



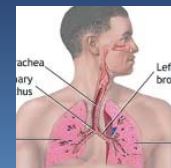
## Lung Cancer Screenings

From the New England Journal of Medicine



### VOLUME I

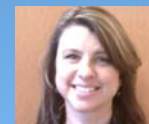
#### What's Happening



Lung Cancer Screenings...  
What the experts are saying ...



The Priority  
Radiology Advantage



Meet Featured Employee  
Melody Marinc

### Background

The aggressive and heterogeneous nature of lung cancer has thwarted efforts to reduce mortality from this cancer through the use of screening. The advent of low-dose helical computed tomography (CT) altered the landscape of lung-cancer screening, with studies indicating that low-dose CT detects many tumors at early stages. The National Lung Screening Trial (NLST) was conducted to determine whether screening with low-dose CT could reduce mortality from lung cancer.

### Methods

From August 2002 through April 2004, we enrolled 53,454 persons at high risk for lung cancer at 33 U.S. medical centers. Participants were randomly assigned to under-go three annual screenings with either low-dose CT (26,722 participants) or single-view posteroanterior chest radiography (26,732). Data were collected on cases of lung cancer and deaths from lung cancer that occurred through December 31, 2009.

### Results

The rate of adherence to screening was more than 90%. The rate of positive screening tests was 24.2% with low-dose CT and 6.9% with radiography over all three rounds. A total of 96.4% of the positive screening results in the low-dose CT group and 94.5% in the radiography group were false positive results. The incidence of lung cancer was 645 cases per 100,000 person-years (1060 cancers) in the low-dose CT group, as compared with 572 cases per 100,000 person-years (941 cancers) in the radiography group (rate ratio, 1.13; 95% confidence interval [CI], 1.03 to 1.23). There were 247 deaths from lung cancer per 100,000 person-years in the low-dose CT group and 309 deaths per 100,000 person-years in the radiography group, representing a relative reduction in mortality from lung cancer with low-dose CT screening of 20.0% (95% CI, 6.8 to 26.7;  $P=0.004$ ). The rate of death from any cause was reduced in the low-dose CT group, as compared with the radiography group, by 6.7% (95% CI, 1.2 to 13.6;  $P=0.02$ ).

### Conclusions

**Screening with the use of low-dose CT reduces mortality from lung cancer.** (Funded by the National Cancer Institute; National Lung Screening Trial ClinicalTrials.gov number, NCT00047385.)

n engl j med 365;5 nejm.org august 4, 2011

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## Featured Employee



**Melody Marinc**

**Mammography and Ultrasound  
Technician**

Melody has been a technician with Priority since 2008. She assumed the role as lead technician in the mammography and ultrasound department at Priority in 2010. Melody takes great pride in providing excellent service to our patients and going the “extra mile” to acquire the best images to allow an accurate diagnosis. She works closely with our radiologists to assist in setting protocols and acquiring appropriate data for diagnosis. We are very grateful for all of Melody’s hard work and dedication!

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