

# American Association for Thoracic Surgery Supports recommendation for lung cancer screening

29 August 2013

The American Association for Thoracic Surgery (AATS), a professional organization of surgeons dedicated to the diagnosis, treatment, and cure of diseases of the chest, strongly supports the United States Preventive Services Task Force (USPSTF) draft recommendation for lung cancer screening of asymptomatic smokers.

The draft recommendation posted by the USPSTF for public comment marks the first time in history in which a specific recommendation for screening for asymptomatic smokers to find lung cancer prior to the development of symptoms has been endorsed using low-dose CT scans for smokers with 30 pack years [tobacco exposure](#) and between the ages of 55 and 80.

The AATS strongly agrees with the USPSTF draft recommendation. Specifically, the AATS supports:

- 1) Performing the screening low dose CT scan test once a year, each year.
- 2) Continuing the screening up to age 80. The AATS believes future refinement of the [screening recommendations](#) can be expected to cover Americans over the age of 80 with preserved health.
- 3) The need to allow Americans with an abnormal screening scan to be evaluated in a specialized center with particular expertise in lung cancer, especially with state-of-the-art experience in minimally invasive diagnostic and surgical methods to treat early stage lung cancer.
- 4) The plan to link lung cancer screening with access to [smoking cessation](#) programs.

In September 2011 the AATS created a multispecialty Lung Cancer Screening and

Surveillance Task Force spearheaded by Michael T. Jaklitsch, MD, Associate Professor, Department of Surgery, Harvard Medical School, and Francine L. Jacobson, MD, MPH, Assistant Professor of Radiology, Harvard Medical School. With input from leaders in Radiology, Pulmonary Medicine, Medical Oncology, Radiation Oncology, Pathology, and Thoracic Surgery, in May 2012 this task force, issued a set of clinical guidelines that strongly recommended lung cancer screening using low-dose CT scans on an annual basis for smokers between the ages of 55 and 79. The close alignment of the USPSTF draft guidelines are based on the best scientific evidence currently available.

"Lung cancer is a common and lethal disease. Nearly a quarter million new lung cancer victims will be identified this year," explains, Dr. Jaklitsch. "Sadly, only 15% of these victims will be found with early stage disease. Yet lung cancer can be cured up to 88% of the time that early stage disease is found. Screening programs have been successful in reducing cancer deaths related to breast cancer (mammography), colon cancer (colonoscopy) and prostate cancer (PSA and rectal exams). Until now there has been no screening test for lung cancer, even though lung cancer kills more Americans than breast cancer, colon cancer, and prostate cancer combined. This historic recommendation will establish [lung cancer screening](#) and dramatically reduce deaths from this devastating disease."

Symptoms of lung cancer include difficulty breathing, coughing up blood, brain metastases, painful bone metastases, metastases to other organs, profound weight loss, and weakness.

Nearly every American has witnessed the suffering caused by lung cancer. AATS President David J. Sugarbaker, MD, Richard E. Wilson Professor,

Department of Surgery, Harvard Medical School, comments, "No one deserves to suffer the effects of an advanced stage of disease if a test is currently available to detect and cure the disease prior to symptoms. The time has finally come to use modern technology to prevent this type of suffering in lung cancer victims. Together we can continue to decrease [lung cancer](#) deaths."

AATS is currently developing its next set of recommendations, including the AATS risk calculator, slated for release in 2014.

**More information:** Jaklitsch, M. et al. The American Association for Thoracic Surgery guidelines for lung cancer screening using low-dose computed tomography scans for lung cancer survivors and other high-risk groups, *J Thorac Cardiovasc Surg*, 2012;144:33-8.  
[aats.org/multimedia/files/Guid ... tomography-scans.pdf](http://aats.org/multimedia/files/Guid...tomography-scans.pdf)

Provided by American Association for Thoracic Surgery

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