U.S. Preventive Services TASK FORCE

USPSTF Bulletin
An independent, volunteer panel of national experts in prevention and evidence-based medicine

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Lung Cancer

New evidence shows screening can help more people at high risk

WASHINGTON, D.C. – July 7, 2020 – The U.S. Preventive Services Task Force (USPSTF) today posted a draft recommendation statement, draft evidence review, and draft modeling study on screening for lung cancer in people who do not have signs or symptoms.

Based on the evidence, the USPSTF recommends annual screening using a low-dose computed tomography (CT) scan for people aged 50 to 80 years old who are at high risk for lung cancer because of their smoking history. **This is a B recommendation.**

Grade in this recommendation:

B: Recommended.

Learn more here

Smoking is the leading cause of lung cancer. Those at high risk are people who have smoked at least 20 pack-years over their lifetime, and still smoke or have quit smoking within the last 15 years. A *pack-year* is a way of calculating how much a person has smoked. One pack-year is the equivalent of smoking an average of 20 cigarettes, or one pack, per day for a year. People between 50 and 80 years old who are current or former smokers should talk to their doctor about whether they are at high risk for lung cancer. If they are, they should discuss the benefits and harms of screening so they can determine whether screening for lung cancer is right for them.

More than 200,000 people are diagnosed with this devastating disease each year. In this new draft recommendation, the Task Force has made two changes that will nearly double the number of people eligible for lung cancer screening. First, the Task Force now recommends that people start screening at age 50, rather than 55. Second, this recommendation reduces the pack-years of smoking history that make someone eligible for screening from 30 pack years to 20.

“New evidence provides proof that there are real benefits to starting to screen at a younger age and among people with a lighter smoking history,” says USPSTF member Michael J. Barry, M.D. “We can not only save more lives, we can also help people stay healthy longer.”

By expanding who is eligible for screening, the changes to this recommendation will be especially helpful to African Americans and women. Data show that African Americans and women tend to smoke fewer cigarettes than white men. Data also show that African Americans have a higher risk of lung cancer than white people. These changes will mean that many more African American and female smokers will be eligible for this potentially life-saving screening.

“Some really good news from the changes to this recommendation is that it will mean more people are eligible for screening, including notably more African Americans and women,” says USPSTF member John B. Wong, M.D. “Making screening for lung cancer available to people who have smoked less over time will help doctors support the health—and potentially save the lives—of more of their African American and female patients.”

The USPSTF’s draft recommendation statement and draft evidence review have been posted for public comment on the USPSTF website at www.uspreventiveservicestaskforce.org. Comments can be submitted from July 7, 2020, to August 3, 2020, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

Dr. Wong is chief scientific officer, vice chair for Clinical Affairs, chief of the Division of Clinical Decision Making, and a primary care clinician in the Department of Medicine at Tufts Medical Center. He is also director of comparative effectiveness research for the Tufts Clinical Translational Science Institute and a professor of medicine at Tufts University School of Medicine and the Tufts University School of Graduate Biomedical Sciences.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572-2044