New guidelines from the American College of Chest Physicians (ACCP) recommend offering low-dose computed tomography (LDCT) scanning for lung cancer screening to people with a significant risk of lung cancer due to age and smoking history.

A systematic review of the data showed an important reduction in deaths from lung cancer when screening is done in an organised programme.

The recommendations are that CT screening should be offered to smokers and former smokers, aged 55-74, with more than 30 pack years of smoking.

CT screening is not recommended for individuals with fewer than 30 pack years of smoking, younger than 55 or older than 74, with severe comorbidities that would preclude potentially curative treatment or limit life expectancy.

The guidelines call for the establishment of a registry designed to help address the large number of unanswered questions that arise as screening is implemented, as well as to clarify frequent misconceptions around lung cancer screening among patients and physicians. Additionally, the guidelines call for establishment of quality metrics so that benefits are optimised, and harm is kept low.

"Lung cancer screening offers a potential benefit for select individuals, but it is not a substitute for stopping smoking," said Frank Detterbeck, MD, FCCP, Yale University, New Haven, CT, and Vice-Chair of the Guidelines Panel. "However, screening is not a scan, it is a process. We have much to learn as we embark upon implementation of screening. Education on screening is the key to overcoming misconceptions and misguided fears. The guidelines include recommendations that help the patient and physician with the decision process. It provides a structure that gives a clearer interpretation of what we know and what we can only speculate."

The guidelines also cover smoking cessation as well as lung cancer management and treatment, including palliative care.

Reference:

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