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| **Towards Virtual Nodule Care (VNC) for the Management of Indeterminate Solitary Pulmonary Nodules (SPN): A Literature Review** |
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| **Introduction/Aim:** With increasing detection of indeterminate Solitary Pulmonary Nodules (SPN), conventional outpatient service delivery may be insufficient. Alternatively, patients referred with SPN could potentially be managed in a virtual nodule clinic (VNC) telehealth model.  **Methods:** We systematically reviewed the literature for VNC effectiveness, by searching EMBASE, CINAHL and Medline databases for articles/abstracts using terms: solitary pulmonary nodule; multidisciplinary team; computer tomography; telehealth OR virtual care OR virtual management, which was extended by pearling. A narrative synthesis was performed due to limited data and heterogeneity.   **Results:** 21 studies met inclusion criteria, reporting diverse outcome measures, including surveys of patient satisfaction, guideline adherence and healthcare costs. Generally, virtual follow up was associated with higher rates of patient satisfaction. Three studies assessed adherence to Fleischner guidelines; (i) 40% of clinicians (n=50) were guideline-concordant in the current model, compared to 92% (n=49) in the VNC model; (ii) (n=365) showed that 43.8% were discharged after the first evaluation, with 66.9% previously receiving follow-up per guidelines, (iii) (n=319), 40.3% of patients were discharged after initial evaluation. In the remaining studies, four described the cost-effectiveness of VNCs; (i) (n=57) reported a median cost per patient per review of $134.30 in the VNC compared to $282.06 in usual care; (ii)  (n=157) found that a cost per episode for virtual consultations of $120, 47.4% less than in-person consultations; (iii) (n=21) demonstrated cost savings with telephone consultations, with reduced travel time and cost for patients; (iv) (n=97) showed cost savings of £83.13 per patient per review.  Out of the 21 articles reviewed, 6 were abstracts with no access to the full text, introducing a potential risk of bias. **Conclusion:** The widespread use of virtual platforms presents an opportunity for broader implementation of hybrid and adaptable patient care. Further research is needed to explore the applicability and utility of VNC within the healthcare system.  **Grant Support:** None**Declaration of Interest:** No conflicts of Interest**Key words:** Telehealth, Virtual Nodule Clinic, Pulmonary Nodules**Approved abbreviations** VNC: Virtual Nodule Clinic, SPN: Solitary Pulmonary Nodule **Co-authors** Submission of this abstract has been approved by all co-authors.  |