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LUNG CANCER SCREENING

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Abstract

Patients with lung cancer are mostly diagnosed when they present with symptoms, they have advanced stage disease and curative treatment is not possible. Detecting the disease and initiating treatment at an early stage are important for improving survival. Low-dose computed tomography (LDCT) is strategy for lung cancer detection that has demonstrated promise in purpose to identify the presence of lung cancer in an early stage when individuals does not demonstrate any symptoms and curative treatment is feasable.

Based on the results of the National Lung Screening Trial (NLST), NELSON trial, the US Preventive Services Task Force and NCCN guideline recommend annual lung cancer screening with LDCT. According to the leading guidelines annual screening for lung cancer with low-dose computed tomography (LDCT) is recommended in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.

Concerns associated with LDCT screening include: radiation exposure, management of false negative and false-positive results, incidental findings, overdiagnosis. Patients with several comorbid conditions may be at greater risk.

Biography

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