

## Recommendation for Lung Cancer Screening Using Low-dose Computed Tomography (low-dose CT, LDCT)

<p><b>Background</b></p>	<p>Lung cancer is the leading cause of cancer-related deaths. Around 3,300 people die from it every year in Switzerland. Tobacco smoking is by far the leading risk factor for lung cancer, accounting for about 80-90% of lung cancer diagnoses. Consequently, several international studies have investigated whether lung cancer screening by means of low-dose computed tomography in high-risk individuals could lead to earlier lung cancer diagnosis and to prevention of deaths. At-risk individuals are current and former tobacco smokers aged 55 and older. The Swiss Cancer Screening Committee appraised the evidence on the ethical issues in lung cancer screening, the clinical effectiveness, cost-effectiveness, as well as the budget impact and has provided a recommendation for Switzerland.</p>
<p><b>Recommendation</b></p>	<p><b>The Cancer Screening Committee suggests offering low-dose computed tomography (LDCT) lung cancer screening to people at risk.</b> (GRADE conditional recommendation)</p>
<p><b>Justification</b></p>	<p>The Cancer Screening Committee issued a conditional recommendation in favour of screening because LDCT lung cancer screening probably results in a reduction of lung cancer deaths (43 fewer lung cancer deaths per 10,000 people over 10 years). Furthermore, the evidence implies that screening would result in more lung cancer cases being diagnosed at an earlier stage.</p>
<p><b>Recommendation’s Scope</b></p>	<p>The scope of this recommendation is centred on the individual perspective of people at risk. The Swiss Cancer Screening Committee thinks that a majority of informed high-risk people would consider screening.</p>
<p><b>Considerations for Implementation</b></p>	<p>The Swiss Cancer Screening Committee strongly recommends offering LDCT lung cancer screening within organised programmes. Only an organised programme can ensure a broad, accessible and equitable offer of screening. In a programme, the quality and reproducibility of indicated follow-up testing after a suspicious screening result and a structured and target-group oriented invitation of the at-risk population can also be guaranteed. A programme would also allow exemption from the deductible according to the standard rules of Swiss statutory health insurance, which is another important prerequisite for equity of access.</p> <p>In lung cancer screening, standardized procedures should be used for further diagnostic investigation of abnormal findings and for diagnosis.</p> <p>Reaching the at-risk population is a central concern and a major challenge that requires specific recruitment and implementation strategies.</p> <p>People at risk need to be supported in decision-making by appropriately trained health professionals (shared decision-making) so that each person can make a decision that is in line with his/her values, preferences and individual situation.</p> <p>Participation in screening should be a free choice and non-participation should not have negative consequences, in terms of stigmatisation or exclusion from healthcare services.</p> <p>Smoking cessation support according to the current state of knowledge should always be offered to persons at risk; regardless of their decision to undergo screening or not.</p>
<p><b>Full Report</b></p>	<p><a href="https://cancerscreeningcommittee.ch/en/">https://cancerscreeningcommittee.ch/en/</a></p>