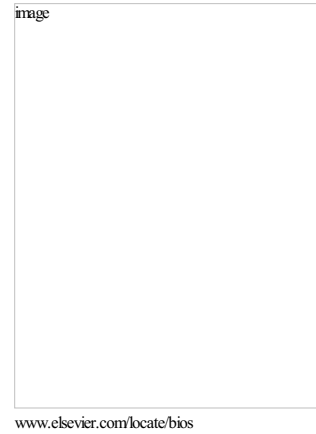


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Lung cancer is the leading cause of cancer-related mortality in the US and accounts for more deaths than breast, prostate, and colon cancers combined. Radiologists play a major role in the detection of lung cancer, in establishing the diagnosis, and in the follow-up of patients undergoing surgery or non-surgical treatment. This issue focuses on the wide range of tasks in which the radiologist's expertise is required in the domain of lung malignancies.

The issue opens by outlining the approach to the incidentally detected lung nodule. Incidental pulmonary nodules are commonly encountered when interpreting chest CTs. The management of these nodules is challenging given that they may represent malignant, inflammatory or other benign etiologies that are difficult to discriminate. The approach to diagnosis requires integration of radiographic features (e.g., nodule size and characteristics) with disease risk factors, comorbidities and patient preferences. Guidelines have been issued for the management of both solid and subsolid nodules, with the Fleischner Society issuing revised guidelines in 2017. The article focuses on the CT imaging characteristics and clinical behavior of pulmonary nodules, with review of the current management guidelines shaped by this knowledge.

The second paper reviews the Lung-RADS. Many institutions in the US are currently implementing lung cancer screening programs. Lung-RADSTM (Lung-imaging Reporting And Data System) is a system for classifying findings in low dose CT screening exams of lung cancer. The use of Lung-RADS as a quality assurance tool allows standardization of the lung cancer screening CT lexicon, reporting and management recommendations. The system thus reduces confusion in lung cancer screening CT interpretations. Familiarity with lung-RADS version 1.0 is essential not only for radiologists interpreting LDCT screening studies, but all medical personnel involved in multidisciplinary lung cancer screening programs. The paper covers categories of findings and management recommendations using a case-based approach.

Incidental findings detected by low-dose CT are highlighted in the third paper along with the currently accepted management recommendations. Inevitably, a wide range of incidental findings are detected during the annual screening for lung cancer, not only in the chest but also in the lower neck and upper abdomen that are included in the scan. Distinguishing which findings have little or no clinical consequence and which are significant enough to require

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