

Correction

Callister ME, Baldwin DR, Akram AR, *et al.* British Thoracic Society guidelines for the investigation and management of pulmonary nodules. *Thorax* 2015;70(Suppl 2):ii1-ii54.

Reference 74 is incorrect. It should read 'Horeweg N, van Rosmalen J, Heuvelmans MA, *et al.* Lung cancer probability in patients with CT-detected pulmonary nodules: a pre-specified analysis of data from the NELSON trial of low-dose CT screening. *Lancet Oncol* 2014;15:1332–41.'

Initial assessment of the probability of malignancy in pulmonary nodules

The Guideline Development Group wishes to clarify evidence and recommendations concerning the threshold for discharging patients with previous or active cancer. Screening studies that provide data on risk of malignancy in pulmonary nodules excluded patients with previous cancer (specifically any diagnosis of melanoma, renal, breast or lung cancer within 5 years in NELSON) or active cancer. As stated in the guideline, there is limited and conflicting evidence about the rate of malignancy of nodules in people with extra-thoracic cancer. The GDG wanted to ensure there was caution regarding discharging patients with very small nodules in the context of previous or active cancer where the risk of malignancy may be higher. **Thus nodule follow-up below the threshold of <5mm maximum diameter or <80 mm³ volume for people with a history of previous or active cancer should be considered according to clinical judgement.**

The recommendations that relate to this are:

Consider using the presence of previous malignancy as a factor in the risk assessment for further investigation (Grade D) Thorax 2015;70(Suppl 2):ii1–ii12.

Do not prioritise management of pulmonary nodules according to the route of presentation (Grade D) Thorax 2015;70(Suppl 2):ii1–ii12.

Do not offer nodule follow-up for people with nodules <5 mm in maximum diameter of <80 mm³ volume (Grade C) Thorax 2015;70(Suppl 2):ii1–ii17.

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