NELSON Trial Confirms Mortality Benefit of Lung Cancer Screening

"The ongoing decline in lung cancer mortality is within our collective grasp"

ATLANTA—January 29, 2019—The New England Journal of Medicine today published the results of the Dutch-Belgian lung cancer screening trial (NELSON). The large trial of more than 15,000 men confirmed the findings of the National Lung Screening Trial of the mortality benefit of screening at-risk populations using low dose computed tomographic CT screening, finding a 24% reduction in mortality after 10-years of screening.

> *“With a new screening test and advances in treatment, accelerating the ongoing decline in lung cancer mortality is within our collective grasp”*

Below is a statement from **Richard C. Wender, M.D.,** chief cancer control officer for the American Cancer Society.

“These long-awaited results from the NELSON lung cancer screening trial make a clear conclusion: lung cancer screening in former or current smokers saves lives. The screened population saw a 26% lower risk of dying from lung cancer.

“This study of low dose CT scan screening ends any ongoing debate about limited evidence supporting the value of lung cancer screening and provides clear direction for the health care community. Lung cancer screening should become a priority for primary care clinicians, health care systems, insurance plans, and employers. It’s time to develop a new quality measure to help drive a steady increase in screening rates and hold all providers accountable to provide evidence based high quality screening, follow-up and lung cancer treatment.

“For too many years, too many lives have been lost to lung cancer, the leading cause of cancer related death in the United States. Despite ACS, USPSTF, and other organization’s guidelines recommending screening, and full coverage by private health insurance and Medicare, the percent of eligible people who have been screened is unacceptably low – under 10%. Now that we have another validating study, showing significant mortality reduction with acceptable risk, it’s time for a coordinated all-out push.

“With a new screening test and advances in treatment, accelerating the ongoing decline in lung cancer mortality is within our collective grasp. This is a major priority for the American Cancer Society and needs to be a major priority for all.”