LETTER TO THE EDITOR

Response to “Exploring the impact of screening with low-dose CT on lung cancer mortality in mild to moderate COPD patients”

Dear Editor (Respiratory Medicine)

We greatly appreciate Dr Young’s interest in our publication and his comments. He points out three important issues about targeting patients with mild to moderate COPD for lung cancer screening [1]: the number of patients needed to screen, the “absence” of overdiagnosis, and the importance of incorporating spirometry into lung cancer screening programs.

As he mentions, the lung cancer detection rate in our cohort was 3.8 fold greater than in the National Lung Screening Trial (NLST) [2] and similar to that seen in the Pittsburg Lung Screening Study (PluSS) [3]. If these numbers are confirmed by other groups we could significantly decrease the number of patients needed to screen (NNS) by more than 70%. Incorporating COPD into the selection criteria for high-risk patients could improve the risk-benefit ratio of lung cancer screening programs. The apparent “absence” of overdiagnosis is another important issue raised by Dr Young. Based on existing data [4], we believe that the proposed "remodeling/repair microclimate” [5] favors the development and progression of lung cancer in COPD patients. It may also favor the development of more aggressive tumors in this population, thus reducing the proportion of overdiagnosis in comparison to a population of healthy smokers [6]. Lastly, but perhaps more importantly, we agree with Dr Young’s assertion that lung cancer screening programs should incorporate spirometry even considering we are screening asymptomatic current and former smokers. Such a program may be the ideal setting to tackle two of the most prevalent and deadly tobacco associated diseases: COPD and lung cancer. Underdiagnosis of COPD of around 70–80% is a consistent finding in all population-based studies performed around the world [7,8]. Adding spirometry will not only help identify individuals with higher risk for lung cancer, but will also help detect COPD in its early stages when interventions like smoking cessation may have a greater impact on outcomes.

References


Juan P. de-Torres* Javier J. Zulueta
Pulmonary Department, Clinica Universidad de Navarra, Pamplona, Spain

*Corresponding author.
E-mail address: jpdetorres@unav.es (J.P. de-Torres)

Available online 15 February 2014

DOI of original article: http://dx.doi.org/10.1016/j.rmed.2013.06.022.