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

Opinion Viewpoint

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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 nodules8 and 5% have adrenal nodules,7 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