

July 18, 2013



Leading the News

High-Risk Patients May Get Most Benefit From CT Screening For Lung Cancer.

[Reuters](#) (7/18, Emery) reports that, according to research published in the New England Journal of Medicine, CT scans that screen for lung cancer may be more beneficial in individuals who face a higher risk of developing the disease.

[HealthDay](#) (7/18, Reinberg) reports that data from “of the U.S. National Lung Screening Trial reported last year showed a 20 percent reduction in lung cancer deaths among heavy smokers aged 55 to 74 years who had quit smoking for no more than 15 years,” but it could not be determined “whether this reduction was weighted by risk, so the researchers compared the number of lung cancer deaths and the number of false-positive CT screening tests among more than 26,000 people in that trial with more than 26,000 people screened with chest X-rays.” The National Lung Cancer Screening Trial was conducted by the American College of Radiology Imaging Network (ACRIN).

[MedPage Today](#) (7/18, Petrochko) reports that the data indicated that “screening by CT-scans prevented 12 cancer deaths per 10,000 person-years among those with the highest risk of death versus 0.2 deaths among those with the lowest risk, and versus radiography (P=0.01 for trend), according to Stephanie Kovalchik, PhD, of the National Cancer Institute in Bethesda, Md., and colleagues.” The study also found that, “between risk quintiles, there were decreasing numbers of false positive results per screening-prevented lung cancer death, with 1,648 false positives among those with the lowest risk and 65 among those with the highest.”

[Medscape](#) (7/18, Nelson) reports that study author Hormuzd A. Katki, PhD, from the divisions of cancer epidemiology and genetics at the NCI, told Medscape that the “findings are a proof of principle that calculating a smoker’s risk of lung cancer death can better predict each smoker’s benefit from undergoing low-dose CT lung screening.” According to Dr. Katki, “We are validating our risk calculations in additional study populations before making this tool available to physicians and the public.” The [Oncology Report](#) (7/18, Moon) and [Aunt Minnie](#) (7/18, Barnes) also cover the story.