

# Screening for lung cancer is the next big opportunity for **early detection**

Detecting lung cancer via screening before symptoms occur may transform lung cancer from a fatal to a treatable condition



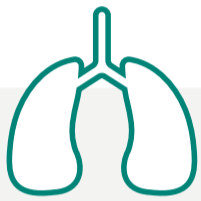
The lack of clear symptoms during the early stages means that lung cancer is often **diagnosed late**.<sup>1</sup>



Screening via low-dose computed tomography (LDCT) can **reduce the time to diagnosis, increase access to curative surgery and improve survival**.<sup>2</sup>



LDCT screening for lung cancer meets all key criteria for screening programmes, including the Wilson and Jungner criteria:<sup>3</sup>



Lung cancer is a significant public health issue

Globally, **one fifth of all cancer-related deaths** are due to lung cancer.<sup>4</sup>

Lung cancer also incurs the **greatest economic burden of all cancers**.<sup>5</sup>



Lung cancer has a detectable early stage of the disease, for which effective treatments are available

Most people with lung cancer are diagnosed late (stage IV), when **five-year survival is <10%**.<sup>6,7</sup>

If diagnosed earlier (stage I), five-year survival increases to **68–92%**<sup>7</sup> as treatment (such as surgery) can be **potentially curative**.<sup>8</sup>



LDCT screening is recognised as a suitable test for lung cancer

When optimised, targeted LDCT screening has been shown to be **effective** and **does not lead** to a high proportion of unnecessary procedures or treatments.<sup>9–12</sup>



Lung cancer screening is cost-effective

LDCT screening is also potentially **more efficient** than other cancer screening programmes.<sup>13–15</sup> In other words, fewer people need to be screened to avoid one death from lung cancer than with other cancer screening programmes.

There is an extensive evidence base supporting the **implementation of LDCT screening**

## References

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