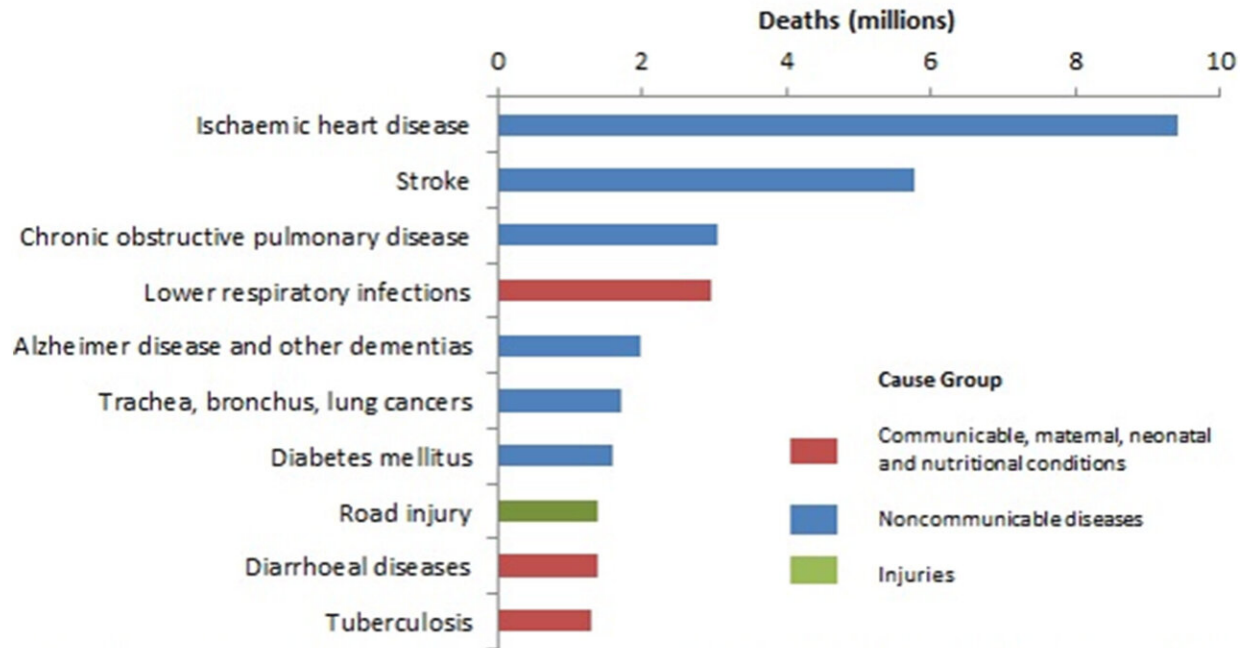


Perspective on management of LDCT findings on low-dose computed tomography examinations for lung cancer screening

December 20 2023

Top 10 global causes of deaths, 2016



Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

Top 10 global causes of deaths, 2016. Credit: *Journal of Thoracic Oncology* (2023). DOI: 10.1016/j.jtho.2023.11.013

Annual low-dose CT screening has been recently shown to result in high cure rates of over 80%, but methods of conducting a lung cancer

screening program vary and best practices have yet to emerge.

To address this, the International Association for the Study of Lung Cancer (IASLC) Early Detection and Screening Committee published a perspective containing considerations for screening program managers.

The study is [published in the *Journal of Thoracic Oncology*](#).

"This report identifies the key components of the regimen of LDCT screening for [lung cancer](#), which include the need for a [management system](#) to provide data for continuous updating of the regimen, and provides quality assurance assessment of actual screenings," said Claudia Henschke, MD, Ph.D., Professor of Diagnostic, Molecular and Interventional Radiology and Director of the Early Lung and Cardiac Action Program at the Icahn School of Medicine at Mount Sinai in New York.

"Multi-disciplinary clinical management is needed to maximize the benefit of early detection, diagnosis, and treatment of lung cancer."

The report outlines several recommendations for screening program managers to consider, including:

- Selection of eligibility criteria
- Counseling of screenees
- Smoking cessation
- Selection of the regimen of screening which specifies the imaging protocol and workup of LDCT findings

The report illustrates one important aspect of a lung cancer screening program—timing between screenings. The benefit of LDCT screening depends on detecting small, early lung cancers when they are curable. Increasing the time between screenings leads to larger and later-stage

tumors as demonstrated by the [NELSON results](#) of annual screening compared with longer intervals of two-year and two-and-a-half years.

The report advises that screening programs that include the coordination of clinical, radiological, and interventional teams and, ultimately, treatment of diagnosed lung cancers under screening help determine the benefit of LDCT screening.

Ethical considerations of who should be eligible for LDCT screening programs are important in order to provide the benefit to as many people at risk of lung cancer as possible. Unanticipated diseases identified on LDCT may offer significant benefits through early detection of leading global causes of death, such as cardiovascular diseases and [chronic obstructive pulmonary disease](#), as the latter may result from conditions like emphysema and bronchiectasis which can be identified early on LDCT.

This [report](#) identifies the key components of the regimen of LDCT [screening](#) for lung cancer, which include the need for a management system to provide data for continuous updating of the regimen and provide quality assurance assessment of actual screenings. Multi-disciplinary clinical management is needed to maximize the benefit of early detection, diagnosis, and treatment of [lung cancer](#). Different regimens have been evolving throughout the world as the resources and needs may be different for countries with limited resources.

"Sharing of results, further knowledge, and incorporation of technologic advances will continue to accelerate worldwide improvements in the diagnostic and treatment approaches," Dr. Henschke wrote.

More information: Claudia Henschke et al, Perspective on Management of Low-Dose Computed Tomography Findings on Low-Dose Computed Tomography Examinations for Lung Cancer Screening.

From the International Association for the Study of Lung Cancer Early Detection and Screening Committee, *Journal of Thoracic Oncology* (2023). [DOI: 10.1016/j.jtho.2023.11.013](https://doi.org/10.1016/j.jtho.2023.11.013)

Provided by International Association for the Study of Lung Cancer

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