

AN OPPORTUNITY TO REDUCE THE TERRIBLE TOLL OF LUNG CANCER

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“You have lung cancer.” More than half of the patients who hear that terrible news die within a year, primarily because the cancer has been diagnosed in an advanced stage that cannot be cured. Early-stage lung cancer has no symptoms. Lung cancer kills more people than do prostate, breast and colon cancer combined – about 160,000 Americans every year.

Today, we have an excellent opportunity to change those numbers and the fate of thousands of patients every year. In 2010, a landmark study demonstrated that screening current or former smokers with low-dose CT scans can reduce deaths by 20 percent. Yet, few screenings are being done with this life-saving tool. Unfortunately, financial cost may be one of the reasons. Few insurers currently cover it.

We need Medicare and private insurance companies to join the few pioneering organizations that have begun covering lung cancer screening for a carefully selected population at the greatest risk of developing the disease. For these people, an annual CT scan can be a true life-saver, and in the end less costly.

Lung cancer screening has its drawbacks as well as its benefits. Even low-dose annual CT scans expose people to a certain amount of radiation. There are false positive results, which can lead to unnecessary tests, procedures and possible complications. And CT screening does not substitute for quitting tobacco. Although 15 percent of lung cancers are not associated with tobacco use, smoking cessation information should accompany any screening program.

One benefit, however, is clear: discovering cancer early improves the chance of survival. Patients with stage IV cancer have only a 1 percent chance of living five years, while those diagnosed with stage I cancer have a 70 to 80 percent chance of living five years and being cured.

Many organizations have tried to weigh the real-world benefits and costs of CT screening for lung cancer since the promising results of the National Lung Screening Trial were first announced. The opinions in favor are growing. The American College of Chest Physicians

and the American Lung Association have endorsed lung cancer screening for high-risk patients. Most recently, the American Cancer Society weighed in, recommending annual CT scans for patients ages 55-74 with a 30 pack-year smoking history.

Many researchers around the world are evaluating strategies to further advance lung cancer screening. At National Jewish Health in Denver, we are addressing both ends of the lung cancer equation: We operate tobacco quitlines for 12 states, and are evaluating biomarkers in the blood, urine and breath that could be used to refine the screening and reduce the false positive results.

While we are investigating new biomarkers of risk, we need to advance lung cancer screening with low-dose CT scans for smokers at high risk of developing and dying from the disease. It could save thousands of lives every year.

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