

Lung cancer screening rates remain very low among current and former smokers

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Lung cancer screening rates remained very low and unchanged among eligible populations in 2015, despite recommendations that high risk current and former smokers be screened. The study by American Cancer Society investigators appears in *JAMA Oncology*. The authors say it underscores the need to educate clinicians and those at risk about lung cancer screening.

In December 2013, the United States Preventive Services Task Force (USPSTF) recommended annual screening for lung cancer using low-dose computed tomography (LDCT) for people ages 55 to 80 with at least a 30 pack-year smoking history (calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked). The recommendation came after the National Lung Screening Trial (NLST) showed screening this [high risk](#) population could reduce lung cancer mortality 20% in this population.

In 2010, before the recommendation, the National Health Interview Survey (NHIS) found only 2% to 4% of high risk smokers received LCDT in the previous year.

To investigate further, researchers led by Ahmedin Jemal DVM, PhD, compared responses from the National Health Interview Survey between 2010 and 2015, including only those who would meet the requirements for screening under the USPSTF recommendation.

The study found the proportion of eligible current and former smokers who reported LCDT screening in the past 12 months remained low and constant between the two years, from 3.3% in 2010 to 3.9% in 2015. Based on those figures, the authors estimate that of the 6.8 million current and former smokers eligible for screening in 2015, only 262,700 received it.

"The reasons for the low uptake in screening are

probably varied, and likely include lack of knowledge among both smokers and doctors as to screening recommendations as well as access to high quality screening," said Dr. Jemal. "Our previous study showed implementing quality screening broadly across the U.S. could prevent about 12,000 [lung cancer](#) deaths every year in the short term. But we cannot prevent those deaths until and unless we start educating eligible smokers as well as clinicians about the benefits and risks of [screening](#), so patients can make an informed decision."

More information: *JAMA Oncology*, [DOI: 10.1001/jamaoncol.2016.6416](https://doi.org/10.1001/jamaoncol.2016.6416)

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