

Advice to GPs regarding TLHC CT reports

November 2021

Dear Colleagues,

Your patient has recently undergone screening as part of the Targeted Lung Health Check Project (TLHC). This will have included a symptom questionnaire, and possibly a low dose non-contrast CT of the thorax.

This is a centrally funded initiative, which is being piloted in Blackpool and Blackburn with Darwen, because of the high levels of respiratory disease in our region. The project is being overseen by local clinicians, but the screening is contracted out to Alliance Medical and their partner companies.

You will have received a report of the findings, and I'd like to offer some thoughts and advice as to how you may wish to proceed.

Significant findings:

● Lung Cancer

o A small number of initial CT scans will demonstrate findings suggestive of established lung cancer. These patients will be automatically referred to the local Lung Cancer MDT. They will have been informed beforehand that this is a possibility, and will be informed of the findings by the MDT.

● Enlarging Nodules

o A larger number of scans will demonstrate a potentially significant nodule. It is not, at this stage, possible to determine whether this nodule is cancerous or not. A majority will be benign, whereas some will develop features consistent with lung cancer. Patients will automatically receive appointments for follow-up scans. They will be contacted by members of the TLHC team

● Other Cancers

o Occasionally, a chest CT will demonstrate findings suggestive of cancers other than lung (such as breast, oesophagus or upper abdomen). The CT protocol that is used is not designed to screen for cancers of all organs and can't exclude them. Obviously, though, if these lesions are found incidentally, they require investigation and treatment in the normal way.

o **The Lung Health Check Team will arrange referral to the appropriate MDT if findings suggestive of cancer are found**

● Other Respiratory Findings

o A minor degree of respiratory pathology, such as bronchiectasis or fibrosis, is common as part of the complex of findings related to smoking related lung disease. It does not usually require specific investigation or follow-up. However, if it is judged by the reporting

radiologist that significant respiratory pathology is present, respiratory referral will be arranged

o **The Lung Health Check Team will arrange referral to the respiratory team if findings suggestive of significant nonmalignant respiratory pathology are found**

● **Bone Disease**

o **Acute fractures or findings suggestive of bone malignancy will be referred to secondary care by the Lung Health Check Team**

o Healing fractures, particularly of vertebral bodies, are relatively common, and may indicate reduced bone mineral density due to osteoporosis or osteomalacia.

Such patients may benefit from drug treatment after screening for osteoporosis.

However, it is our experience that many such patients are already on treatment. **If suggested by the report, please check the patient's primary care records and consider referral for DEXA scanning if appropriate**

● **Other Incidental Findings**

o **Vascular disease**

Atherosclerotic disease and minor malformations will not be reported. More significant disease, particularly aortic aneurysms will be reported, and if significant, will be referred to the vascular or thoracic surgery teams who will arrange follow up or further assessment. A degree of ascending aorta dilation is common, and if significant (usually >4.5 cm in diameter) or if worrying features are present, the patient will be referred to the Cardiothoracic surgeons for assessment and follow up. **The Lung Health check team will make the appropriate referral and contact the patient.**

o **Incidental cysts and nodules**

It is very common to detect nodules and cysts within kidneys, liver, thyroid and so on. The reporting radiologist will try hard to characterize these lesions as benign or requiring further assessment. These patients will often be discussed at the TLHC MDT, to determine whether further action is required.

If further assessment is required, this will be instituted by the Lung Health Check Team, who will make any onward referral that is required

Non – significant Findings

In this patient group, incidental findings are so common as to be normal. Patients will be offered advice on healthy living as part of the Lung Health Check, but some specific advice is given below.

● **Emphysema/COPD**

o In older patients with a significant smoking history, a degree of emphysema is universal, and will have been present for years.

o The diagnosis may be made from spirometry or from CT, and the severity will vary greatly from patient to patient

o Secondary Care referral is not usually necessary

o You may wish to offer advice on exercise and smoking cessation, although some information will have been offered at the Lung Health Check

o You may wish to add the patient to the COPD register

- **Coronary Artery Calcification**

- Coronary artery calcification is very readily detected by CT, and indicates a degree of coronary artery atherosclerosis.
- It is present in a majority of patients over 50, particularly smokers
- It correlates very poorly with symptomatic ischaemic heart disease, which depends more on the nature and site of atherosclerotic disease
- It doesn't, unless symptomatic, require secondary care referral. However, you may wish to consider risk factor modification, and a Q risk score

- **Covid - 19**

- This project has undergone many modifications as a result of the Covid epidemic
- Patients will be screened for symptoms of Covid 19 before attending for a CT scan.
- Covid 19 can produce characteristic CT changes of recent infection, and also more non-specific chronic changes.
- A normal CT does not exclude Covid infection
- Some asymptomatic patients will prove to have CT features suggestive of Covid 19 infection
- **If features of Covid infection are present on the screening CT, the patient will be contacted by telephone by the TLHC project nurse as soon as possible**
 - **The patient will be advised to book a Covid test online or over the phone**
 - **If the patient reports symptoms, they will be advised to contact their GP for a telephone consultation on the same or following day**

Kind Regards,

John Howells (Clinical Director for Targeted Lung Health Checks)