

Frequently asked questions about lung nodules

This page is designed to answer some commonly asked questions about lung nodules. Please read the 'Understanding Lung Nodules' leaflet first for key information.

Not all of the questions or situations listed below will apply to you. Please discuss any questions you have with your hospital doctor or specialist nurse, who can give advice that applies specifically to you and explain any issues you are not sure about.

The process of following up a lung nodule is often called lung nodule 'surveillance' or 'monitoring'. Both terms mean the same thing and are interchangeable. In line with national guidelines, we will use 'lung nodule surveillance' in this document.

1. How many CT scans am I likely to have?

The number of CT scans needed to monitor your lung nodule can vary depending on the size of the nodule, and how dense (solid) it appears on the scan. Most people receive 2, 3 or 4 further scans over the course of 1-4 years for surveillance. However, if it is safe to discharge you earlier, you may need fewer scans. Your doctor or specialist nurse can explain your personal timeline and what to expect.

2. Why do I have to wait for set timepoints for the next scan? Can I have one sooner?

The time between CT scans is designed to allow enough time to see any change or growth in a nodule, but not enough time for them to develop so much that they become worrying. Scans too close

together can be falsely reassuring, and equally if too far apart, can miss the first signs of growth. We follow timings set out by UK guidelines. These guidelines have been determined from research conducted with thousands of patients. If there is any reason to extend or shorten the period between scans, it will normally be discussed with you at your appointment.

3. Why am I not having a scan sooner? I'm worried a cancer will grow and be missed.

We know from many studies that if lung nodules show any change or growth, this tends to happen slowly. This is especially the case for the smallest nodules. Doing scans at set intervals ensures that we can be more certain about whether any meaningful changes have occurred to the lung nodule.

4. What happens if it grows and I don't know about it? Are there any symptoms or signs to look out for?

Most lung nodules do not cause any symptoms or interfere with your breathing. However, if you develop new symptoms related to your breathing, or a cough, or a change in your symptoms that you are worried about, you should discuss with either your hospital doctor or GP, who can review and identify any potential causes.

5. I'm over 85 years old, is it useful to return for scans at my age?

We do take several other factors, such as your medical history and physical health into account when planning for further scans once a lung nodule has been detected. If you're not sure whether further scans are appropriate/suitable for you, please discuss this with your GP, or the doctor/specialist nurse looking after your lung nodules. We can all talk through the risks and benefits with you about your personal case.

6. I find it difficult travelling to hospital for my scans or appointments. Can I get hospital transport?

If you think it may be difficult to attend your appointments due to mobility issues, it is usually possible to arrange for hospital transport to take you to and from the appointments. Contacting the number on your booking letter or contacting the hospital and asking for the patient transport phone number may help with planning this.

7. What is the risk to me of radiation from the CT scan?

The CT scan we are offering does involve radiation and is usually kept as low as possible. We are all exposed to 'background' radiation from the world around us on a daily basis. On average, a

CT scan of the chest equates to 2-3 years of 'background' radiation exposure in one dose.

We always try to minimise the number of CT scans you have, to ensure that we do not expose you to unnecessary radiation. Your medical team balance this with the important medical information that can be gained from a scan.

Special consideration is made for women who are pregnant or breastfeeding (see Question 8), and you should speak to your team if you have any concerns about this.

8. I'm pregnant, or planning to become pregnant – should I still be having CT scans?

All women of childbearing age are asked about pregnancy and offered a pregnancy test before having a scan. If you are pregnant, it's important to discuss with your doctor or specialist nurse regarding the timing of CT scans as the risks and benefits can differ depending on your case, and on which trimester you are in, and there may be an option to delay your scan depending on your individual case.

9. Is there a way of monitoring the nodule without having CT scans?

Most lung nodules are identified and followed up using CT scans, which give the best image quality to assess the nodule. Sometimes chest x-rays (equivalent to about 10 days of 'background' radiation) can be used to follow up lung nodules, but they may not give as clear images, particularly if the nodule is small. Your doctor can discuss with you whether this is right for you.

10. Do I have to have any other type of scan or investigation?

Most lung nodules require only CT scans to follow them up. However if a lung nodule has shown significant change, we may suggest further investigations. These investigations will vary significantly

between cases and be determined specifically for you. The next investigation is often a slightly different type of scan called a PET scan which can give us more information about how meaningful the change in your nodule is. Your hospital doctor or specialist nurse will talk you through these tests if they are necessary, and there is additional information available about these tests from your local hospital should these tests be needed.

11. Why can't you just biopsy (take a sample from) the lung nodule straight away?

Many nodules will never change and may resolve, whilst all biopsies are associated with some risks. This is especially the case if the nodule is very small. A small nodule may be too small to target accurately or take a good-quality sample. Therefore in these cases, we recommend further follow-up with CT scans. In most cases where the nodule has remained stable over time, the risk of a biopsy procedure outweighs the benefits.

If the nodule changes significantly, or looks worrying in any way, then we may offer the option of taking a biopsy. This is dependent on the size and location of the nodule and will be discussed with you by your hospital doctor or specialist nurse.

12. I may not be able to attend my scan. What should I do?

Attending your follow-up scans at the right time is extremely important to ensure that you receive the correct follow-up of your lung nodule.

If you find you are not able to attend an appointment, please contact the number on your scan appointment letter or contact your hospital or radiology department to reschedule the scan to a time more convenient to you. This will ensure that we can offer the appointment to someone else, so that it is not wasted.

13. If my nodule could be due to infection/inflammation, shouldn't I have antibiotics or treatment to get rid of it?

Some lung nodules can be caused by a small patch of infection or inflammation within the lung. This may not be significant enough to cause you symptoms (e.g. of a cough, or breathlessness), but can appear as changes on the scan. In most cases, your body can clear the infection/inflammation on its own. If antibiotics are necessary, you will be contacted by your hospital team.

14. How do you decide that my lung nodule needs further investigation?

When assessing a lung nodule, we look at factors such as the size, any change or growth, and how dense (solid) the nodule appears. These all help to make the decision about whether further tests are needed, or whether we recommend a further scan after a time interval. We also look at factors such as any other medical conditions you might have, in order to assess risk and support personalised decision-making.

15. Can I do anything to reduce the risk that my lung nodule might be a cancer?

There are no specific known lifestyle changes which can reduce the risk of a lung nodule becoming cancerous once detected, but we would always advocate maintaining a healthy active lifestyle.

Stopping smoking is one of the most important things that you can do both to reduce the risk of developing lung cancer, and to ensure your lungs remain as healthy as possible throughout your lifetime. There are many services available through your GP or hospital which can support you with this, and you can always ask for help to quit.

16. What happens about the lung nodule after I have been discharged?

Once your hospital team are satisfied that the lung nodule is stable, you will normally be discharged from the clinic, and will not have further CT scans. This is only once we are satisfied that the lung nodule has not shown any change over a long period of time, and reduces the amount of radiation you are exposed to by avoiding CT scans if they are not necessary. Your GP will receive a letter from the clinic summarising what has happened and the results of your scans, and many hospitals send patients a copy of this letter as well. If not, you can ask to receive a copy of the clinic letter for your own records.

If you experience any new or change in symptoms that concern you, you can discuss this with your GP, and can be referred back to hospital if necessary to be reviewed again.

17. I have completed my surveillance and have been discharged. Do I need to worry about this nodule in the future?

Your team will only discharge you when the scans show that your lung nodule is stable but it can't guarantee that you won't develop lung problems in the future. If you are worried or experience any new symptoms that concern you, please speak to your GP, who can contact your hospital team if needed. Such symptoms include chest pain, breathlessness, a new cough that lasts more than three weeks or a change in an existing cough, as well as more general symptoms such as unexplained weight loss or loss of appetite.

18. What happens if I move to a different area during my lung nodule surveillance, or after surveillance has finished?

If you move to a new area during the period over which you're having CT scans to monitor a lung nodule, you should let both your old hospital team and your new GP know. This means that your hospital team can refer you to have ongoing follow up at a closer hospital if necessary, and that your new GP can check that the referral is received.

You can always discuss with your hospital team if you would like to stay at the same hospital to complete surveillance, if this is practical for you.

If you move after surveillance has finished, let your new GP know when you register, and give them a copy of any clinic letters you have so they can make sure their records are up to date. If you need further CT scans of your lungs to review a nodule in the future, it is usually possible to electronically transfer your old scans to the hospital that you are being seen at, and the hospital team can arrange this if they know where you were seen previously.

19. Where can I find more information about lung nodules?

The 'Understanding Lung Nodules' leaflet available with this document is a good starting point to learn about your diagnosis. The British Lung Foundation have also produced a helpful webpage which gives an overview of how the lungs work, which you may find useful, and which can be accessed below.

British Lung Foundation
About the lungs [blf.org.uk](https://www.blf.org.uk)

www.blf.org.uk/support-for-you/how-your-lungs-work/about-the-lungs

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