

Introduction of screening could significantly reduce lung cancer deaths

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The introduction of lung cancer screening in the UK could significantly reduce deaths in high risk groups, without causing participants the undue stress sometimes associated with medical tests.

Published today in *Thorax*, a trial led by Cardiff University looked at long-term psychosocial outcomes of CT screening for [lung cancer](#) and found that it did not cause unnecessary anxiety, even though fear and stigma can sometimes be barriers to participation in screening.

Lung cancer is the leading cause of cancer-related mortality in the UK, killing almost 40,000 people per year. Additionally, around three quarters of patients are diagnosed at a late stage when fewer treatment options are available. With [early detection](#) of lung cancer about seven out of ten patients survive for a year or more.

Dr Kate Brain from Cardiff University said:

"With the UK's 5-year survival rate for lung cancer being lower than many other countries with comparable healthcare systems, it is important that we do more to introduce early detection strategies that help to ensure treatment is delivered before patients present at an advanced stage of the disease.

"Sometimes, fear of medical procedures and the results they might bring can prevent people from seeking life-saving tests. However, what our trial shows is that CT lung cancer screening actually has no long-term

negative psychosocial impact on patients, making it an excellent tool for catching lung cancer earlier when there is a better chance of survival."

The UK Lung [cancer screening](#) trial (UKLS) recruited over 4,000 men and women, aged 50-75, at high risk of lung cancer. This group was randomised into two groups: one of which received a CT screen and one that didn't. Participants in both groups were assessed two weeks into the study and again two years later. To assess people's emotional responses to CT lung screening, standard measures of lung cancer distress, anxiety, depression and satisfaction were used. The research showed that [lung cancer screening](#) did not cause undue worry when people were followed up over the two year period. Participants who needed to have a repeat scan reported slightly higher cancer distress, but this was temporary. The results revealed that at both points more participants from the group that didn't receive scans were dissatisfied with their decision to take part in the trial. It also found, regardless of group allocation, cancer distress was higher in women, participants under 65, current smokers and those with lung cancer experience.

The trial was undertaken in Liverpool and Papworth, whilst the in-depth analysis of the psychosocial data was carried out in Cardiff. The evidence produced will contribute to clinical and policy decisions regarding the successful and equitable implementation of potential future low-dose CT lung screening for [high-risk](#) individuals.

Institutions involved in the study include Cardiff University, Liverpool University, Royal Brompton & Harefield NHS Foundation Trust, Nottingham University Hospitals and Queen Mary University of London.

The trial 'Long-term psychosocial outcomes of low-dose CT screening: results of the UK Lung Cancer Screening randomized controlled trial' is published in *Thorax*.

More information: Long-term psychosocial outcomes of low-dose CT screening: results of the UK Lung Cancer Screening randomised controlled trial. [DOI: 10.1136/thoraxjnl-2016-208283](https://doi.org/10.1136/thoraxjnl-2016-208283)

Provided by Cardiff University

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