IASLC issues statement on lung cancer screening with low-dose computed tomography

October 25 2018

The International Association for the Study of Lung Cancer (IASLC) today issued a statement on lung cancer screening with low-dose computed tomography (LDCT) based on results from the Dutch-Belgian NELSON lung cancer screening trial presented at the IASLC 19th World Conference on Lung Cancer (WCLC) in Toronto, Canada. The IASLC Early Detection and Screening Committee, recognizing the importance of these results, now affirms the strength of evidence arising from two large, well designed and well executed randomized trials that LDCT screening in high risk individuals can significantly reduce lung cancer mortality.

"Given the confirmatory results of the NELSON screening trial along with the National Lung Screening Trial (NLST) findings, we now have additional evidence supporting the implementation of lung cancer screening," said Dr. James L. Mulshine, Chair of the IASLC Early Detection and Screening Committee. "The unanimous consensus of the committee's screening experts is that now is the time for international leaders, governments, health care systems and other stakeholders to implement global lung cancer screening programs, as they do for breast cancer (mammography) and colon cancer (colonoscopy), which save the lives of countless individuals."

Lung cancer is a growing global epidemic with 1.6 million deaths annually and will require an international effort to reduce the morbidity

and mortality of this tragically lethal disease. More than 60% of lung cancers are diagnosed after the cancer has spread, leading to worse outcomes for patients, whereas early detection and diagnosis can lead to lowered mortality. Implementing a validated tool to reliably find early stage, curable lung cancer is a priority of the IASLC in our mission to conquer thoracic cancers worldwide.

The NLST demonstrated that annual lung cancer screening with LDCT reduced lung cancer mortality by 20% and overall mortality by 7% compared to controls. Based on the NLST results, LDCT screening was approved in the U.S. for those at high risk (ages 55-77 years old and a smoking history of greater than or equal to 30 pack-years and not have quit within the last 15 years.

In data presented at the IASLC WCLC, the NELSON trial decisively confirmed that, compared to usual care, screening a high-risk population of current and formers smokers (ages 50-74, greater than 10 cigarettes/day for more than 30 years or more than 15 cigarettes/day for over 25 years) with LDCT can significantly reduce deaths from lung cancer by 26% in men and up to 61% in women.

Now that there are two large, well designed and well executed randomized trials (from both the U.S. and Europe) that demonstrate significant mortality reduction in high risk, tobacco-exposed populations, we must now move towards expanding this early detection approach. We also emphasize that early detection must be routinely provided along with best-practice smoking cessation to enable optimal health outcomes in the setting of individuals who continue to consume tobacco products.

The IASLC acknowledges that for implementation of LDCT screening worldwide each national health service has the authority to decide its own course of action; yet we urge our members and others around the

world to:

- Implement screening programs that incorporate a multidisciplinary group of experts and use best practice in screening care with focus on:
    - Identification of high-risk individuals
    - Acquisition of consistent high quality images (from LDCT) and incorporation of radiological guidelines, including definitions for positive versus negative results
    - Use of defined clinical work-up for "indeterminate nodules" and for pathology reporting of nodules
    - Incorporation of a defined process for surgical or other diagnostic interventions of suspicious nodules
    - Integration of smoking cessation into lung cancer CT screening programs

"The current challenges to lung cancer screening, including lack of familiarity about the needs for LDCT by the primary care community and potential limitations with existing national health policies and systems, must be overcome," said Dr. Mulshine. "The IASLC will serve as a resource to help global implementation of economical and efficient screening services. With global confirmation of the live-saving benefit from screening for lung cancer, we must move to educate and support lung cancer screening."

More information: undefined undefined. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening, *New England Journal of Medicine* (2011). DOI: 10.1056/NEJMoa1102873

Provided by International Association for the Study of Lung Cancer

Citation: IASLC issues statement on lung cancer screening with low-dose computed tomography (2018, October 25) retrieved 8 May 2024 from https://medicalxpress.com/news/2018-10-iaslc-issues-statement-lung-cancer.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.