PanCan nodule management protocol found more effective than LungRADSv1.1 method

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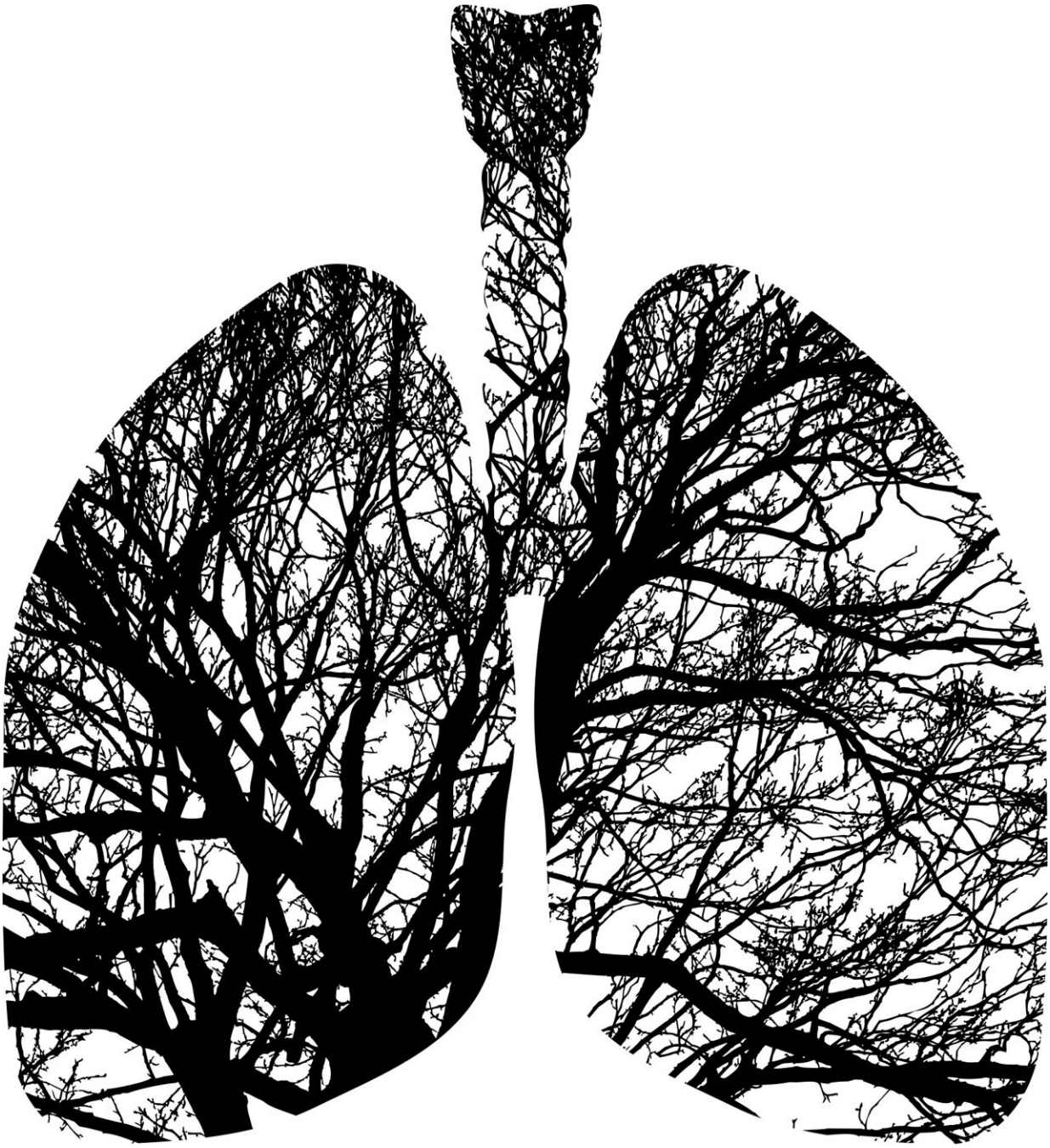

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New data presented today reveals that the PanCan nodule management protocol demonstrates superior performance in triaging lung cancer

screening participants compared to the LungRADSv1.1 approach. Specifically, PanCan showed improved risk stratification and reduced the number of low-dose computed tomography(CT) scans required.

The research was reported by Dr. Annette McWilliams, Fiona Stanley Hospital, Australia at the International Association for the Study of Lung Cancer 2024 World Conference on Lung Cancer.

The PanCan nodule protocol utilizes a risk-based approach for triaging participants at the point of screening entry. This model potentially simplifies management by reducing the need for frequent LDCT scans when prior imaging is unavailable. Lung-RADS is a quality assurance tool designed to standardize lung cancer screening CT reporting and management recommendations, reduce confusion in lung cancer screening CT interpretations, and facilitate outcome monitoring.

Effective management of pulmonary nodules detected through low-dose computed tomography screening is crucial for early lung cancer detection and treatment. Traditionally, management strategies have relied on baseline measurements and follow-up imaging. The PanCan approach, unique in its use for biennial screening triage, was compared to the LungRADSv1.1 approach in this study.

This study evaluated participants from the International Lung Screen Trial who had baseline LDCT scans between August 2016 and July 2021, and who either completed at least two years of follow-up or had a confirmed lung cancer diagnosis. Participants were managed according to the PanCan protocol, and their outcomes were compared to the LungRADSv1.1 approach. The analysis included a total of 4,494 participants, with cancer diagnoses tracked until May 30, 2024. The study compared the risk categories for both protocols and assessed cancer detection rates and stage distribution at 12 and 24 months.

Out of 4,494 participants, lung cancer was detected in 184 individuals over a mean follow-up period of 57.9 months, with 109 cases identified within the first two years. The PanCan protocol was associated with fewer referrals for diagnostic workups at screening entry (2.8% vs. 7.4% for LungRADSv1.1) and demonstrated a significantly better positive predictive value (PPV) for malignancy in high-risk categories (48.0% vs. 18.1%, P

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