

Report of AATS Task Force on Lung Cancer Screening and Surveillance



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Presenter Disclosure Slide

No Financial Relationships To Disclose

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National Lung Screening Trial (NLST)

- NCI sponsor 2002, phase III randomized
- 3 eligibility criteria
 - Age 55 to 74 years
 - 30 pack year smoking history
 - If quit, smoked within last 15 years
- Excluded if previous history of lung cancer



Recommendation 1

- Annual lung cancer screening with LDCT from age 55 through age 79 for patients with 30 pack-year history of tobacco.
 - Screening should not be offered if treatment impractical due to co-morbidity or functional status, regardless of age.
 - This recommendation expands the age and the duration of screening of the NLST.

Justification for Increasing Age of Screening from 74 to 79

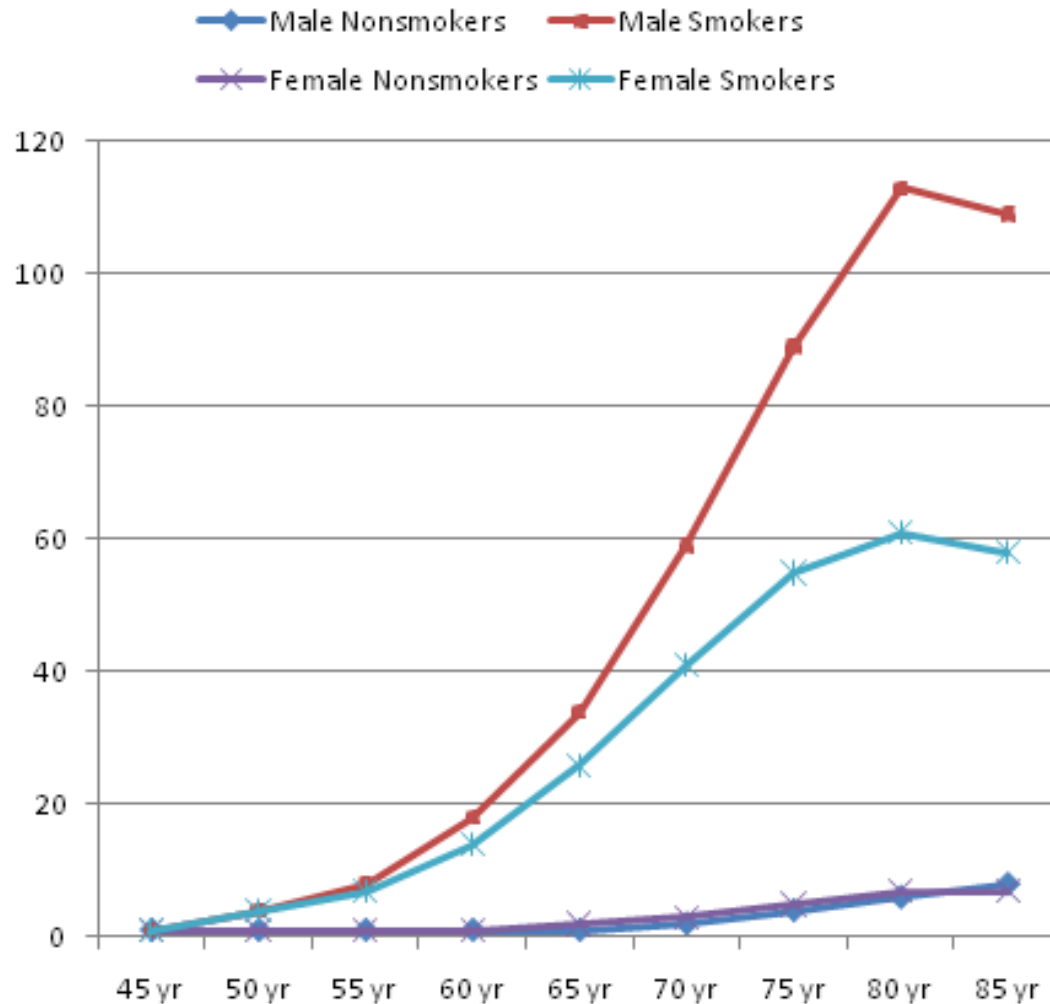
1. Median age of Lung Cancer 74 years.
2. Average life expectancy US 78.6 years
3. Lung Cancer incidence increases beyond 74.
4. Screening should add 7 years of life expectancy

Lung Cancer Risk is a Function of Age

Incidence (per 100,000)

<u>Age</u>	<u>Men</u>	<u>Women</u>
66 – 70 years	336	248
71 – 75 years	490	350
> 75 years	517	307

Exponential Lung Cancer Risk for Elderly Smokers



Young, R., Hopkins, R., The AATS Guidelines for lung cancer screening using LDCT for lung cancer survivors and other high risk groups. JTCVS; 2012.



Recommendation 2

- Long-term lung cancer survivors should have annual LDCT to detect second primary lung cancer until the age of 79, even if a “Never Smoker.”
 - Surveillance for recurrence for 4 yrs, then annual LDCT
 - 400,000 lung cancer survivors are highest risk of new cancer, but were excluded from previous trials and ignored in other societal recommendations



Recommendation 3

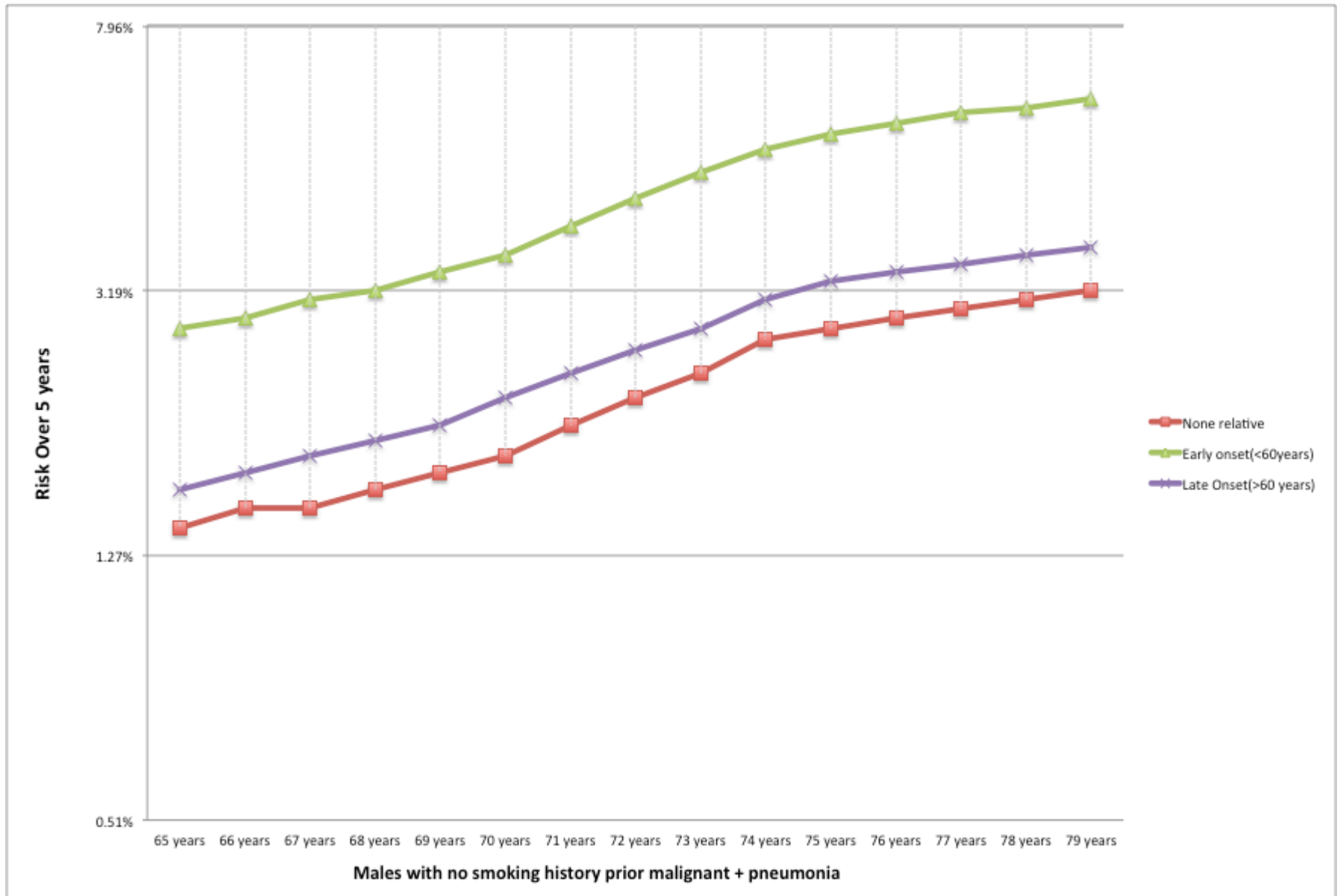
- Drop the “Quit Rule”
- Discussion of not covering screening for those smokers who have quit for more than 15 years.
- Smoking Cessation: if successful at age 55, then no coverage for screening after age 70, yet risk is highest ages 70 to 79.



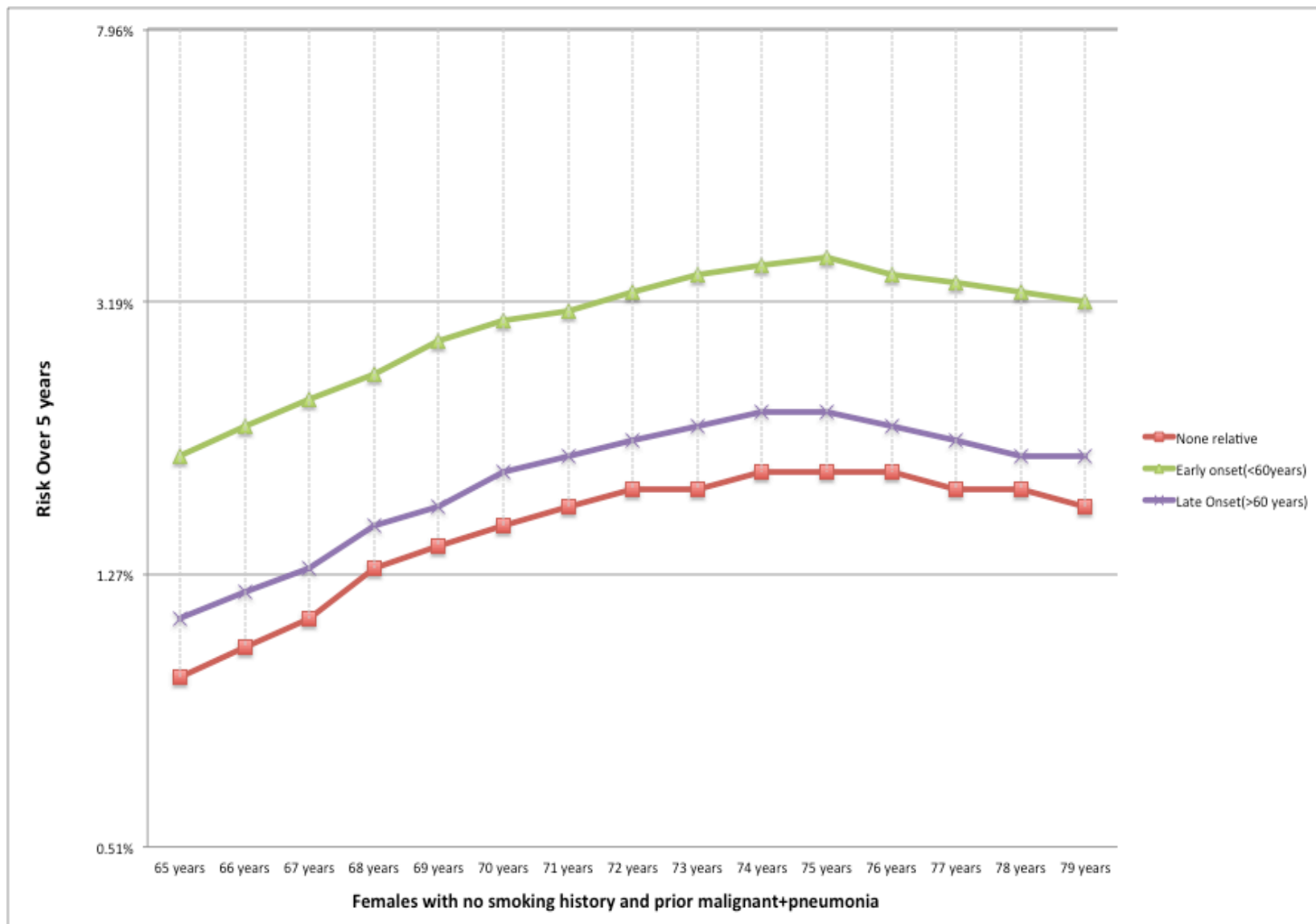
Recommendation 4

- Annual lung cancer screening with LDCT beginning at age 50 and 20 pack-years **IF** additional co morbidities produce a cumulative 5% risk of developing lung cancer over the following 5 years.
 - ☐ Known risks (FEV1 < 70%, etc) and future refinements (biomarkers, genetic/exposure risks).
 - ☐ Databases are revealing additional previously unappreciated risks

Men with NO SMOKING HISTORY and a First Degree Relative with Lung Cancer, plus a history of Pneumonia



Women with NO SMOKING HISTORY and a First Degree Relative with Lung Cancer **AND** Previous History of Pneumonia



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