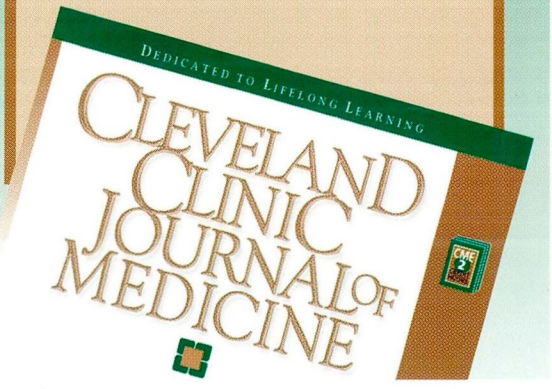
We Welcome Your Letters

WE ENCOURAGE YOU TO WRITE, either to respond to an article published in the *Journal* or to address a clinical issue of importance to you. You may submit letters by mail, fax, or e-mail.

MAILING ADDRESS
Letters to the Editor
Cleveland Clinic Journal of Medicine
9500 Euclid Ave., NA32
Cleveland, OH 44195
FAX 216.444.9385
E-MAIL ccjm@ccf.org

■ Please be sure to include your full address, phone number, fax number, and e-mail address. Please write concisely, as space is limited. Letters may be edited for style and length. We cannot return materials sent. Submission of a letter constitutes permission for the *Cleveland Clinic Journal of Medicine* to publish it in various editions and forms.



Low-dose spiral CT for lung cancer screening

(JANUARY 2001)

TO THE EDITOR: Lung cancer is one of the deadliest malignancies because it is typically not detected in the early stages when it is most curable. At the same time, the vast majority of curable lung cancers are now detected by chest x-rays and CT scans. The diagnostic power of CT scanning in the detection of early disease is well established and unambiguous, but its role as a screening tool is hotly debated, as the article by Jain and Arroliga on page 74 of this issue illustrates.

Scientists on both sides of the controversy have argued and will continue to argue the risks and benefits of low-dose spiral CT. However, the core of the issue is whether one should wait 10 years or more for the results of randomized trials or should one assume the validity of the promising results of the shorter cohort studies are valid?

While we wait for the results of the cost-effectiveness analyses and the effect on mortality of such a screening method, should we deny its potential benefit to the hundreds of thousands of patients who are at risk of developing lung cancer? Similar dilemmas surrounded established screening programs for breast, cervical, and prostate cancer but public awareness and pressure have put those programs on a fast track. The fact remains that lung cancer kills more people than breast, prostate, and colon cancer combined. Our immediate focus should be to maximize the benefit and minimize the risks of the CT screening program by establishing well-designed standardized protocols for the patients who could benefit from such a method. It is time to reach a consensus on what defines the highest lung cancer risks and aggressively identify and screen this particular population.

While it may be reasonable to await more data before proposing CT as a general population screening tool for the millions of current and former smokers, its value as a sensitive and accurate test for preclinical lung cancer detection is irrefutable and hence, it should be available and used for individual patients when the question arises and the risk is real.

MOULAY MEZIANE, MD
Head, Section of Thoracic Imaging,
Department of Radiology,
Cleveland Clinic

MALCOLM DECAMP, MD
Head, Section of Lung Transplantation
Department of Cardiothoracic Surgery,
Cleveland Clinic