table solutions. My guess is that the real limitation is concern about the medical-legal implications of not following up on incidental findings, although there have been few studies of such concerns. But physicians—not lawyers—create the beast that they most fear, the standard of care. What if all radiology societies declared that, as of a certain date, the new standard of care was erasing or not acquiring unwanted images outside the body area of interest? Could this approach solve this vexing problem?

This proposed solution would not address incidental findings seen in the body area of interest, such as the pulmonary nodules that my patient had. It also would not address incidental pulmonary nodules found on CT scans obtained for coronary calcium scoring. Follow-up of such incidental findings is probably an inevitable consequence of the use of advanced imaging, and it has been argued that patients have the right to know about them. A more contentious proposal would be to more precisely focus imaging even within the body area of interest (eg, the brachial plexus and lung apices on my patient’s chest CT scan). Taking that additional step would lead to subjective judgments regarding how narrowly focused the imaging examination should be and potential complex decisions regarding how more limited examinations would be billed. Nonetheless, mitigating the problem of incidental findings by limiting scans to the body area of interest would be a major step forward.

Chasing my patient’s incidental findings was low-value health care. I certainly deserve a share of the blame for letting the cascade go on for as long as it did. Approximately 50% of people harbor thyroid nodules and 5% have adrenal nodules, although few people die of thyroid or adrenocortical carcinoma. I am especially thankful that the 2 contrast reactions that my patient experienced along the way were relatively mild. To increase the value of health care and reduce its harms, novel solutions are needed that get to the root causes of problems, such as the solution that I propose here.

ARTICLE INFORMATION
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REFERENCES

When Is It Better Not to Know Everything?

Rita F. Redberg, MD, MSc

This vignette illustrates an all-too-common problem—the incidentaloma—and one guaranteed to become more frequent because the US Preventive Services Task Force has just endorsed chest computed tomography for lung cancer screening, even beyond the population and frequency studied in the National Lung Screening Trial. It is critical to consider the price of our abundance of high-quality medical imaging. We need to seriously ponder our practice of following up on every incidental finding, no matter how unrelated to the presenting symptoms, with the recommendation of additional imaging and procedures. Fortunately, this patient “only” had 2 mild contrast reactions, which are uncomfortable, but one can expect a full recovery. Not all are so lucky. The more important question is what benefit could possibly come of working up all of these findings. Remembering our Less Is More principle, if there is no known benefit, all procedures and tests have some harms. For example, this patient received approximately 50 mSv of radiation (to convert to rems, multiply by 0.1), with the associated increased cancer risk.

Editor’s Note

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