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.

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)

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. The logic includes priors, contraindications, metal reduction and advanced US techniques where applicable.

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	4	1		1	a
Chest X-Ray Density, Possible Lung Nodule	IOD	4	1	1	4	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	4	1		1	a
High-Risk Appearing Nodule	IOD	4	1	1	4	1		1	b

Condition 2 - Advice Text

a	Management of high-risk appearing nodule (irregular contour or per radiology): CT Chest with contrast, CT Chest without contrast at 3 months, or Low Dose Chest CT. 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 or Low Dose Chest CT at 3 months. If stable, CT Chest without contrast or Low Dose Chest CT 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	4	1		NA	a
Incidental Pulmonary Nodule, Age Less Than 35	IOD	4	1	1	4	1		NA	b

Condition 3 - Advice Text

a	CT Chest with contrast, CT Chest without contrast, or Low Dose Chest CT preferred for pulmonary nodule(s) in patients less than 35 years of age.
b	CT Chest without contrast or Low Dose Chest CT 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	4	1		LBP	a
Incidental Pulmonary Nodule, Cancer or Fever	IOD	4	1	1	4	1		LBP	b

Condition 4 - Advice Text

a	CT Chest with contrast or Low Dose Chest CT preferred for pulmonary nodule with history of cancer or fever.
b	CT Chest without contrast or Low Dose Chest CT 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, age 55-80, current or former smoker with quit date within 15 years, 30 pack 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

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		1	3	1	1	4	4	3-4	a
Known lung cancer, staging	IOD	4	1	1	1	4		3-4	b

Condition 8 - Advice Text

a	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.

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.

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
Suspected lung cancer or suspected recurrence		3	3	1	4	1		2
Suspected lung cancer or suspected recurrence	IOD	3	1	1	4	1		2

Condition 12 - 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 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		3	3	1	4	1		2	a
Multiple Incidental Pulmonary Nodules, Solid, 6+ mm, High-Risk Exposure	IOD	3	1	1	4	1		2	b

Condition 13 - Advice Text

a	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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, Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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.

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		3	3	1	4	1		2	a
Multiple Incidental Pulmonary Nodules, Solid, Low Risk, 6+ mm	IOD	3	1	1	4	1		2	b

Condition 15 - Advice Text

a	Management of multiple well-circumscribed, solid nodules 6 mm or more with high-risk exposure: Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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, Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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 Screen	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm		3	3	1	4	1		2	a
Multiple Subsolid Incidental Pulmonary Nodules, Largest <6 mm	IOD	3	1	1	4	1		2	b

Condition 16 - Advice Text

a	Management of multiple subsolid nodules less than 6 mm: Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT at 24 months and 48 months.
b	Management of multiple subsolid nodules less than 6 mm: When iodinated contrast contraindicated, Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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		3	3	1	4	1		2	a
Multiple Subsolid Incidental Pulmonary Nodules, Largest 6+ mm	IOD	3	1	1	4	1		2	b

Condition 17 - Advice Text

a	Management of multiple subsolid nodules 6 mm or more: Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT at 24 months and 48 months.
b	Management of multiple subsolid nodules 6 mm or more: When iodinated contrast contraindicated, Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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		3	3	1	4	1		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, <6 mm	IOD	3	1	1	4	1		2	b

Condition 18 - Advice Text

a	Management of well-circumscribed, solid nodule less than 6 mm with high-risk exposure: Low Dose Chest CT at 12 months.
b	Management of well-circumscribed, solid nodule less than 6 mm with high-risk exposure: When iodinated contrast contraindicated, Low Dose Chest CT 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		3	3	1	4	1		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 6-8 mm	IOD	3	1	1	4	1		2	b

Condition 19 - Advice Text

a	Management of well-circumscribed, solid nodule 6-8 mm with high-risk exposure: Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT at 18-24 months.
b	Management of well-circumscribed, solid nodule 6-8 mm with high-risk exposure: When iodinated contrast contraindicated, Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT 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	4	4		2	a
Single Incidental Pulmonary Nodule, Solid, High-Risk Exposure, 8+ mm	IOD	4	1	1	4	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, Low Dose Chest CT, or PET/CT at 3 months. If stable, CT Chest with contrast, CT Chest without contrast, Low Dose Chest CT, 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, Low Dose Chest CT or PET/CT at 3 months. If stable, CT Chest without contrast, Low Dose Chest CT 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.

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		3	3	1	4	1		2	a
Single Incidental Pulmonary Nodule, Solid, Low Risk, 6-8 mm	IOD	3	1	1	4	1		2	b

Condition 22 - Advice Text

a	Management of well-circumscribed, solid nodule 6-8 mm without high-risk exposure: Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT at 18-24 months.
b	Management of well-circumscribed, solid nodule 6-8 mm without high-risk exposure: When iodinated contrast contraindicated, Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT 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	4	4		2	a
Single Incidental Pulmonary Nodule, Solid, Low Risk, 8+ mm	IOD	4	1	1	4	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, Low Dose Chest CT, or PET/CT at 3 months. If stable, CT Chest with contrast, CT Chest without contrast, Low Dose Chest CT, 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, Low Dose Chest CT or PET/CT at 3 months. If stable, CT Chest without contrast, Low Dose Chest CT 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.

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		3	3	1	4	1		2	a
Single Nonsolid Incidental Pulmonary Nodule, Ground Glass, 6+ mm	IOD	3	1	1	4	1		2	b

Condition 25 - Advice Text

a	Management of ground glass nodule 6 mm or more: Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT at 24 months, 48 months, and 72 months.
b	Management of ground glass nodule 6 mm or more: When iodinated contrast contraindicated, Low Dose Chest CT at 6-12 months. If stable, Low Dose Chest CT 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		3	3	1	4	1		2	a
Single Part-Solid Incidental Pulmonary Nodule, Solid Component <6 mm	IOD	3	1	1	4	1		2	b

Condition 26 - Advice Text

a	Management of part-solid nodule with solid component less than 6 mm: Low Dose Chest CT at 12-24 months.
b	Management of part-solid nodule with solid component less than 6 mm: When iodinated contrast contraindicated, Low Dose Chest CT at 12-24 months.

Condition 27– 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		3	3	1	4	3		2	a
Single Part-Solid Incidental Pulmonary Nodule, Solid Component 6+ mm	IOD	3	1	1	4	3		2	b

Condition 27 - Advice Text

a	Management of part-solid nodule with solid component 6 mm or more: Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT 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, Low Dose Chest CT at 3-6 months. If stable, Low Dose Chest CT at 12 months, 24 months, 36 months, 48 months, and 60 months.

Condition 28 – Suspected Lung Cancer or Suspected Recurrence

Condition	Contraindication	CT Chest WO	CT Chest W	CT Chest WWO	CT Lung Cancer	PET/CT	CT Chest/Abd/Pelvis	Reference	Advice Text
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. . https://www.ncbi.nlm.nih.gov/pubmed/28240562	5
2	U.S. Preventive Services Task Force Statement. Screening for lung cancer. Moyer VA. https://www.ncbi.nlm.nih.gov/pubmed/24378917	5
3	Methods for staging non-small cell lung cancer: Diagnosis and management of lung cancer. Silvestri GA, Gonzalez AV, Jantz MA, et al. . https://www.ncbi.nlm.nih.gov/pubmed/23649440	5
4	Follow-up and surveillance of the patient with lung cancer after curative-intent therapy. Colt HG, Murgu SD, Korst RJ, et al. . https://www.ncbi.nlm.nih.gov/pubmed/23649451	5
LBP	Weill Cornell Medicine Local Best Practice	NA

Contributors

The Lung Cancer Screening AUC has been developed by the following.

Ian Drexler, MD Thoracic Imaging, WCPO

James Gruden Thoracic Imaging, WCPO

Keith Hentel, MD, MS, ED & MSK Radiology, Informatics WCPO

Sameer Malhotra MD, MA, Internal Medicine, Informatics, Health Policy Research, WCPO

Bradley Pua, MD, Lung Cancer Imaging & Treatment, WCPO

Jessica Rotman, MD, ED & MSK Radiology, WCPO

George Shih MD, MS, Informatics, WCPO

Joshua Weintraub, MD, Imaging Guided Interventions, Columbia P&S

Additional Contributors

Thomas Jessen, JD, Informatics, WCPO

Courtney Yeager, MS, Imaging WCPO

No Conflicts of Interest Reported.