



**SCREENING FOR LUNG CANCER
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

Population	Asymptomatic adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit smoking within the past 15 years
Recommendation	<p align="center">Screen annually for lung cancer with low-dose computed tomography. Discontinue screening when the patient has not smoked for 15 years.</p> <p align="center">Grade: B</p>
Risk Assessment	Age, total cumulative exposure to tobacco smoke, and years since quitting smoking are the most important risk factors for lung cancer. Other risk factors include specific occupational exposures, radon exposure, family history, and history of pulmonary fibrosis or chronic obstructive lung disease.
Screening Tests	Low-dose computed tomography has high sensitivity and acceptable specificity for detecting lung cancer in high-risk persons and is the only currently recommended screening test for lung cancer.
Treatment	Non-small cell lung cancer is treated with surgical resection when possible and also with radiation and chemotherapy.
Balance of Benefits and Harms	Annual screening for lung cancer with low-dose computed tomography is of moderate net benefit in asymptomatic persons who are at high risk for lung cancer based on age, total cumulative exposure to tobacco smoke, and years since quitting smoking.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on counseling and interventions to prevent tobacco use and tobacco-caused disease. These recommendations are available at http://www.uspreventiveservicestaskforce.org .

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org>.