were ground-glass opacities at CT scan. It is a common opinion that ground-glass opacities have a higher probability of being malignant than do solid nodules. These population characteristics could have influenced both the low rate of malignancy detected and the favorable survival.

To conclude, the results of Stiles and colleagues,¹ the overall 5-year survival (which was not different among all patients with or without SNs), and the prognostic influence of nodule size and side are interesting and useful for current clinical practice. Further prospective data, however, are necessary. Moreover, we think that ground-glass opacities, in contrast to solid nodules, are multifocal tumors, and different criteria should therefore be adopted for their treatment, as suggested by Gu and associates³ in a recent article.

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References

1. Stiles BM, Schulster M, Nasar A, Paul S, Lee PC, Port JL, et al. Characteristics and outcomes of secondary nodules identified on initial computed tomography scan for patients undergoing resection for primary non-small cell lung cancer. *J Thorac Cardiovasc Surg.* 2015;149:19-24.
2. Ng T. The prevalence and fate of secondary nodules found in patients undergoing resection for lung cancer. *J Thorac Cardiovasc Surg.* 2015;149:24-5.
3. Gu B, Burt BM, Merritt RE, Stephanie S, Nair V, Hoang CD, et al. A dominant adenocarcinoma with multifocal ground glass lesions does not behave as advanced disease. *Ann Thorac Surg.* 2013;96:411-8.

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SECONDARY NODULES: EVALUATE CAREFULLY BUT DO NO HARM Reply to the Editor:

My coauthors and I thank Baisi and colleagues for their commentary on our recent article.¹ In it, we

described the fate of secondary nodules identified by computed tomographic scan in patients undergoing resection for non-small cell lung cancer. In this analysis, we found that although 50% of our patients had secondary nodules, only a minority of these (13%) were definitively found to be malignant. We agree with Baisi and colleagues that the retrospective evaluation of this consecutive group of patients is an imperfect substitute for a prospective analysis. It is possible that some patients found to have malignant secondary nodules never made it to our surgical clinic. We suggest, however, that patients with undiagnosed secondary nodules should at least undergo surgical consultation. Certainly, as shown by the higher rate of malignancy in resected nodules (39%), surgical judgment is perhaps the best predictor of malignancy in these frequently found nodules. Regarding the suggestion that ground-glass opacities may be underrepresented in our series, we point out that our incidence of these nodules (15%) is remarkably similar to that observed in large-scale screening studies. As recently reported using data from the Netherlands Leuven Longkanker Screenings Onderzoek (NELSON) trial, most of these subsolid pulmonary nodules disappear, and only a very small minority develop into clinically manifest malignancies.²

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References

1. Stiles BM, Schulster M, Nasar A, Paul S, Lee PC, Port JL, et al. Characteristics and outcomes of secondary nodules identified on initial computed tomography scan for patients undergoing resection for primary non-small cell lung cancer. *J Thorac Cardiovasc Surg.* 2015;149:19-24.
2. Scholten ET, de Jong PA, de Hoop B, van Klaveren R, van Amelsvoort-van de Vorst S, Oudkerk M, et al. Towards a close computed tomography monitoring approach for screen detected subsolid pulmonary nodules? *Eur Respir J.* 2015; 45:765-73.

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