

## Incidental Findings Guideline for Lung Cancer Screening for Primary Care

### **Background to Lung Cancer Screening**

The Lung Cancer Screening Programme has been rolled out via the NHS England and Wessex Cancer Alliance. The aim of the programme is to change the late staging of lung cancer at the time of presentation. This enables better outcomes and treatment options for any participant.

### **Main Incidental findings impacting Primary Care**

#### **Coronary Artery Calcification**

**Reported** if moderate or severe only, mild is no longer reported.

**Action:**

- If the patient is already on a statin, this can be continued and dose-adjusted to get the LDL to target. If not on a statin please consider starting 40mg Atorvastatin. This is due to the objective evidence of coronary artery calcification on the LDCT.
- Manage as per primary prevention guidelines aiming for a >40% reduction in LDL<sup>1</sup>
- Provide lifestyle advice such as diet and exercise and aim for optimal management of BP.

*If the participant has any concerning symptoms of CAD, then referral on pathways already in place to cardiology should be undertaken.*

#### **Aortic valve calcification**

**Reported** if moderate or severe

**Action (No Primary Care Action Required):**

- An echocardiogram will be booked by the LCS team
- Cardiology will review results and arrange follow up if required

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#### **Emphysema**

**Reported** if moderate (25-50%) or severe (>50%) only, mild is no longer reported.

**Background:** Emphysema is a radiological finding on CT imaging. Findings including permanent enlargement of the air spaces distal to the terminal bronchioles and destruction of their walls without fibrosis<sup>2</sup>. Emphysema reported as moderate or severe is likely to infer COPD but can only be diagnosed with spirometry. GOLD guidelines<sup>3</sup> state a diagnosis of COPD requires spirometry with a FEV1/FVC <0.7 post bronchodilator.

Smoking cessation is one of the essential treatments for COPD and emphysema. Any patient involved in the Lung Cancer Screening will have been offered smoking cessation locally and be referred.

**Action:**

- Follow the Hampshire and Isle of Wight COPD Management and Prescribing Guidelines to review symptoms, if any, and confirm diagnosis.  
[https://www.hantsiow.icb.nhs.uk/application/files/7916/9228/0581/CS54999\\_HIOWICB\\_CO PD\\_Guidelines\\_update\\_PRF4.pdf](https://www.hantsiow.icb.nhs.uk/application/files/7916/9228/0581/CS54999_HIOWICB_CO PD_Guidelines_update_PRF4.pdf) .

- If spirometry is not available in primary care, then please refer for spirometry at Andover CDC. This is bookable through the ERS system located under diagnostic physiological. The service name is Respiratory. <https://www.hampshirehospitals.nhs.uk/clinicians/hampshire-hospitals-referral-guidance-forms-useful-information>.
- Advice and Guidance is also available for further clinical input if required.
- As per NICE Guidelines incidental findings of emphysema on chest radiograph or CT scan should not be coded as COPD without correlation with symptoms and spirometry<sup>4</sup>.

#### References

1. <https://cks.nice.org.uk/topics/lipid-modification-cvd-prevention/management/primary-prevention-of-cvd/>
2. [https://www.thoracic.theclinics.com/article/S1547-4127\(09\)00012-7/abstract](https://www.thoracic.theclinics.com/article/S1547-4127(09)00012-7/abstract)
3. [https://goldcopd.org/wp-content/uploads/2020/03/GOLD-2020-POCKET-GUIDE-ver1.0\\_FINAL-WMV.pdf](https://goldcopd.org/wp-content/uploads/2020/03/GOLD-2020-POCKET-GUIDE-ver1.0_FINAL-WMV.pdf)
4. <https://www.nice.org.uk/guidance/ng115/chapter/recommendations#spirometry>