

Sequential CT screening can identify indolent lung cancers

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Changes in size on sequential low-dose computed tomography screenings, expressed as volume doubling time, indicate that about 25 percent of progressive lung cancers are slow growing or indolent, with higher lung cancer-specific mortality for new versus slow-growing or indolent cancers, according to a study published in the Dec. 4 issue of the *Annals of Internal Medicine*.

(HealthDay)—Changes in size on sequential low-dose computed tomography (LDCT) screenings, expressed as volume doubling time (VDT), indicate that about 25 percent of progressive lung cancers are slow growing or indolent, with higher lung cancer-specific mortality for new versus slow-growing or indolent cancers, according to a study published in the Dec. 4 issue of the *Annals of Internal Medicine*.

Giulia Veronesi, M.D., from the European Institute of Oncology in Milan, and colleagues assessed VDT as an indicator of overdiagnosis for screening-detected lung cancer by estimating the VDT in 175 high-[risk patients](#) who were diagnosed with primary lung cancer. VDT was

characterized as fast growing (VDT

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