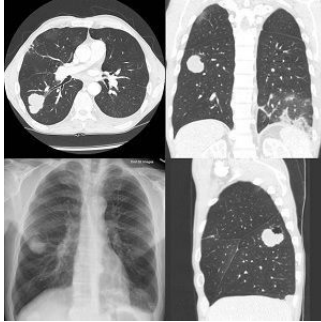


Cancer Screening Drops after Diagnostic CT



Researchers at Brigham and Women's Hospital (Boston, MA) recently published a study in the *Journal of the American College of Radiology* showing that patient retention in a lung cancer screening (LCS) programme drops after diagnostic chest computed tomography (CT) examinations.

Lung cancer is the leading cause of US cancer-related death, and screening with low radiation dose CT can reduce the disease mortality. Patients in LCS programmes with low-dose CTs may receive diagnostic chest CTs to follow up nodules. Since diagnostic CTs come with higher radiation exposures, this can lead to patient loss from LCS programmes.

Of the 5,912 patients who underwent LCS CT between June 2011 and August 2018, only 2,756 (46.6%) received subsequent diagnostic CTs in the screening programme. Only 1,240 (20.9%) patients experienced at least three chest CT examinations in the study period. Of 711 patients whose subsequent CT study was LCS CT, 585 (82%) underwent the following LCS CT. In comparison, of 529 patients who underwent subsequent diagnostic CT, only 208 (39%) undertook the LCS CT.

The researchers speculate as to why this is occurring. Patients referred to subspecialists not associated with the LCS programme may be undergoing diagnostic chest CT outside the LCS programme. Developing other co-morbidities that prevent patients from further screening is another possibility. Patients could drop out from the LCS programme by failing to receive a Lung-RADS score—which indicates the probability of malignancy—after diagnostic CT.

To prevent attrition, the study's authors recommend, Radiologists and LCS navigators should make sure to take the time to educate providers about the importance of adherence to Lung-RADS recommendations and the difference between diagnostic and LCS CT.

Source: [Journal of the American College of Radiology](#)

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