WASHINGTON, D.C. – December 31, 2013 – The U.S. Preventive Services Task Force (Task Force) today published its final recommendation statement on screening for lung cancer, recommending screening for people between 55 and 80 years old who are at high risk for lung cancer because they are either current heavy smokers or former heavy smokers who have quit within the past 15 years. This recommendation is based on a comprehensive review of the available evidence.

Lung cancer is the leading cause of cancer death in the United States and a devastating diagnosis for more than two hundred thousand people each year. Nearly 90 percent of people who have lung cancer die from the disease, in part because it often is not found until it is at an advanced stage. Smoking is the biggest risk factor for developing lung cancer, resulting in 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.

“It’s clear that the longer and the more a person smokes, the greater their risk is for developing lung cancer,” says Task Force co-vice chair Michael LeFevre, M.D., M.S.P.H. “When clinicians are determining who would most benefit from screening, they need to look at a person’s age, overall health, how much the person has smoked, and whether the person is still smoking or how many years it has been since the person quit.”

Task Force chair Virginia Moyer, M.D., M.P.H., also noted that evaluating a patient’s overall health is a critical step in determining whether screening is appropriate. She states, “The benefit of screening may be significantly less in people with serious medical problems and there is no benefit in screening someone for whom treatment is not an option. In these people, screening may lead to unintended harms such as unnecessary tests and invasive procedures.”

Dr. Moyer also cautions, “Screening for lung cancer, while beneficial, should not be an alternative to quitting smoking. The best way to reduce the sickness and death associated with lung cancer is to promote smoking cessation and protect people who are non-smokers from tobacco smoke exposure.”

Before finalizing this recommendation, the Task Force posted a draft version for public comment in July 2013.

The Task Force’s final recommendation statement is published online in *Annals of Internal Medicine*, as well as on the Task Force Web site at: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). A fact sheet that explains the recommendation statement in plain language is also available.

The Task Force is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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