

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/facing-false-positives-in-ct-based-nsclc-screenings/10281/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Facing False Positives in CT-Based NSCLC Screenings

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

From the ReachMD studios in Fort Washington, Pennsylvania, I'm Dr. Matt Birnholz. On this episode, we caught up with Dr. Everett Vokes, Professor of Medical Oncology at the University of Chicago, who addressed the concern of false positives in CT-based screenings for Non-small Cell Lung Cancer. Here's what he shared with us.

Dr. Vokes:

Well, I think CT-based screening has been a very good thing in lung cancer. We know we can find cancers earlier, particularly in patients at high risk that have a significant smoking history, but of course, as we scan people, very frequently we find lesions that are not going to be cancer, that may not grow over time, and we now have very good guidelines from radiological societies how to do that, so if lesions are small and are not necessarily meeting characterization for suspicion of cancer but they're there, we follow the patient with serial scans. And I think that is really the key, to be aware of these lesions, to be guarding how they progress and make sure that we observe the patient but not necessarily biopsy everything or remove everything.

The CT is showing something that's there, and it's really, in our institution at least, the radiologist who then makes the call to tell us that lesions need to be observed, that follow-up scans need to be done, that they should be done maybe in less than 1 year of time, but where patients actually undergo a surgical removal and it's not a malignancy, that's something that's very rare. But the burden really here is that lesions are found that need the follow-up that without that initial scan wouldn't have been necessary to do.

Dr. Birnholz:

That was Dr. Everett Vokes from the University of Chicago. For more expert insights on non-small cell lung cancer, visit ReachMD.com/NSCLC. I'm Dr. Matt Birnholz, inviting you to be part of the knowledge.

Announcer:

The preceding program was sponsored by Lilly. Content for this series is produced and controlled by ReachMD. This series is intended for healthcare professionals only. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/NSCLC. Thank you for listening to ReachMD. Be Part of the Knowledge.