



2026

RESEARCH METHODOLOGY

A framework to support the implementation of **IPN management programmes**



**LUNG CANCER
POLICY NETWORK**

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About this document

The **Lung Cancer Policy Network** was established in 2021, and it works to equip and inspire policymakers around the world to make improving survival from lung cancer a policy priority. Since then, the Network has grown to over 115 members from across 39 countries and territories, representing healthcare professionals, researchers, patient organisations and industry partners. The Network generates consensus-driven, evidence-based insights and translates them into practical recommendations for policymakers, health system leaders and advocates. It connects expertise across countries and disciplines, enabling faster progress through shared learning, aligned advocacy and coordinated action.

To help the Network achieve one of its goals – the earlier detection and diagnosis of lung cancer – it has developed a framework to support the implementation of incidental pulmonary nodule management programmes. This document outlines the research methodology used to develop the framework.

Suggested citation

Lung Cancer Policy Network. 2026. *A framework to support the implementation of incidental pulmonary nodule (IPN) management programmes: research methodology*. London: The Health Policy Partnership



Background

IPN management

Incidental pulmonary nodules (IPNs) are a common finding on medical imaging, including computed tomography (CT) scans and X-rays taken for a variety of reasons, such as during imaging of the head and neck, heart and abdomen, or during presentation in the emergency department.¹⁻³ IPNs are lesions found in the lung that are less than or equal 30mm in diameter; they are estimated to be present in 27–50% of the adult population.⁴⁻⁷ Most IPNs are benign and present no cancer risk, but an estimated 1.5% are malignant and indicate lung cancer.⁷

In 2024, the Network published the report [*Enhancing the earlier detection of lung cancer: effective management of incidental pulmonary nodules*](#). It assessed the impact of optimal IPN management on the earlier detection of lung cancer and provided recommendations for policymakers to implement robust IPN management strategies.

Implementing IPN management programmes can be a complex process. It requires careful assessment of the current health system, and a considered approach to implementation that reflects local capacity and processes.

Health system readiness for IPN management

Implementing an effective IPN management programme requires a health system that is genuinely prepared to adopt and sustain it. Because IPN management touches multiple parts of the care pathway, from radiology and data systems to specialist review and patient follow-up, health systems need the right foundations to ensure the programme works smoothly and delivers earlier diagnoses. Assessing readiness identifies strengths, gaps and practical steps needed to integrate IPN management without disruption, so the programme can operate reliably and deliver long-term impact.

To support people involved in the planning and delivery of IPN management programmes, the Network developed a bespoke framework.

The framework

The framework is a series of metrics organised around six domains of the health system. It helps users:

- assess how ready a health system is to implement an IPN management programme and how to deliver it
- outline the key requirements for implementing an IPN management programme
- address gaps in service delivery to facilitate the implementation of an IPN management programme.

The framework also signposts users to: technical guidance to enhance their use of the framework; external resources that support the implementation of IPN programmes; case studies of best-practice programmes; and expert perspective videos that outline key considerations for the domains of the framework.

The framework was developed iteratively with Network members and experts. You will find a more detailed outline of the development of the framework in the subsequent report.



Scoping research to develop the initial framework

Initial framework development

To increase the impact of the findings from the Network's report on the effective management of IPNs, the Network developed [A framework to support the implementation of IPN management programmes](#). This helps users assess their health system for readiness for a programme, and guides them to implement their own. The framework was based on the Network's existing [A framework to support the implementation of LDCT lung cancer screening](#), which was published in 2023.

The Network conducted a pragmatic literature search in early 2026 to identify any additional literature on IPN management that had been published since the development of the Network's report on optimal IPN management in 2024. The research was also used to identify potential locations for testing the framework (*Table 1*) based on successful implementation of an IPN management programme.

Based on this research, and consultations with Network members who have expertise in IPN management, the Network developed an initial structure for the draft framework categorised by six domains of the health system (*Box 1*).

Box 1. Domains included in the initial draft of the framework

- Domain 1: Governance
- Domain 2: Workforce and technical capacity
- Domain 3: Financial planning
- Domain 4: Nodule detection, risk assessment and engagement
- Domain 5: Service delivery
- Domain 6: Data collection and monitoring, and evaluation

Framework testing and refinement protocol

The framework was tested by applying it to five locations where IPN management programmes had been successfully implemented. Using the search strategy for the pragmatic literature review, a range of programmes was identified. *Table 1* outlines the prospective programmes and the perceived level of their implementation and impact.

Table 1. Shortlist of potential IPN management programmes to test the framework

Programme	Description	Implementation and impact
Integrated IPN clinic and comprehensive screening programme at Arnau de Vilanova and Santa Maria University Hospital, Lleida, Spain ⁸	Between 2023 and 2025, a virtual IPN clinic was implemented alongside a lung cancer screening programme. ⁸ People with IPNs were seen in a virtual clinic by a pulmonary nodule nurse navigator, who assessed individual risk. ⁸ Depending on risk level, patients were managed by their primary care doctor (as per Fleischner Society guidelines); through a multidisciplinary lung cancer screening committee; or by being referred to the health system's lung cancer diagnostic fast track. ⁸ Of the 481 people evaluated through the IPN clinic, 7 (1.5%) were diagnosed with lung cancer and 4 were diagnosed at stage I. ⁸	- The programme is still in testing phase and has not been fully implemented into the health system. - Most of the programme outcomes are focused on the screening programme, not the IPN clinic. - The programme demonstrates the integration of IPN management into an existing health system. - The small sample size, and the number of diagnoses made in the IPN clinic, mean that extrapolation of programme findings is limited.
IPN management as part of the Mid-South Miracle programme of the Baptist Memorial Health Care Corporation, US ⁹	The IPN programme was set up as part of a wider early detection approach, the Mid-South Miracle, which aims to reduce deaths due to lung cancer by 25% by 2030. ¹⁰ Radiology reports are analysed using a natural language processing tool, which identifies potentially malignant nodules. ¹¹ Programme navigators contact patients to recommend follow-up care using a purpose-built digital dashboard. ¹¹ Follow-up care is provided by multidisciplinary teams in	- The programme was based on a seminal study that demonstrated the efficacy of IPN management – even with a screening programme in place. - The IPN programme is part of a wider multidisciplinary, wrap-around care approach. - Extensive programme outcome data are available.

	the Mid-South Miracle programme. ¹¹	
Pulmonary Nodule Service at a National Referral Centre for Respiratory Medicine; Sotiria Athens Chest Diseases Hospital, Greece ¹²	An in-person clinic was set up to manage IPNs in 2018. Referrals are made by other clinicians and triaged by a respiratory consultant.¹² If they are enrolled in the service, patients attend a face-to-face appointment to discuss their nodule.¹² A multidisciplinary team meets to discuss cases and decide how to manage nodules.¹² A review of the service between 2014 and 2024 demonstrated a 7% lung cancer diagnosis rate, with all diagnoses made at stage I or II.¹²	• The programme has been in place for a number of years, so there are extensive outcome data to assess. • The programme is an example of in-person service delivery.
Lung Nodule Service in Nottingham University Hospitals NHS Foundation Trust, England ¹³	The LNS was set up in 2015.¹³ The service has adapted, so now radiographers are responsible for reviewing referred patients' imaging and measuring nodules to assess malignancy.¹³ Radiographers prepare cases, bring them to weekly multidisciplinary team meetings and discuss ongoing care.¹³ A 2020 analysis of the service found the delivery model of using radiographers in place of radiologists saved £7,500 per clinician annually.¹³	• The programme uses a novel approach to workforce training and education to manage capacity constraints. • The programme has been in place for 10+ years, so extensive outcome data and insights are available. • The programme has undergone iterative improvements based on workforce feedback.
The Lung Nodule Service in Oxford University Hospitals NHS Foundation Trust, England ¹⁴	A nurse-led virtual IPN programme was set up in 2022.¹⁴ Referrals are made into the service by clinicians in the health system.¹⁴ Two specialist nurses, who have received training from radiologists, analyse referred imaging and determine whether	• The programme is an example of implementation into clinical practice. • Workforce education and training were implemented to maximise workforce capacity.

	follow-up care is needed.¹⁴ The specialist nurses meet with respiratory and radiology consultants in a multidisciplinary meeting to discuss cases and make care decisions.¹⁴ In the first few months of implementation, the service cleared the hospital trust's six-month backlog.¹⁴ In its first year, the service reduced wait times for CT scan results, reduced the number of patients requiring follow-up scans, and resulted in extensive cost savings for the health system.¹⁴	• There are minimal data available on programme outcomes.
AI-enhanced IPN programme at Memorial Cancer Institute in Florida, US¹⁵	An AI-powered IPN screening tool was implemented in the health system's electronic medical records to facilitate the automated detection and management of IPNs.¹⁵ Implementation of the tool and a formal IPN management programme resulted in a tenfold increase in lung cancer diagnoses, even though a lung cancer screening programme was already in place.¹⁵	• The bespoke AI tool reflects the local demographics of the health system. • The programme demonstrates how AI tools facilitate IPN detection. • The programme shows the impact of IPN management on health systems – even with a screening programme in place. • Minimal programme outcome data are available.
IPN management programme at Real Hospital Português, Brazil¹⁶	A nodule clinic was set up alongside a screening programme.¹⁶ The clinic uses software to identify nodules in radiology reports, and a patient navigator – assisted by navigator software – contacts patients and enrolls them in the programme.¹⁶ Nodules are reviewed by a multidisciplinary care team.¹⁶	• The programme demonstrates the impact of IPN management on health systems – even with a screening programme in place. • The programme is an example of IPN management facilitating the earlier detection of lung

	Between its inception in 2023 and mid-2024, 21% of people seen through the programme were diagnosed with lung cancer, and almost 75% were ineligible for screening. ¹⁶	cancer in a middle-income country. The programme demonstrates the importance of patient navigation to facilitate IPN management.
Using an AI tool for IPN management at Phrapokklao Hospital, Thailand	Due to workforce capacity constraints, an AI tool has been embedded in the hospital's imaging system and applied to chest X-rays to detect potentially malignant lung nodules.¹⁷ Nodules are reviewed by radiologists, and people are provided with follow-up care and additional CT scans, if needed.¹⁷ Initial data from testing the AI tool show that it accurately assessed nodules on imaging 93% of the time.¹⁸	- The programme exemplifies the use of technology to overcome workforce capacity constraints. - The programme initially detects nodules on X-rays, which is more accessible for many low- and middle-income health systems. - The programme demonstrates the ability of AI tools to accurately detect IPNs.
Virtual clinic for the management of IPNs at University Clinic Golnik, Slovenia ¹⁹	A pilot IPN virtual clinic provides systematic follow-up and clinical oversight for IPNs.¹⁹ Patients receive multidisciplinary care from pulmonologists, radiologists and a dedicated lung navigator who provide systematic tracking, decision-making and patient engagement.¹⁹ Initial pilot outcomes found issues with a lack of software tools to automatically track and notify people with nodules in the programme.¹⁹	- Limited information is available about the programme. - No programme outcome data are available. - The clinic is only in pilot phase.
The Improving Detection of Early Lung Cancer in a Diverse Population study and programme	Based on the initial success of the study, a dedicated nodule clinic was set up. ²¹ The clinic	The programme is an example of clinical implementation

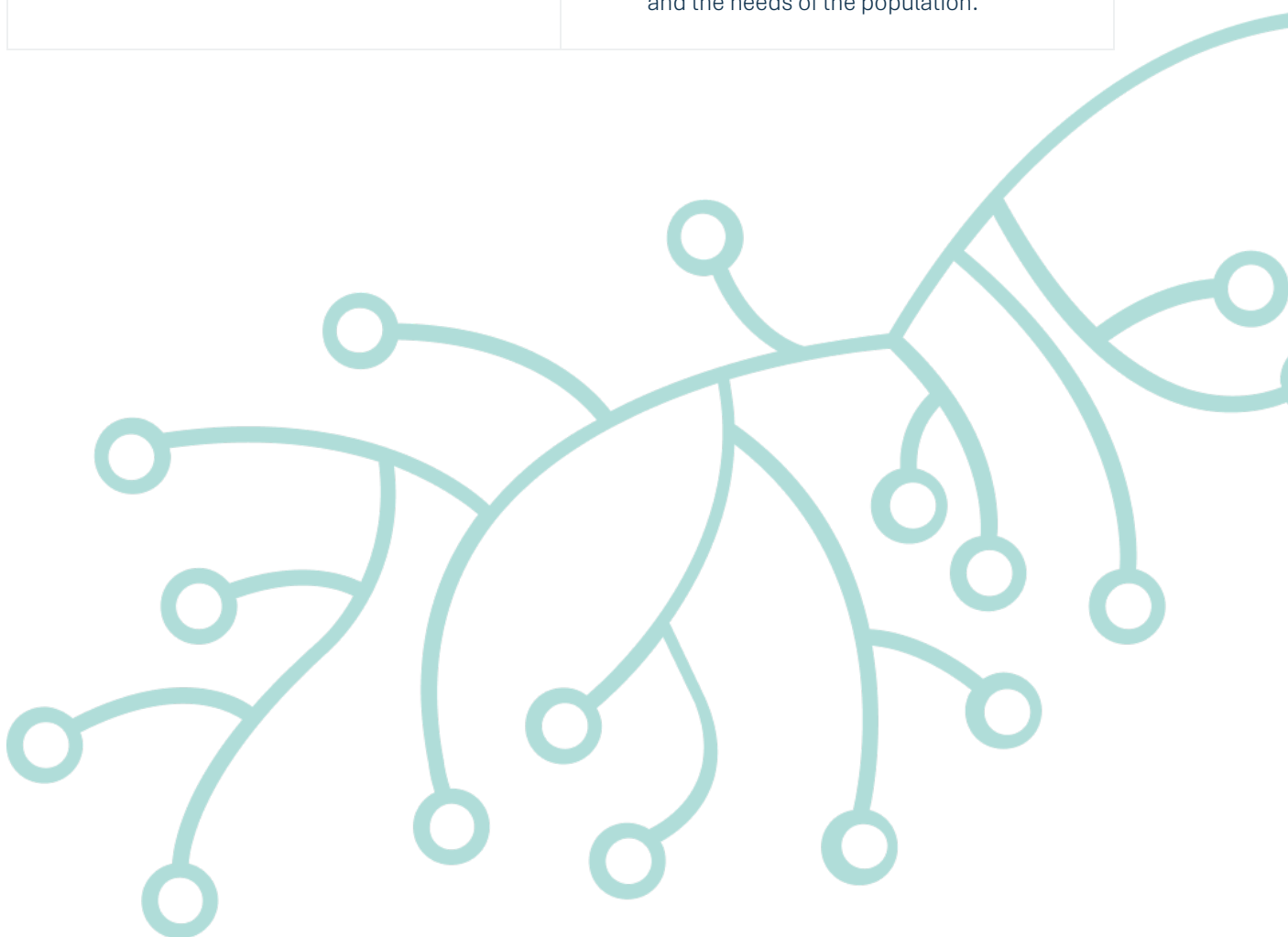
implementation, Vancouver, British Columbia, Canada ²⁰	uses a natural language processing tool that has been trained on local radiology reporting patterns to identify mentions of pulmonary nodules on radiology reports. ^{21 22} Initial outcome data showed that 5% of patients seen through the clinic were diagnosed with lung cancer. That figure is much higher than in study sites where enrolment in the IPN clinic relied on healthcare professional referrals. ²¹	based on a successful research study. - The programme demonstrates how tailoring AI tools for local use can have a positive impact on lung cancer diagnoses. - The programme is designed to minimise access barriers through the use of co-design and language support materials.
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Using the shortlist and Network member feedback, five locations were selected for testing (*Table 2*). Their selection was based on their representation of a range of programme types, different levels of resourcing and different health system structures. All of these factors were important to ensure that the framework would apply to a global audience.

Table 2. Final case studies selected to test the IPN framework

Programme	Reason for selection
Mid-South Miracle programme, US	- The seminal programme has been in place for 5+ years, and extensive outcome and implementation data are available. - The programme demonstrates how IPN management can be integrated into a wider earlier detection strategy.
Lung Nodule Service, Nottingham University Hospital Trust, England	- The programme has been in place for almost 10 years, so extensive operational and outcomes data are available. - The programme uses a novel approach to workforce capacity mitigation that has not been seen in other programmes.
IPN management, Phrapokklao Hospital, Thailand	It demonstrates how IPN management programmes can be implemented in a resource-limited setting by using an AI tool on X-rays for initial detection.

	The programme leverages imaging already conducted in a TB screening programme.
IPN management clinic, British Columbia, Canada	- The programme is an example of clinical implementation based on the success of a research study. - The programme demonstrates the positive impact of tailoring AI tools to facilitate IPN detection. - The programme is designed to facilitate access for all populations, helping minimise health inequities.
IPN management programme, Real Hospital Português, Brazil	- The programme is an example of IPN management in a low- or middle-income country. - The programme demonstrates how IPN management programmes can adapt to meet workforce capacity constraints and the needs of the population.



Testing the framework

Literature review for location testing

Literature reviews were conducted to capture relevant peer-reviewed data, commentary, protocols, and analyses relating to the implementation of an IPN programme in each location. Taking place alongside these reviews were structured environmental scans of grey literature to identify additional evaluations, expert commentary, reports, news articles and relevant web resources that may help with the drafting of the case studies.

The literature review provided information about the locations, not evidence for the effectiveness of IPN management on the earlier detection of lung cancer. While the search strategy (see *Table 3*) did produce studies that detailed the importance of IPN management, only commentary pertaining to the specific case studies was included.

Peer-reviewed literature search strategy

The proposed period for this literature review was 2015–2026 to reflect the fact that the Nottingham IPN programme was set up in 2015.

The literature review used the following search engines:

- PubMed
- Google Scholar
- Bielefeld Academic Search Engine (BASE)

The search terms used for the literature review are detailed in *Table 3*. However, the search approach was flexible, with the option to refine these terms based on initial literature findings.

Searches were limited to documents in the English language. Appropriate Medical Subject Headings (MeSH) were used to guide the search. Where appropriate, search terms were applied to the title/abstract of the literature. Snowballing was used to identify additional relevant literature.

Table 3. Search strings used to identify peer-reviewed literature for case studies

Combinations: Use the first two columns, and subsequently search in combination with each additional column. Punctuation in search terms to be observed.

Date range: 2015–26

IPN programme	AND	AND	AND
Nottingham AND (NHS OR 'National Health Service')	IPN OR PN OR 'incidental pulmonary nodule' OR 'pulmonary nodule' OR 'lung nodule'	Program* OR service OR clinic OR study OR trial OR manage*	Implement* OR set-up OR establish OR plan* OR feasibility OR evaluat* OR outcome*
Thailand AND (P*rapokklao OR Chanthaburi)	IPN OR PN OR 'incidental pulmonary nodule' OR 'pulmonary nodule' OR 'lung nodule'	Program* OR service OR clinic OR study OR trial OR manage*	Implement* OR set-up OR establish OR plan* OR feasibility OR evaluat* OR outcome*
(Canada OR 'British Colombia' OR BC OR Vancouver) AND IDEAL	IPN OR PN OR 'incidental pulmonary nodule' OR 'pulmonary nodule' OR 'lung nodule'	Program* OR service OR clinic OR study OR trial OR manage*	Implement* OR set-up OR establish OR plan* OR feasibility OR evaluat* OR outcome*
Baptist Cancer Center OR DELUGE OR 'Mid-South Miracle'	IPN OR PN OR 'incidental pulmonary nodule' OR 'pulmonary nodule' OR 'lung nodule'	Program* OR service OR clinic OR study OR trial OR manage*	Implement* OR set-up OR establish OR plan* OR feasibility OR evaluat* OR outcome*
Brazil AND 'Real Hospital Português'	IPN OR PN OR 'incidental pulmonary nodule' OR 'pulmonary nodule' OR 'lung nodule'	Program* OR service OR clinic OR study OR trial OR manage*	Implement* OR set-up OR establish OR plan* OR feasibility OR evaluat* OR outcome*

Grey literature search

The above search strategy was also applied to identify relevant grey literature sources, but terms were simplified, to be used on the below sources, which have less stringent search capabilities. Snowballing was deployed to help identify further literature. The following sources were investigated to identify relevant literature.

Health system websites

Websites of the relevant health systems pertaining to each case study location were included in the grey literature search. A simplified version of the search strings listed in *Table 3* was used.

Google and social media

LinkedIn was searched for relevant posts for each case study location, using a basic version of the search strings listed in *Table 3*. Google was also searched using a simplified version of the search strings, with the first 75 results being screened for relevance.

Use and storage of literature

All sources of information cited in the literature review were saved in PDF format, and the PDF highlighter tool was used to identify areas of text that included relevant information. This was an important step for internal quality assurance processes, as it facilitated reference checks of all research. Citations were managed through EndNote to ensure consistency across case studies and to facilitate changes.

Stakeholder engagement

Stakeholder mapping

The literature review also aimed to identify stakeholders involved in the individual IPN programmes, so they could be interviewed. Priority stakeholders to engage were people involved in the design, planning and implementation of each IPN programme. Stakeholder mapping was done through the analysis of authorship of peer-reviewed literature, as well as contributions to, or mentions of in, grey literature. The feasibility and appropriateness of these stakeholders was assessed to maximise the impact of interviews. Network members were also invited to suggest experts who could address gaps in stakeholder mapping.

Stakeholder types that were identified through mapping included:

- Data managers
- Clinicians e.g. nurses, radiologists, pulmonologists
- Allied health professionals e.g. radiographers
- Programme administrators

- Patient advocates
- Health system managers

Semi-structured interviews

Interviews were conducted with case study location stakeholders and Network members with expertise in IPN management. Findings from the literature review informed the development of a discussion guide for expert interviews. The discussion guide was structured around the initial domains of the framework (see *Box 2*) and tailored to each stakeholder's expertise (as identified through stakeholder mapping) to focus the discussion on the areas of the framework and case studies that required further input.

Nine semi-structured interviews were conducted with stakeholders from the five case study locations; an additional three interviews were conducted with Network members who have expertise in IPN management.

The aims of the interviews were to:

- gain insights into optimal IPN management
- validate desk research
- fill research gaps
- understand barriers to and facilitators of IPN programme implementation
- identify additional literature and resources.

Interviews were 30–60 minutes long and took place using videoconference technology (Microsoft Teams). They were conducted by a senior researcher who was responsible for leading the interview, and a researcher who acted as an observer and note-taker. All interviewees consented to the interview in writing and gave consent at the start of the interview for it to be recorded for transcription purposes. The recordings will be securely stored for five years before being deleted, in compliance with HPP policy.

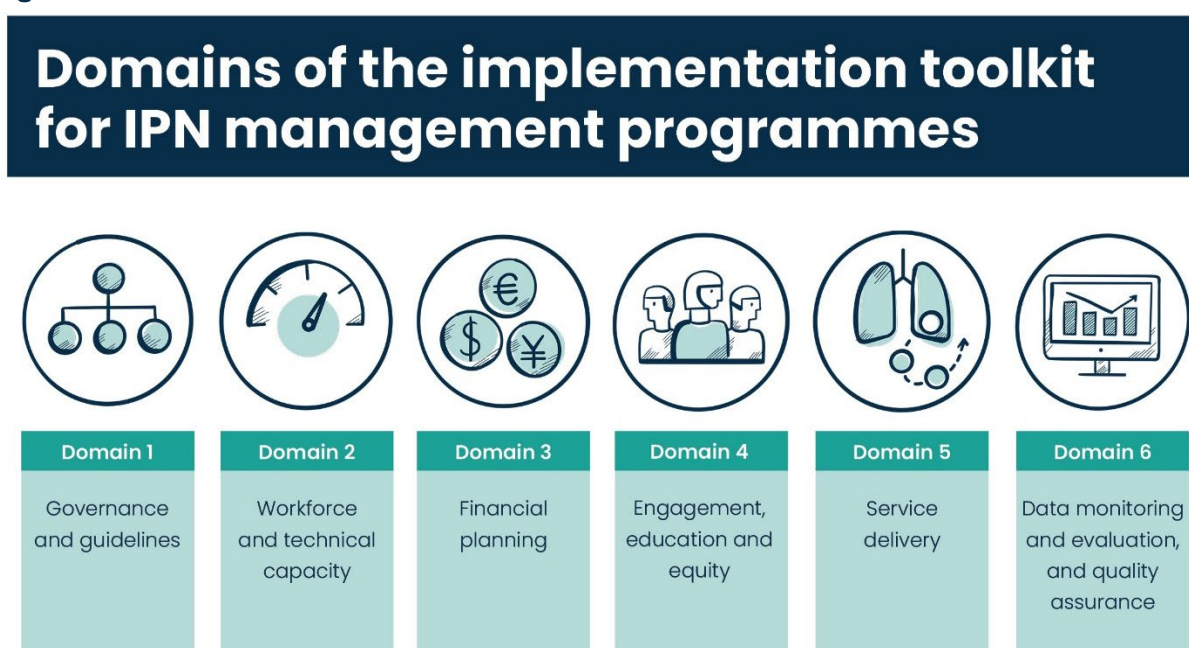


Refinement of the framework and development of an online toolkit

Findings from 11 semi-structured interviews and the literature search were used to refine the framework. Interview transcripts were coded, and similar themes were identified and grouped. Literature review findings were synthesised, and similar themes were also identified. These topic themes were then sorted under the initial domains of the framework (*Figure 1*) and were used to refine the framework. Editorial reviews were conducted of the framework to ensure clarity, appropriateness and comprehension by a global audience. Network members with expertise in IPN management reviewed subsequent iterations of the framework and provided additional feedback on the framing, final wording and content.

The domains of the framework and toolkit were refined (*Figure 1*) and up-dated based on the literature review, semi-structured interviews and Network member feedback. The updated domains ensured clarity for framework users and minimised the duplication of topics in the framework.

Figure 1. Final toolkit domains



For more information about the project or the Lung Cancer Policy Network, visit the Network [website](#) or contact the Secretariat team at networksecretariat@hpolicy.com.

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