

Statement from American Cancer Society Chief Medical Officer Otis Brawley regarding the National Lung Screening Trial.

Technology has clear potential to create more birthdays. Still, study must not be over interpreted

Below is a statement from **American Cancer Society Chief Medical Officer Otis W. Brawley, M.D.**, regarding the National Lung Screening Trial.

"The announcement that a well designed prospective randomized trial of spiral CT reduces the risk of death in people with a history of heavy smoking is very welcome news. It is welcome not just for the fact it is a sign of real hope against a dreaded disease where there has been little progress for some years. It is welcome also because of the rigors and quality controls in the design, conduct, and analysis of the trial as well as the straightforward announcement of this critically important data. The American Cancer Society can be proud of our key role in helping NCI achieve rapid recruitment of participants for this groundbreaking study.

"Now the complete results of the trial need to be examined and analyzed by the scientific community. A key element that will need to be examined is the proportion of suspicious scans that lead to further evaluation, only to be determined to be negative - a situation called a "false positive." Additional evidence to be considered will be the number of patients who underwent actual surgery that revealed no disease. Another important piece of data to be considered is the estimated number of people who would have to undergo treatment to save a single life, something scientists call "number needed to treat." Clearly, some of those participants who underwent CT screening will have been harmed and not necessarily helped by it; some will have experienced reduced quality of life - and even death - from interventions resulting from screening. These harms need to be quantified. They then need to be fully weighed, considered, and compared to the potentially lifesaving benefit of screening with spiral CT before groups like the American Cancer Society and others can make any recommendation.

"The trial result of 20 percent fewer deaths among randomized participants screened with spiral CT applies to people with a high risk of lung cancer due to a history of heavy smoking. But it does not yet mean that all people at high risk should be screened. There is significant information that still needs to be analyzed, and until that is done, the best advice is that long-term, heavy smokers talk to a physician and make a decision about screening given the currently available information. The hope that screening using low dose CT scans can reduce deaths from lung cancer is real. But we need to proceed with caution. This technology has clear potential to create more birthdays, and this study's results were strong. Still, it is very important that this study not be over interpreted.

"That is why it is so very concerning to me that some are already encouraging persons at intermediate risk for lung cancer and even low risk non-smokers to get screened with spiral CT. It is unknown if spiral CT screening is beneficial for these populations. Screening could quite possibly do more harm than good in these low risk groups.

"The American Cancer Society is convening a group of experts in lung cancer, cancer screening, health practices and ethics to consider these important questions. This group will begin the process of reviewing all of the data from the National Lung Screening Trial. Our goal is to provide the public with credible, unbiased advice, including a thoughtful explanation explaining how the data from this very sound study supports any recommendation we may ultimately make. Until then, I encourage those interested in spiral CT to learn more about it before making a decision to be screened."

For a news report of the study see [CT Scans Cut Lung Cancer Deaths, Study Finds](#)
