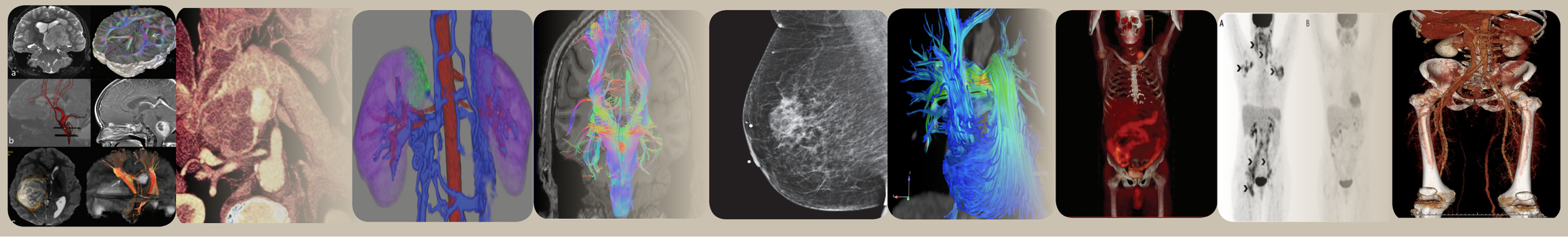
STANFORD SCHOOL OF MEDICINE

Department of Radiology

CME RADIOLOGY GRAND ROUNDS



"Modeling Lung Cancer Screening Guidelines: Implications for Genomic Medicine"

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Thursday, April 17, 2014
5:30 PM - 6:30 PM
Li Ka Shing Center - Room LK130

ABSTRACT Lung cancer is the leading cause of cancer related death in the United States, with more than 200,000 newly diagnosed cases each year. Currently the 5-year lung cancer survival probability is approximately 15%; however, tumors detected at smaller sizes are associated with higher survival rates implying that early detection of lung cancer is critical in reducing lung cancer mortality. In 2010, the National Lung Screening Trial (NLST) demonstrated that low-dose CT (LDCT) versus chest radiographic screening reduced lung cancer mortality by 20%. Recently, the United States Preventive Services Task Force (USPSTF) updated their national lung cancer screening guidelines, recommending that an individual aged 55 to 80 years with at least 30 pack-years of smoking and less than 15 years since quitting be screened annually by LDCT. Their decision to extend the screening stopping age to 80 years has initiated debate on the appropriate stopping age. The USPSTF decision was made based on evidence from clinical trials, including NLST, as well as analyses provided by Cancer Intervention and Surveillance Modeling Network (CISNET) consortium. CISNET is an NCI sponsored consortium that uses a comparative statistical modeling approach to estimate the population-level impact of cancer prevention, screening and treatment strategies. On behalf of the CISNET lung group, I will present the CISNET modeling work that was used by the USPSTF during their deliberations on the lung cancer screening recommendations. I will conclude my talk with the implications of advances in genomic medicine on future cancer screening guidelines.

Global Learning Objectives

- Critically analyze research, guidelines and appropriate use criteria to develop best-practice diagnosis and treatment strategies
- Evaluate latest innovations in imaging to assess safety and effectiveness

Session Learning Objectives

- Formulate effective clinical guidelines for lung cancer screening that consider both benefits and harms (competence)
- Examine the appropriateness of existing lung cancer screening guidelines in clinical practice (performance)

Course Directors: Sanjiv Sam Gambhir, MD, PhD
Andrei Iagaru, MD

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://lane.stanford.edu/portals/cultural.html