IASLC early detection and screening committee to report on global obstacles to lung cancer screening

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Milena Cavic, Institute for Oncology and Radiology of Serbia. Credit: Milena Cavic, Institute for Oncology and Radiology of Serbia

Lung cancer screening with low dose CT technology has been shown to

be effective in reducing mortality associated with lung cancer but current data on the status of lung cancer screening data in low- and middle-income countries is scarce, often opinion-based or is limited.

Today, representatives from the Diagnostics Working Group of the IASLC Early Detection and Screening Committee announced an effort to outline the current obstacles and perspectives of lung cancer screening in low- and middle-income countries and to propose guidance, recommendations, and future research strategies.

The Diagnostics Working Group of the IASLC Early Detection and Screening Committee currently has six members from low-and middle-income countries from four continents (Brazil, China, Colombia, India, Serbia, South Africa) and 11 members from high-income countries from three continents (Canada, Germany, Hungary, Italy, Spain, South Korea, UK, United States). These countries provided specific data from these countries/regions and data from other countries were evaluated by literature review, exploring the JTO Lung Cancer Worldwide manuscript series, official epidemiological global data and other sources.

Working Group meetings lead to observations that for a systematic evaluation of the status of lung cancer screening in low-to middle-income countries, a comprehensive comparison of lung cancer incidence and mortality by stage at diagnosis would need to be conducted between low-to middle-income and high-income countries.

"Furthermore, specific risks for lung cancer in the specific regions have to be taken into account," said Milena Cavic, Institute for Oncology and Radiology of Serbia. Dr. Cavic reported that factors that give rise to challenges in LC screening implementation include those of political and financial nature, as well as healthcare system overload with other programs and competing priorities, reimbursement rules and various population-specific risk factors. The availability of adequate

infrastructure (CT scanners, qualified radiologists, pulmonologists, thoracic surgeons and radiotherapists, CT- and bronchoscopic biopsy services) and availability of skilled health care personnel for post screening diagnostic work-up were also determined to be crucial factors.

The Diagnostics WG determined that from its six present low-to middle-income countries, three (Brazil, China and Colombia), had structured, institutional lung cancer screening programs, while 1 had a regional pilot program (Serbia). In the high-income countries groups, members reported different forms of structured screening programs (national/regional population-based screening programs, or research studies). To fully explore the perspectives of implementing lung cancer screening in low-to middle-income countries, the cost/benefit ratio would need to be carefully evaluated in each country, considering evidence-based data and regional specificities. The ED&S Committee has several ongoing initiatives that aim to address this issue.

"Broader discussion on this matter is globally important, both for low-to middle-income and high-income countries. Many countries are planning to introduce lung cancer screening, taking into account all the governmental, healthcare and population-specific parameters important for this delicate process, thus evidence-based guidelines are of outmost importance" Dr. Cavic said.

Provided by International Association for the Study of Lung Cancer

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