

# Canadian group gives guideline recommendations for lung cancer screening

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Lung cancer is the most common cause of cancer death in Ontario. Screening for lung cancer using low-dose computed tomography (LDCT) has been the subject of many research studies since the 1990s. The National Lung Screening Trial compared LDCT with chest radiograph in high-risk populations and found a 20 percent reduction in lung cancer mortality at 6 years with LDCT after an initial scan and two annual rounds of screening. While there are still gaps regarding the use of CT-screening, researchers in Ontario developed evidence-based recommendations for screening high-risk populations for lung cancer.

Their [guideline recommendations](#) are published in the October issue of the International Association for the Study of Lung Cancer's journal, the *Journal of Thoracic Oncology (JTO)*.

The key recommendations are:

- Screening for [lung cancer](#) with low-dose CT is recommended in high-risk populations defined as persons who are 55 to 74 years of age with a minimum smoking history of 30 pack-years or more
- Screening for lung cancer should be done using a low-dose CT multidetector scanner with the following parameters: 120 to 140 kVp, 20 to 60 mAs, with an average effective dose of 1.5 mSv or less
- A nodule size of 5 mm or more found on the low-dose CT indicates a positive result and warrants a 3-month follow-up CT.

Nodules of 15 mm or more should undergo immediate further diagnostic procedures to rule out definitive malignancy.

- Follow-up CT of a nodule should be done at 3 months as a limited LDCT scan
- Persons at high risk for lung cancer should commence screening with an initial low-dose CT scan followed by annual screens for 2 consecutive years, and then once every 2 years after each negative scan.

Provided by International Association for the Study of Lung Cancer

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