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cited the harms and costs of screening, and the reliance on a single study, the NLST, for evidence of benefit.

Research to come

All of the experts would like to see additional evidence about the effects of lung cancer screening.

Future research may eventually identify additional factors, other than smoking history and age, that could identify patients who have higher risk for lung cancer and more likelihood of benefitting from screening. "Other biomarkers in the future will become very important," said Dr. Unger.

More data could also be used to refine recommendations about the frequency of screening, suggested Edward F. Patz Jr., MD, professor of radiology and pathology at Duke University in Durham, N.C. "Maybe we can be more efficient and somebody who has no abnormality at the beginning may not need an annual. They may be able to wait 2 or 3 years, such as with colonoscopy, where you can wait 10 years," he said.

Researchers are generally looking for more evidence on the appropriate repetition of screening, which is another area where the USPSTF extrapolated from the NLST. The trial included only 3 years of annual scanning, but under the guideline, some patients could be screened for as long as 25 years.

"If you were strictly going by the evidence, you would do it exactly as they did in the trial, because that's what we really know," said Dr. Schwartz. "If clinicians decide they really want to practice evidence-based medicine and just do 3 screens, I think that's an OK decision."

Dr. Henschke countered, "The NLST only did 3 rounds of screening because they wanted to conserve money. They didn't want to do additional rounds of screening if they could come up with the results. It was always for the purpose of annual screening."

The USPSTF called for development of a registry from lung cancer screening programs, which could provide more information on the effects of longer-term screening as well as answer some of experts’ other questions and concerns. A large European trial, called NELSON, is also expected to provide more data.

"There will be a plethora of papers, especially as far as the algorithms on what to do with those patients. There will be more money for research," said Dr. Unger.

While they determine whom and how to screen for lung cancer, internists should remember to strongly encourage smoking cessation with every patient who smokes, the experts agreed. No additional evidence is needed to show the most cost-effective, least-harmful way to reduce lung cancer deaths.

"By far the benefit of stopping smoking is way greater than the benefit of screening, because smoking also increases death from heart disease and many other causes," Dr. Schwartz said. "Even if you get the scan, it doesn't get you out of stopping smoking."