Thank you to everyone who joined us for our recent GP education last Tuesday evening, **Smoke Without Fire.**

One of the key messages from the evening was that chest CT scans are becoming increasingly sensitive. While that's helping us detect disease earlier than ever before, it's also creating a new challenge for general practice.

Every week, we see chest CT reports describing incidental findings such as **pulmonary nodules, lung masses, ground-glass opacities, interstitial lung abnormalities, bronchiectasis, coronary artery calcification, pulmonary artery enlargement and mediastinal lymphadenopathy**.

The challenge isn't recognising these findings—it's knowing what they mean for the patient sitting in front of you.

One Insight

Modern CT scanners are finding more abnormalities than ever before.
Some are **not fires.**
Some are **signals.**
A few **change lives.**
The key is knowing the difference.

One Framework

During the evening, I shared a simple framework called **SCAN**:
S – Spot the finding. What exactly has been reported?
C – Contextualise the patient. Age, smoking history, symptoms, previous imaging and clinical context often matter more than the finding itself.
A – Act using the RSVP approach:

- **Reassure**
- **Surveillance**
- **Verify**
- **Proceed**

N – Never Lose It. Follow-up is part of the treatment. Document the plan, communicate it clearly and close the loop.

One Take-Home Message

The next time you read a chest CT report, resist the temptation to ask:

"How abnormal is this CT?"

Instead ask:

"What does this finding mean for this patient?"

That simple change in thinking often leads to better decisions.

Below image is a one-page **SCAN & RSVP** handout from the presentation. I hope it's a useful reference for your clinic and your team. If the image does not appear, feel free to email me for the handout.

Thank you for your ongoing support of **WRS for GP**. I look forward to sharing more practical clinical insights in future editions.

Kind regards,
Dr Cheng Long Lu
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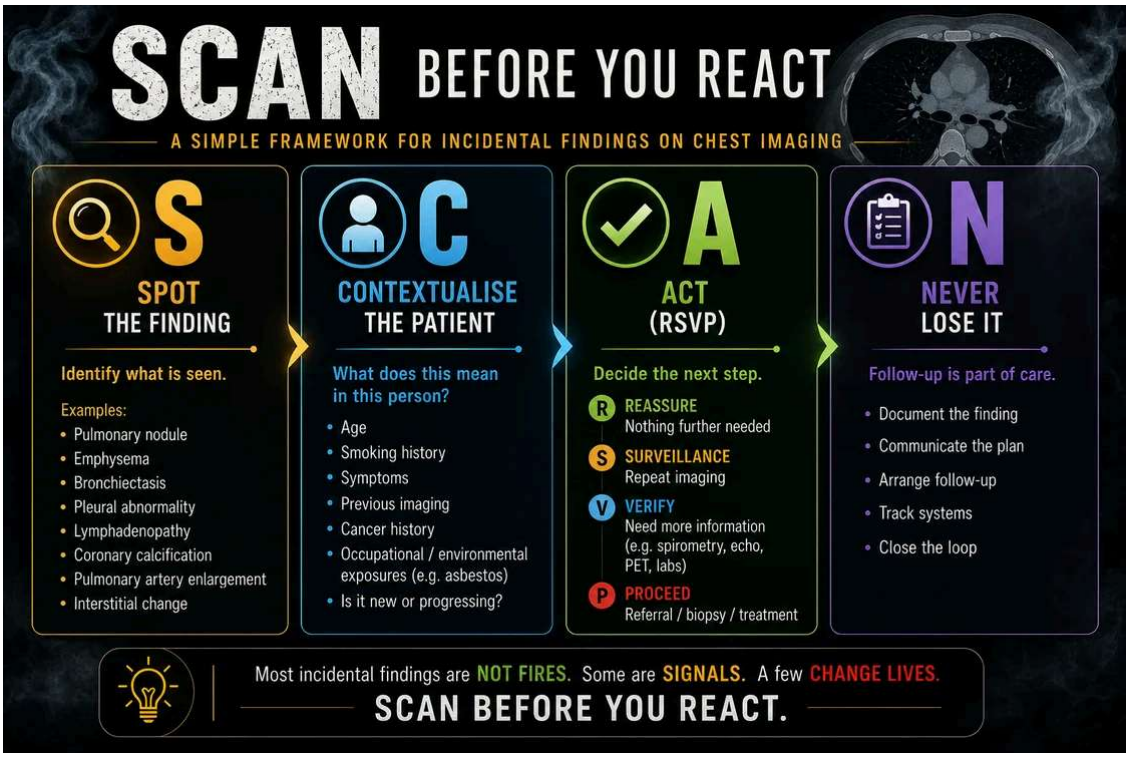

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