



Rx FOR SUCCESS

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.

BENIGN FEATURES	SUSPICIOUS FEATURES
<ul style="list-style-type: none"> • Calcification: central, popcorn, or laminated • Margin: smooth 	<ul style="list-style-type: none"> • Margin: scalloped, corona radiata, or spiculated • Calcification: stippled/eccentric • Radiologist recommends biopsy or declares suspicious for malignancy

Underwriting requirements: APS is required for five years after any admission of lung nodule. (A CXR should not be ordered.)

RATINGS	
Low risk for malignancy <ul style="list-style-type: none"> • Has both benign features (See above) and stable* for six months, or • Radiologist declares benign (no follow-up recommended) 	0

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RATINGS (CONTINUED)

<p>Not clearly benign but is a non-tobacco user (or has not used any form of tobacco for over seven years), no cancer history (other than basal cell or squamous cell skin), radiologist does not recommend follow-up, and no known suspicious features (See above):</p> <ul style="list-style-type: none"> • $\leq 4\text{mm}$ • $\geq 4\text{mm}$ 	<p>Postpone until declared benign by radiologist, or at least one year stability.*</p>
<p>Not clearly benign, but has no known suspicious features (See above)</p> <ul style="list-style-type: none"> • Tobacco user (or tobacco use within seven years), or • Has cancer history (other than basal cell or squamous cell skin) 	<p>Individual consideration will be given depending on age, size, length of stability* (minimum of two years), and smoking status.</p>
<p>With any suspicious feature (See above)</p>	<p>Individual consideration will be given depending on age, size, length of stability* (minimum of two years), and smoking status.</p>
<p>With conclusive biopsy</p>	<p>Rate for final diagnosis (cancer, TB, sarcoid, fungus, etc.).</p>

* Stability is defined as no change in size, shape, or radiographic features on repeat testing.

To get an idea of how a client with a history of a pulmonary nodule on chest x-ray tests would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Pulmonary Nodules, use this Ask “Rx”pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client has a history of a pulmonary nodule on chest x-ray, CXR, or scan (such as CT or MRI), please answer the following questions.

1. Please provide this information.

- 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. _____
- No

4. Has your client ever had cancer?

- Yes. Please give details. _____
- No

5. Has your client smoked cigarettes?

- In the last 12 months? Yes No
- In the last 7 years? Yes No

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

- Yes. Please give details. _____
- No