

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Lung Cancer

WASHINGTON, D.C. – July 30, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted its final evidence report and draft recommendation statement on screening for lung cancer. The Task Force is providing an opportunity for public comment on this draft recommendation statement until August 26. All public comments will be considered as the Task Force develops its final recommendation.

Based on the available evidence, the Task Force recommends screening people who are at high risk for lung cancer with annual low-dose CT scans, which can prevent a substantial number of lung cancer-related deaths. This is a grade B draft recommendation.

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.

“The more you smoke over time, the more at risk you are for lung cancer. When deciding who should be screened, clinicians will need to assess the 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,” says Task Force co-vice chair Michael LeFevre, M.D., M.S.P.H. “This evaluation will help clinicians decide whether it may be beneficial to screen a given person.”

After reviewing the evidence, the Task Force determined that you can reach a reasonable balance of benefits and harms by screening people who are 55 to 80 years old and have a 30 pack year or greater history of smoking, who are either current smokers or have quit in the past fifteen years. A “pack year” means that someone has smoked an average of one pack of cigarettes per day for a year. For example, a person reaches 30 pack years of smoking history by smoking a pack a day for 30 years or two packs a day for 15 years.

“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,” says Task Force chair Virginia Moyer, M.D., M.P.H. “Sadly, nearly 90 percent of people who develop lung cancer die from the disease, in part because it often is not found until it is at an advanced stage. By screening those at high risk, we can find lung cancer at earlier stages when it is more likely to be treatable.”

Dr. LeFevre also cautions, “It’s important to remember that helping smokers stop smoking and protecting non-smokers from exposure to tobacco smoke are the most effective ways to decrease the sickness and death associated with lung cancer. In addition, people who quit smoking will continue to see their risk go down over time. Screening for lung cancer is beneficial, but it is not an alternative to quitting smoking.”

The Task Force’s draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from July 30 to August 26 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel 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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