

Editor's note:

In the era of personalized medicine, a critical appraisal new developments and controversies are essential in order to derived tailored approaches. In addition to its educative aspect, we expect these discussions to help younger researchers to refine their own research strategies.

Controversies on Lung Cancer: Pros and Cons

Rebuttal from Dr Hanna

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I would like to congratulate Drs. van Meerbeek and Sirens on a well-presented argument and an excellent review of the literature. I strongly support their conclusion that surveillance with low dose computed tomography (LDCT) is mandated within 5 years of resection of early-stage lung cancer. However, I have reservations against their argument that surveillance is not indicated after 5 years.

My colleagues site lack of evidence for continuing life-long screening for lung cancer survivors and invite the international community to draft a large randomized trial that would compare screening with LDCT to standard follow-up. Such a trial, although valuable, is likely to cost tens of millions of dollars and require close to a decade to complete. If completed, this trial will undoubtedly confirm what we know already from the National Lung Cancer Screening Trial (NLST) (1), which is that lung cancer survivors, like other high-risk patients, will benefit from ongoing LDCT screening. When compared to the high-risk population of smokers in the NLST, who had a cumulative lung cancer risk of 0.6% person-years, survivors of NSCLC have 10 times that risk (1). Based on this fact alone, it is logical to extrapolate that survivors of lung cancer will derive a much higher benefit from CT surveillance than the 20% relative reduction in mortality that was reported in the NLST (1). I therefore join the growing number of experts who are of the belief that we do not need to reinvent the wheel on the matter of LDCT screening for lung cancer survivors (2). We have a more than adequate randomized

controlled trial that has provided the best evidence to support screening for this population.

Lung cancer survivors are the highest risk population to develop lung cancer in the future. There should be no doubt in anybody's mind that systematic ongoing lifelong surveillance with LDCT is beneficial for these patients.

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Footnote

Conflicts of interest: The author has no conflicts of interest to declare.

References

1. National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med* 2011;365:395-409.
2. Flores RM. Lung cancer survivors need lung cancer screening. *J Thorac Cardiovasc Surg* 2015;149:53-4.

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