ABSTRACT

The National Lung Screening Trial (NLST) was a randomized trial in 53,454 participants comparing low dose helical CT (LDCT) to chest radiography (CXR) in individuals at high risk of lung cancer. Published in 2011, the results showed a 20% relative reduction in lung cancer mortality using LDCT relative to CXR; a 6.7% decrease in all-cause mortality was also observed. Data on screening results, types of diagnostic procedures, screen-related complications, lung cancers and stage distribution are presented. Preliminary calculations of cost effectiveness will be described, along with screening-related harms and how these factors may influence the implementation of CT screening in routine practice.

Accreditation
The Stanford University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation
The Stanford University School of Medicine designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Cultural and Linguistic Competency
California Assembly Bill 1195 requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. The planners and speakers of this CME activity have been encouraged to address cultural issues relevant to their topic area. The Stanford University School of Medicine Multicultural Health Portal also contains many useful cultural and linguistic competency tools including culture guides, language access information and pertinent state and federal laws. You are encouraged to visit the portal: http://llane.stanford.edu/portals/cultural.html