

Final recommendations on lung cancer screening

30 December 2013

High-risk adults between the ages of 55 and 80 should receive annual lung cancer screening with low-dose computed tomography, according to final recommendations from the U.S. Preventive Services Task Force being published in *Annals of Internal Medicine*.

tools necessary to do this and if the health care system will be willing to support it.

Provided by American College of Physicians

Heavy smokers or former [heavy smokers](#) who have quit within the past 15 years are considered high risk. Smoking is responsible for about 85 percent of lung cancers in the United States. The risk for developing lung cancer also increases with age, with most lung cancers occurring in people age 55 or older. The recommendation is based on comprehensive review of the evidence and the results of modeling studies predicting the benefits and harms of screening programs based on different screening intervals, age ranges, smoking histories, and time since quitting.

The full recommendation is free to the public and can be viewed at <http://www.annals.org/article.aspx?doi=10.7326/M13-2771>. The comparative modeling study can be viewed at <http://www.annals.org/article.aspx?doi=10.7326/M13-2316>.

Two commentaries accompany the Task Force recommendations. In the first, the author commends the comprehensive and unbiased evidence reviews that underlie Task Force recommendations but expresses concern about the Task Force's reliance on modeling data to fill evidence gaps, especially with regard to the [lung cancer screening](#) recommendations. The authors of a second editorial describe some of the practical issues associated with putting the Task Force recommendations into practice. Of most concern, how patient selection actually occurs is not addressed in the guidelines. Patients who are interested or should consider CT screening for [lung cancer](#) will need to be counseled and referred. The authors wonder if primary care providers have the

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