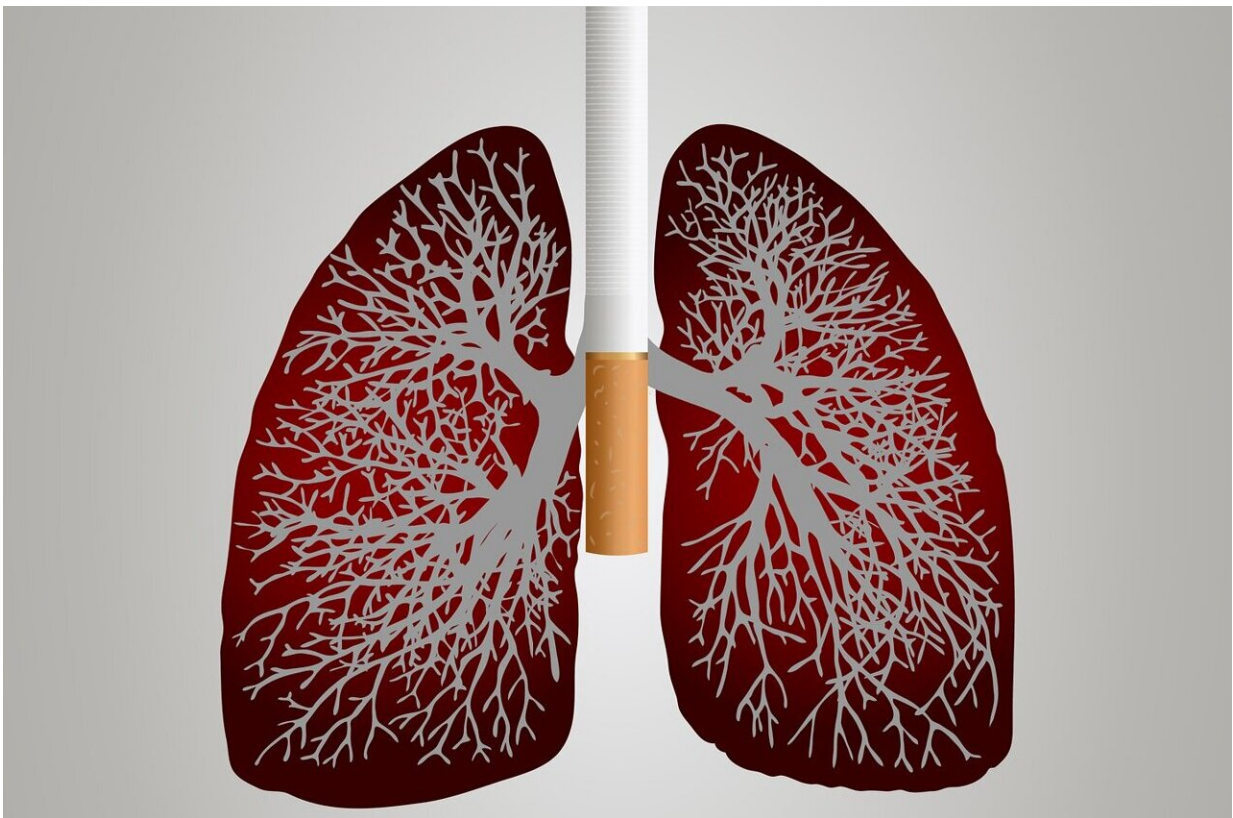


# Most persons screened for lung cancer meet USPSTF criteria, but adherence to follow-up screening low

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A cohort study of more than 1 million people has found that most persons screened for lung cancer meet U.S. Preventative Services Task

Force (USPSTF) criteria, but men, persons who formerly smoked, and younger eligible patients are less likely to be screened. Adherence to follow-up screening was also poor. The findings are published in *Annals of Internal Medicine*.

In 2013, the USPSTF recommended annual [lung cancer](#) screening (LCS) using low-dose computed tomography (LDCT) for the first time in adults aged 55 to 80 years who had a [smoking history](#) of at least 30 pack-years and currently smoked or quit within the past 15 years. The initial criteria for eligibility included approximately 8 million Americans. In 2021, the Task Force expanded eligibility for screening, nearly doubling the size of the eligible population.

Researchers from the Hollings Cancer Center at the Medical University of South Carolina and members of the American Cancer Societies Roundtable on Lung Cancer studied the first million people to receive LCS and be entered into the Lung Cancer Screening Registry (LCSR). The authors analyzed LCS data collected between 2015 and 2019 from 3,625 facilities reporting to the LCSR.

They found that 90.8% of persons screened met the 2013 USPSTF criteria. Compared with the eligible U.S. population, screened persons were older, more likely to be female, and more likely to currently smoke. The data also showed that adherence to annual follow-up screening is low, which may reduce [cost-effectiveness](#) and diminish mortality benefits. As such, providers should emphasize with patients that screening in those eligible should be performed yearly.

An accompanying editorial from the Institute of Health System Science, Feinstein Institutes for Medical Research, Northwell Health, New York, New York highlights some of the sobering findings from the study and suggests ways for clinicians to improve national lung cancer screening rates and reduce deaths.

The author recommends that physicians take complete smoking histories from patients, not refer patients to screenings when they are not likely to benefit, and work with their health care systems to ensure higher adherence to screening follow-ups. The author also touches on the importance of focusing screening messaging efforts on eligible patients from historically underserved populations.

**More information:** Gerard A. Silvestri et al, Characteristics of Persons Screened for Lung Cancer in the United States, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-1325](https://doi.org/10.7326/M22-1325)

Karina W. Davidson, Lessons From Implementation of the U.S. Preventive Services Task Force Recommendations for Lung Cancer Screening, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-2886](https://doi.org/10.7326/M22-2886)

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