American Indian Cancer Foundation®

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USPSTF Drafts New Lung Cancer Screening Recommendations

The United States Preventive Services Task Force (USPSTF) recently outlined a new draft for lung cancer screening recommendations. New guidelines recommend annual screening 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. The American Indian Cancer Foundation (AICAF) and its partners at the University of Minnesota (UMN) strongly support the USPSTF's new recommendation, as it will greatly increase the number of Native people eligible for lung cancer screening and help save thousands more lives each year.

Read the official statement from our UMN partner Abbie Begnaud, MD, FCCP:

"The United States Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. They review scientific evidence for screening tests and make recommendations about who should get which type of screening tests. Screening tests identify disease early, before it causes symptoms and has the best chance for treatment or cure. Common screening tests are mammography for breast cancer and blood pressure measurement to look for hypertension. A USPSTF recommendation is very important because it impacts insurance coverage for recommended tests and preventive care.

I applaud the USPSTF for this draft recommendation. By lowering the age limit and lowering the cigarette smoking amount, it's a step in the right direction to address disparities in lung cancer outcomes. Good evidence suggests that certain groups are more likely to develop lung cancer despite smoking fewer cigarettes than would currently qualify for lung cancer screening. If approved, this recommendation will permit broader application of screening to individuals who can benefit. Other risk factors besides smoking (such as family history of lung cancer, personal history of other cancers, and social determinants of health like educational attainment and race) impact overall risk of developing lung cancer - this guideline will allow such individuals improved access to potentially life-saving screening. African American and Indigenous people are two specific groups who tend to smoke fewer cigarettes per day but are still at high risk for developing lung cancer.

Not all lung cancer is related to cigarette smoking so screening still isn't going to find all lung cancers, but it's progress forward nonetheless! Now clinicians and healthcare organizations need to continue work to widely implement and provide equitable access to lung cancer screening."

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Dr. Abbie Begnaud is a pulmonologist, critical care, and cancer physician for the University of Minnesota Health Lung Cancer Screening Program.

Table 4. Relative Risks of Smoking-Related Lung Cancer among Current and Former Smokers, According to the Level of Smoking.*

Smoking Level	African American	Native Hawaiian	Latino	Japanese American	White	Global P Value
≤10 Cigarettes/day						
Relative risk (95% CI)†	1.00	0.88 (0.60–1.29)	0.21 (0.14–0.31)	0.25 (0.18–0.36)	0.45 (0.34–0.60)	
P value		>0.5	<0.001	<0.001	<0.001	<0.001
Cases of lung cancer	215	34	52	50	54	
No. of participants	9886	2745	12,831	8378	7650	
11–20 Cigarettes/day						
Relative risk (95% CI)†	1.00	0.90 (0.74–1.12)	0.36 (0.29–0.44)	0.39 (0.32–0.47)	0.57 (0.49–0.68)	
P value		0.37	<0.001	<0.001	<0.001	<0.001
Cases of lung cancer	240	65	80	136	180	
No. of participants	6514	3062	4932	10,680	9877	
21–30 Cigarettes/day						
Relative risk (95% CI)†	1.00	0.93 (0.72–1.21)	0.61 (0.46–0.79)	0.61 (0.49–0.74)	0.73 (0.61–0.88)	
P value		>0.5	<0.001	<0.001	0.07	<0.001
Cases of lung cancer	65	24	27	102	157	
No. of participants	1671	1419	1406	4715	6062	
≥31 Cigarettes/day						
Relative risk (95% CI)†	1.00	0.95 (0.66–1.35)	0.79 (0.55–1.13)	0.75 (0.57–1.00)	0.82 (0.64–1.05)	0.31
P value		>0.5	0.38	0.31	>0.5	
Cases of lung cancer	45	35	26	64	124	
No. of participants	759	788	800	2305	3970	

* Global P values for racial and ethnic differences in risk for each smoking level were calculated with the use of the likelihood ratio test.
† Relative risks were adjusted for the duration of smoking, sex, and the time since quitting. Information about the model used to estimate relative risks is provided in the Supplementary Appendix. African Americans served as the reference group. CI denotes confidence interval.

Source: Ethnic and Racial Differences in the Smoking-Related Risk of Lung Cancer