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| **Reporting of Incidental Findings Identified in Lung Cancer Screening** |
| White CJ1,2, Tonga KO1,2,3, Silverstone E4, Milner B4, Nguyen D4, Hsu E4, Marshall HM5,6, Yang I5,6, Fong KM5,6, Manser R7,8,9, Bonney A7,8, Brims F10,11, McWilliams A12,13, Hu X1, Rofe C14, Stone E1,2 |
| *1 Lung Transplant & Thoracic Medicine Unit, St Vincent’s Hospital, Sydney, NSW Australia*  *2St Vincent’s Clinical School, The University of New South Wales, Sydney, NSW Australia*  *3Northern Clinical School, Faculty of Medicine & Health, The University of Sydney, Sydney, NSW Australia*  *4Radiology Department, St Vincent’s Hospital, Sydney, NSW Australia*  *5Thoracic Medicine Department, The Prince Charles Hospital, Brisbane, QLD Australia*  *6The University of Queensland, Thoracic Research Centre, Brisbane, QLD Australia*  *7Department of Respiratory and Sleep Medicine, Royal Melbourne Hospital, Victoria, Australia*  *8Department of Medicine (RMH), The University of Melbourne, Victoria, Australia*  *9Department of Internal Medicine, Peter MacCallum Cancer Centre, Victoria, Australia*  *10Department of Respiratory Medicine, Sir Charles Gairdner Hospital, Western Australia, Australia*  *11Curtin Medical School, Curtin University, Western Australia, Australia*  *12Department of Respiratory Medicine, Fiona Stanley Hospital, Western Australia, Australie*  *13The University of Western Australia, Western Australia, Australia*  *14Sydney Children’s Hospital, Sydney, New South Wales, Australia* |
| **Introduction/Aim:**  Incidental findings (IF) are frequently identified on screening low-dose computed-topography (LDCT) scans performed in high-risk smokers to detect lung nodules. Standardisation for reporting of lung nodules exists however standardised methods for reporting IF are lacking. We aimed to describe commonly reported IF and compare variability in reporting of IF using LDCT performed for the International Lung Screen Trial (ILST) at two scan time-points.  **Methods:**  Eligible participants recruited for lung cancer screen at St Vincent’s Hospital, Sydney as part of the ILST ([www.clinicaltials.gov](http://www.clinicaltials.gov), NCT02871856) had LDCT at baseline and 2 years with prospective reporting of IF. The LDCT reports were reviewed to identify IF grouped into the following categories: emphysema, lung fibrosis, lymph node changes, pleural changes, cardiac findings, upper abdomen findings or other. The reporting of IF in the same patients were compared between their two LCDT using Fleiss kappa coefficient.  **Results:**  335 participants were included for review with two LDCT performed in 239 participants following patient dropout (124 female; 124 former and 115 current smokers; mean±SD smoking pack-years 48.2±22.1; age 64±6.1 years). At time-point one, any IF was reported in 275/335 (82.1%) participants. There was at least moderate concordance in the reporting of IF between time-points one and two in the same participant.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | N=239 | Time-point one | Time-point two | Fleiss kappa coefficient (95%CI) | P-value | | Emphysema | 123 (51.5%) | 137 (57.3%) | 0.85 (0.72-0.97) | <0.0001 | | Lung fibrosis | 24 (10.0%) | 26 (10.9%) | 0.64 (0.52-0.77) | <0.0001 | | Lymph node | 15 (6.3%) | 16 (6.7%) | 0.62 (0.49-0.74) | <0.0001 | | Pleural | 13 (5.4%) | 17 (7.1%) | 0.64 (0.52-0.77) | <0.0001 | | Cardiac | 42 (17.6%) | 59 (24.7%) | 0.43 (0.30-0.56) | <0.001 | | Upper abdo | 78 (32.6%) | 94 (39.3%) | 0.63 (0.50-0.76) | <0.0001 |   **Conclusion:**  Reporting of IF in LDCT performed in high-risk smokers demonstrates a range of pulmonary and extra-pulmonary changes with at least moderate concordance between the two scan timepoints in the same participant. The impact of IF detection and variability in reporting of IF on clinical care is not known. Further analysis and longitudinal studies are required to determine a standardised approach to IF reporting.  **Grant Support:**  Nil |