

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for lung cancer. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from July 7, 2020, to August 3, 2020. The Task Force welcomes your comments.

Screening for Lung Cancer

The Task Force issued a **draft recommendation statement** on *Screening for Lung Cancer*. The Task Force recommends that clinicians screen for lung cancer in adults who have no signs or symptoms of lung cancer but

who are at high risk for developing the disease because of age and because they are a current or former smoker. High-risk adults should be screened every year with a test called low-dose computed tomography (LDCT).

What is lung cancer?

When cancer starts in the lungs, it is called lung cancer. Cancer is a disease in which cells in the body grow out of control. This buildup of extra cells can form a tumor or spread to other parts of the body.

Facts About Lung Cancer

Lung cancer is the second most common cancer and the leading cause of cancer death in the United States. More than 200,000 people are diagnosed with this devastating disease each year.

The most important risk factor for lung cancer is smoking, and smoking accounts for the vast majority of all lung cancers. Increasing age is also an important risk factor.

When lung cancer is caught in the early stages through screening, there is a greater chance it can be treated, allowing people to live longer and healthier lives.

The best way to prevent lung cancer is to quit smoking. People who quit smoking greatly reduce their chance of developing lung cancer and dying from it. The longer they have quit, the less likely they are to develop lung cancer.

Facts About Screening for Lung Cancer

The main test used to detect lung cancer is low-dose computed tomography (also called a low-dose CAT scan or LDCT). A CT scan combines a series of X-ray images from different angles to create detailed pictures of what is happening in a person's body and lungs.

The goal of screening for lung cancer is to identify the cancer at an early stage so that it can be treated.

The Task Force defines those at high risk for lung cancer—and who may benefit from lung cancer screening—as people who:

- are age 50 to 80, and
- have a history of heavy smoking, and
- are either current smokers or have quit within the past 15 years.

Heavy smoking means someone has smoked for approximately 20 pack-years or more. A “pack-year” is a way of calculating how much a person has smoked in their lifetime. It is equal to smoking an average of 20 cigarettes—one pack—per day for a year. But it's important to understand that there are different ways someone can have a 20 pack-year history of smoking.

For example, 20 pack-years could mean someone smoking one pack of cigarettes a day for 20 years, two packs of cigarettes a day for 10 years, or a half pack of cigarettes a day for 40 years.

Screening should be stopped once a person has not smoked for 15 years or develops a health problem that limits how long they might live or their ability or willingness to have surgery if testing shows they have cancer.

Potential Benefits and Harms

In reviewing the evidence, the Task Force found that annual screening for lung cancer for those at high risk can prevent lung cancer-related deaths.

Lung cancer screening has some harms. A test can suggest that a person has lung cancer when none is present (this is known as a “false positive”). These false positives cause worry, anxiety, and can lead to unnecessary tests and invasive procedures. Radiation exposure from repeated low-dose CT scans is another harm.

People should have a thorough discussion with their clinician before deciding to undergo screening for lung cancer.

The Draft Recommendations on Screening for Lung Cancer: What Do They Mean?

Here is the Task Force’s draft recommendation on screening for lung cancer. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues an **B Grade**, it recommends screening because it has more potential benefits than potential harms.

In this new draft recommendation, the Task Force has made two changes from the previous recommendation that increase the number of people eligible for screening.

1. The Task Force now recommends that people start screening at age 50, rather than 55.
2. This recommendation reduces the pack-years of smoking history that make someone eligible for screening from 30 pack-years to 20.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF recommends *annual screening* for lung cancer with *low-dose computed tomography* (LDCT) in adults ages 50 to 80 years who have a *20 pack-year smoking history* and currently smoke or have quit within the past 15 years. Screening should be *discontinued* once a person has not smoked for 15 years or develops a *health problem that substantially limits life expectancy* or the ability or willingness to have *curative lung surgery*. **(B Grade)**

Notes

1 *annual screening*
Once-a-year testing.

low-dose computed tomography

A test in which an X-ray machine scans the body and uses low doses of radiation to make a series of detailed pictures of the lungs.

20 pack-year smoking history

A pack-year is a way of calculating how much a person has smoked in their lifetime. A pack-year is the equivalent of smoking an average of 20 cigarettes—one pack—per day for a year. For example, 20 pack-years could mean a person smoked a pack a day for 20 years, two packs a day for 10 years, or half a pack for 40 years.

discontinued
Stopped.

health problem that substantially limits life expectancy

Another health problem aside from lung cancer that means a person will not live long enough to benefit from screening and treatment of lung cancer (such as surgery).

curative lung surgery

Removal of part or all of the lung of patients with early stage disease.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Lung Cancer and Screening for Lung Cancer

- [Smokefree.gov](#)
(U.S. Department of Health and Human Services)
- [Quit Smoking](#)
(Centers for Disease Control and Prevention)
- [Lung Cancer–Patient Version](#)
(National Cancer Institute)
- [Lung Cancer Screening–Patient Version](#)
(National Cancer Institute)
- [Lung Cancer](#)
(Healthfinder.gov)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between July 7, 2020 and August 3, 2020.



All comments will be considered for use in writing final recommendations.