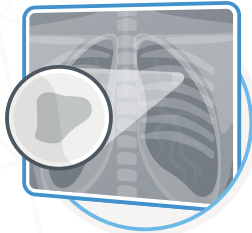


# Navigating with purpose:

The **patient's journey** through **incidental pulmonary nodule** findings

**Incidental findings** are abnormalities uncovered unintentionally and often unrelated to the condition that prompted an exam. **Pulmonary nodules** are abnormal growths that form in a lung. They can be identified on imaging scans, such as X-ray and computed tomography (CT) scans.

Most pulmonary nodules are benign, but some can indicate the presence of lung cancer. Incidental pulmonary nodule (IPN) findings may allow more patients with lung cancer to be diagnosed at earlier stages. Detecting lung cancer at an early stage may help improve prognosis. But there are many barriers in the way of patients receiving the care they need. We've outlined the top needs and challenges along the IPN patient journey here.



**Patient gets imaging**  
Patient gets imaging scan for an **unrelated issue**.

**Radiologist finds incidental pulmonary nodule**  
A radiologist, independently or assisted by an algorithm, **identifies a nodule meriting subsequent follow-up**.

**Radiologist notifies ordering provider**  
The radiologist puts IPN findings in the report and **notes necessary follow-up for the ordering provider**.

**Not all patients have a PCP<sup>3</sup>.**  
This could add another barrier to proper patient follow-up and management. Providers should be clear with their language and instructions to ensure the patient understands their next steps.

**Ordering provider tells patient**  
The ordering provider must understand, follow, and communicate clinical guidelines.  
  
Patient must understand **medical jargon** and **necessary follow-up**, including timelines and access, as well as actually wanting to receive follow-up care.

**Patient gets follow-up**  
The patient must know a few key things to receive the necessary follow-up, including:  

- The **specific follow-up** they need
- **Where to receive** that follow-up
- **How to schedule** the visit
- **How to navigate** their insurance

Providers can also use automated reminder services to increase likelihood of patient follow-up.

**Ongoing patient management**  
The patient likely needs to be **tracked for years after the initial finding**. Information sharing and interoperability between different care sites can make this process more seamless.

**Challenges**  
  
The radiologist could miss the nodule because they are focused on other matters.  
  
Organizations need both funding for an AI<sup>1</sup> program and buy-in from radiologists and referring clinicians.

**Challenges**  
  
There is often confusion over next steps, including:  

- Findings not prominent in report
- Unclear next steps
- Ordering provider unfamiliar with IPNs<sup>2</sup> and associated guidelines

**Challenges**  
  
While radiologists have the most expertise on IPNs, they are usually not in charge of a patient's follow-up care. If organizations lack formal follow-up processes for IPNs, patients may not receive the care they need.  
  
Additionally, there can be patient communication barriers, including language barriers. Patients might not understand why follow-up is necessary, or they might be so terrified of the possibility of having lung cancer that they don't want to act.

**Challenges**  
  
There are many barriers to patients getting follow-up care for an IPN, including:  

- Lung cancer stigma
- Access barriers such as transportation, housing insecurity, time constraints, medical literacy, health insurance, and more

Incidental findings often aren't resolved after one follow-up visit and need to be tracked for many years.

**Challenges**  
  
In addition to barriers listed above, patient adherence to the care plan will be a major challenge as time passes.

<sup>1</sup> Artificial intelligence.  
<sup>2</sup> Incidental pulmonary nodule.  
<sup>3</sup> Primary care provider.  
  
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