National Trends in Benign Pulmonary Resections
Association With CT and PET Imaging

To the Editor:

Benign pulmonary resections confer unnecessary risk and cost without concomitant benefit. At our institution, in the Bronx, New York, we noted an increase in the proportion of benign granuloma resections after we acquired a PET scanner. However, our institution has a large HIV clinic and an ethnically diverse patient population, with many immigrants from countries where TB is endemic. We set out to determine the relationship between imaging and benign pulmonary resections on a national level.

We retrospectively identified patients who underwent pulmonary resections between 1993 and 2008 using the Nationwide Inpatient Sample (> 588 million hospitalizations). Those patients who were discharged with diagnoses that could present as a PET scan-avid pulmonary nodule were included in this analysis. Annual CT and PET scan use was derived from IMV (a data source that compiles imaging data). We examined the number of benign pulmonary resections and the proportion of benign resections (benign/total) for the 15-year period from 1993 to 2008, adjusting for annual national adult population estimates.

Pulmonary resections overall increased from 43,000 in 1993 to 51,000 in 2008, and benign pulmonary resections increased from 8,000 to 13,000. The proportion of benign resections increased from 18% in 1993 to 24% in 2001 and remained stable at about 25% from 2002 to 2008 (Fig 1). A linear increase in CT scan use was observed \( r = 0.99, P < .001 \) during the study period (1993-2008) from about 16 million to almost 62 million CT scans (Fig 2A). Starting in 2001, when data became available, there was a similar linear increase \( r = 0.92, P < .001 \) in PET scan use from 0.24 million to almost 1.3 million scans (Fig 2B).

Pulmonary resections with a benign diagnosis increased in the United States from 18% of total pulmonary resections in 1993 to 25% in 2008, coinciding with a dramatic increase in CT scan use. The bulk of the increase occurred before 2001, when PET scanning came into broad clinical use and subsequently stabilized at one-fourth of all resections from 2002 to 2008. Results of PET scanning may have prevented an ongoing increase in the proportion of benign pulmonary resections or perhaps the stabilization reflects the population prevalence of benign disease.

The US Preventive Services Task Force recommendation supporting CT scan screening for lung cancer, if adopted...
into clinical practice, will result in the identification of many lung nodules. Further investigation is urgently needed to define whether additional imaging or biomarker diagnostics could help reduce the undesirably high proportion of benign pulmonary resections.

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Preliminary analysis was presented at the Radiological Society of North America Annual Meeting, November 27, 2012, Chicago, IL.

FINANCIAL/NONFINANCIAL DISCLOSURES: The authors have reported to CHEST the following conflicts of interest: Dr Haramati’s spouse is a board member of Kryon Systems, LTD; Bioprotect, LTD; and OrthoSpace, LTD. Drs Hsu, Achkar, Keller, Bailey, and Cohen have reported that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

FUNDING/SUPPORT: Supported in part by the Clinical and Translational Science Award [Grant 1 UL1 TR001073-01, 1 TL1 TR001072-01, 1 KL2 TR001071-01] from the National Center for Advancing Translational Sciences, a component of the National Institutes of Health; the National Institute of Allergy and Infectious Diseases [Grants AI096213 and AI096213 to Dr Achkar]; and the Center for AIDS Research (CFAR) at the Albert Einstein College of Medicine [AI-51519 to Dr Achkar].

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DOI: 10.1378/chest.14-2423

Acknowledgments

Role of sponsors: The sponsors had no role in the design of the study, the collection and analysis of the data, or the preparation of the manuscript.

References


