

# Provider Work Up of Positive Findings in CT Lung Screening

LuCa National Training Network

August 25, 2020

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# Disclosure

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✧ Astra Zeneca Educational Materials



# Background

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- Lung cancer screening (LCS) with low-dose CT improves survival in selected patients
  - National Lung Screening Trial (NLST)<sup>1</sup> – 20% relative risk reduction
  - NELSON trial<sup>2</sup> – 24% risk reduction in men, 48% in women
- Concern over false positive results and iatrogenic harm continue to limit LCS implementation
- Challenge for shared decision making



1. Aberle DR, et al. NEJM 2011.
2. de Koning HJ, et al. NEJM 2020

# Positive Findings

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- Lung

- True positive

- False positive



Andrea McKee, MD

- Incidental

- Significant Incidental

- Tracking



Shawn Regis, PhD



# National Lung Screening Trial

## What is Positive?

- Treatment Arms:
  - Low Dose Chest CT (1.5 mSv)
  - PA Chest Radiograph (0.02 mSv)
- Screening Intervals:
  - T0: Baseline prevalence screen
  - T1: Year 1 incidence screen
  - T2: Year 2 incidence screen
- Positive Test
  - Non-calcified nodule greater than or equal to **4mm** in maximum diameter
  - Other findings suspicious for lung cancer (adenopathy, effusion...)
  - Workup of positives determined by PCPs not NLST
    - NLST reading radiologist recommendation available



# National Lung Screening Trial Results: Rate of Positive Screenings

- CT (24.2%) > 3x more sensitive than CXR (6.9%)
  - T0 & T1 Rate: 27-28%
  - T2 Rate: 16.8%
    - 2 year stability → benign (Fleischner Guidelines)
    - Expected rate for ongoing CT lung screening?
  
- Significant incidental finding: 7.5%



# NLST

## Results: False Positive Workup/Adverse Events

- False Positive Rate:
  - 20-25%: Chance you will end up with a false positive
  - ~8-10% for Mammography (“Call back”)
- False Discovery Rate (1-PPV):
  - 96%: Chance if you are positive you do not have cancer
  - Same as mammography
- Intervention without disease:
  - 0.4-2.4%: Chance if screened you will have an unnecessary invasive procedure (LDCT)
  - ~1.5%: Chance if screened you end up having a negative biopsy (mammography)



# National Lung Screening Trial

## Results: Positive Workup/Adverse Events

- False Positives
  - Most have noninvasive imaging follow-up
    - CXR: 14.4%
    - Chest CT: 49.8%
    - PET/CT: 8.3%
  - Invasive diagnostic procedures: 2.6 %
  - Complication rate: 1.4%
  - Major complication rate: 0.06%
- True Positives
  - Invasive procedure major complication: 11.2%
  - Surgical resection mortality: 1%





# What ARE the False Positive Rates for CT Lung Screening?



ESTABLISHED IN 1812

AUGUST 4, 2011

VOL. 365 NO. 5

## Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening

The National Lung Screening Trial Research Team\*

T0: 26.3%  
T1: 27.2%  
T2: 15.9%  
**Overall: 23.3%**

## Annals of Internal Medicine

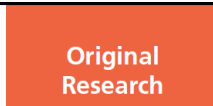
## ORIGINAL RESEARCH

### Performance of Lung-RADS in the National Lung Screening Trial

#### A Retrospective Assessment

Paul F. Pinsky, PhD; David S. Gierada, MD; William Black, MD; Reginald Munden, MD; Hrudaya Nath, MD; Denise Aberle, MD; and Ella Kazerooni, MD

T0: 12.6%  
T1: 5.3%  
T2: 5.1%  
**Overall: 7.8%**



### NCCN Guidelines as a Model of Extended Criteria for Lung Cancer Screening

Brady J. McKee, MD; Shawn Regis, PhD; Andrea K. Borondy-Kitts, MS, MPH; Jeffrey A. Hashim, MD; Robert J. French Jr, MD; Christoph Wald, MD, MBA, PhD; and Andrea B. McKee, MD

T0: 10.6%  
T1: 5.2%  
T2: 5.0%  
**Overall: 7.6%**

*Rescuing lives from lung cancer today and tomorrow*

# What ARE the False Positive Rates for CT Lung Screening?



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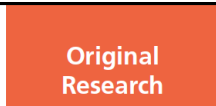
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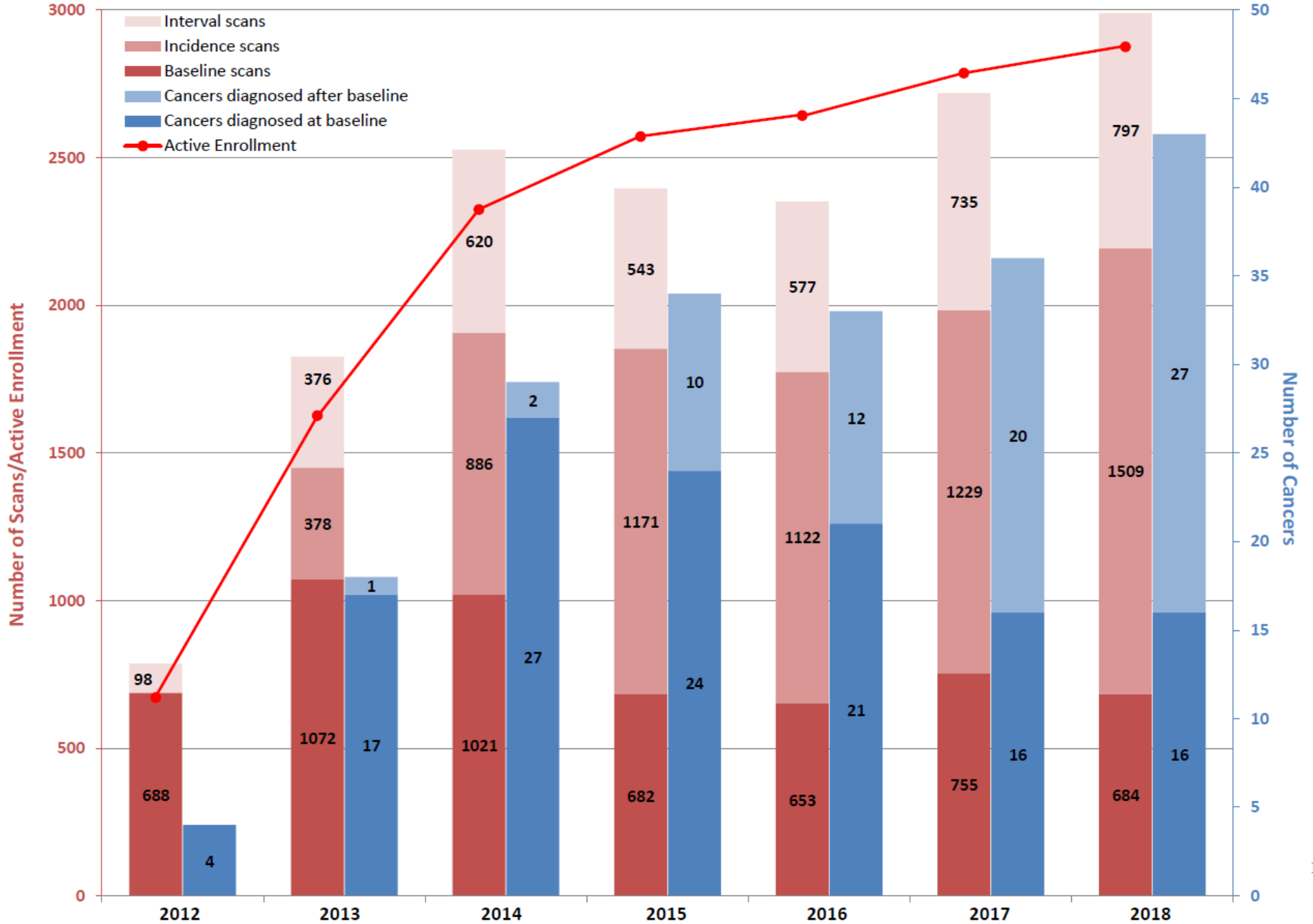
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**Covid-19?**

*Rescuing lives from lung cancer today and tomorrow*

Numbers change as programs mature

CTLS Program Volume, Active Enrollment, and Cancers Diagnosed per Year



A Correction has been published | [View Article](#)

**This Issue** [Views 788](#) | [Citations 0](#) | [Altmetric 21](#)

## Correction

FREE

February 2020

# Clarification of False-Positive Reporting Language in an Editorial

*JAMA Intern Med.* 2020;180(2):338. doi:10.1001/jamainternmed.2019.7032

 Editorial  
Comment

### Editorial

#### Failing Grade for Shared Decision Making for Lung Cancer Screening

Rita F. Redberg, MD, MSc

In the Editorial titled "Failing Grade for Shared Decision Making for Lung Cancer Screening,"<sup>1</sup> published in the October 1, 2018, issue of *JAMA Internal Medicine*, language citing an Original Investigation by Kinsinger et al<sup>2</sup> reporting false-positive findings must be clarified. The phrase in the second paragraph of the Editorial that reads "these harms include a 98% false-positive rate" should more correctly read "the proportion of all positive tests that are falsely positive is 98%." This Editorial has been corrected online.



# Methods & Demographics

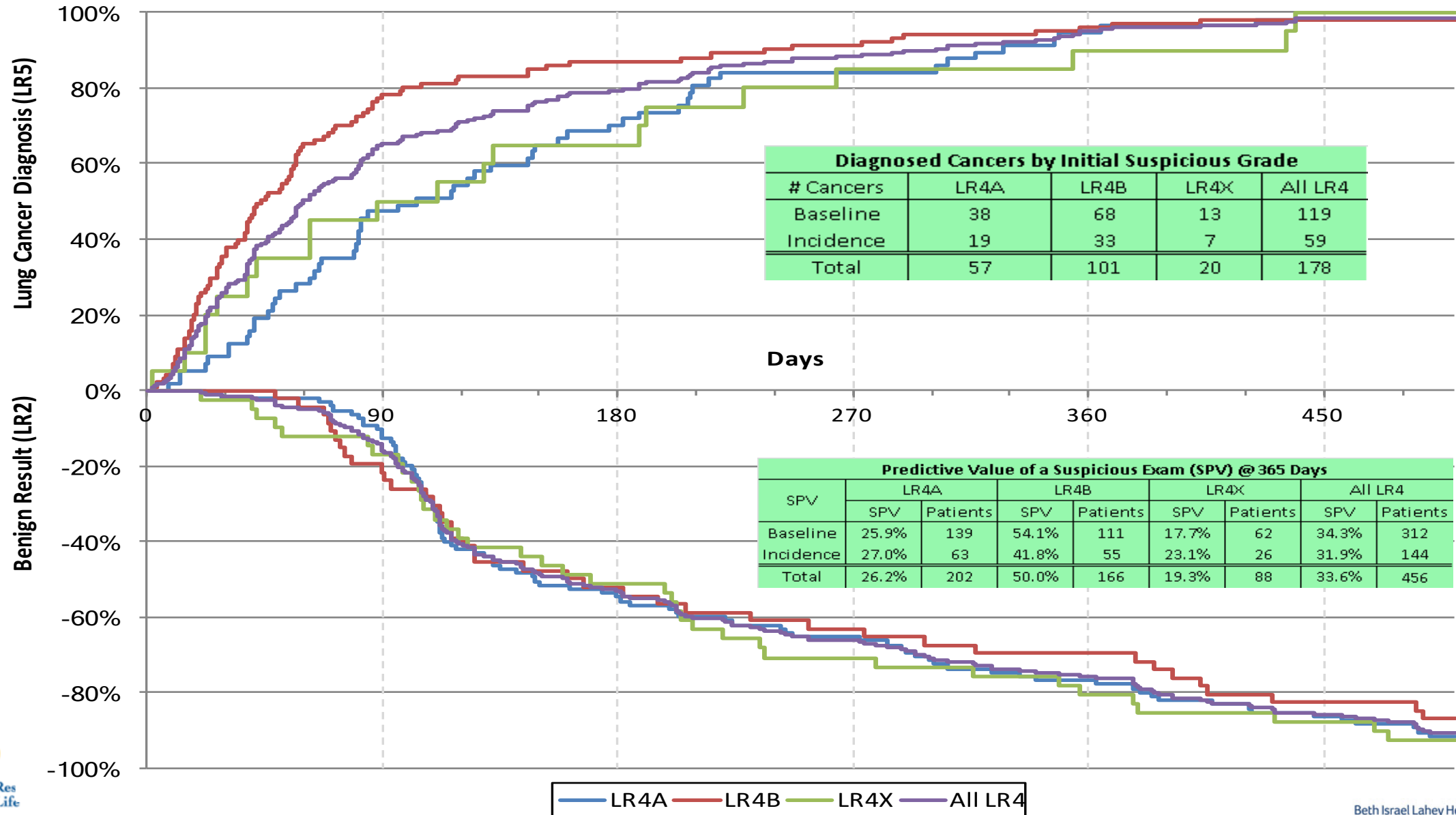
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- We aimed to evaluate the rates of intervention for benign findings in our large LCS program
  - As of April 2020, 19,158 LCS studies performed in 7521 patients
- Retrospective review of all Lahey LCS patients from January 2012 – June 2017
  - 4,490 screened patients
  - Follow-up through January 2019



# Time to Lung Cancer/Benign Diagnosis from Initial Suspicious (LungRADS 4A/B/X) Exam

Exam



Diagnosed Cancers by Initial Suspicious Grade				
# Cancers	LR4A	LR4B	LR4X	All LR4
Baseline	38	68	13	119
Incidence	19	33	7	59
<b>Total</b>	<b>57</b>	<b>101</b>	<b>20</b>	<b>178</b>

Predictive Value of a Suspicious Exam (SPV) @ 365 Days								
SPV	LR4A		LR4B		LR4X		All LR4	
	SPV	Patients	SPV	Patients	SPV	Patients	SPV	Patients
Baseline	25.9%	139	54.1%	111	17.7%	62	34.3%	312
Incidence	27.0%	63	41.8%	55	23.1%	26	31.9%	144
<b>Total</b>	<b>26.2%</b>	<b>202</b>	<b>50.0%</b>	<b>166</b>	<b>19.3%</b>	<b>88</b>	<b>33.6%</b>	<b>456</b>



# Methods & Demographics

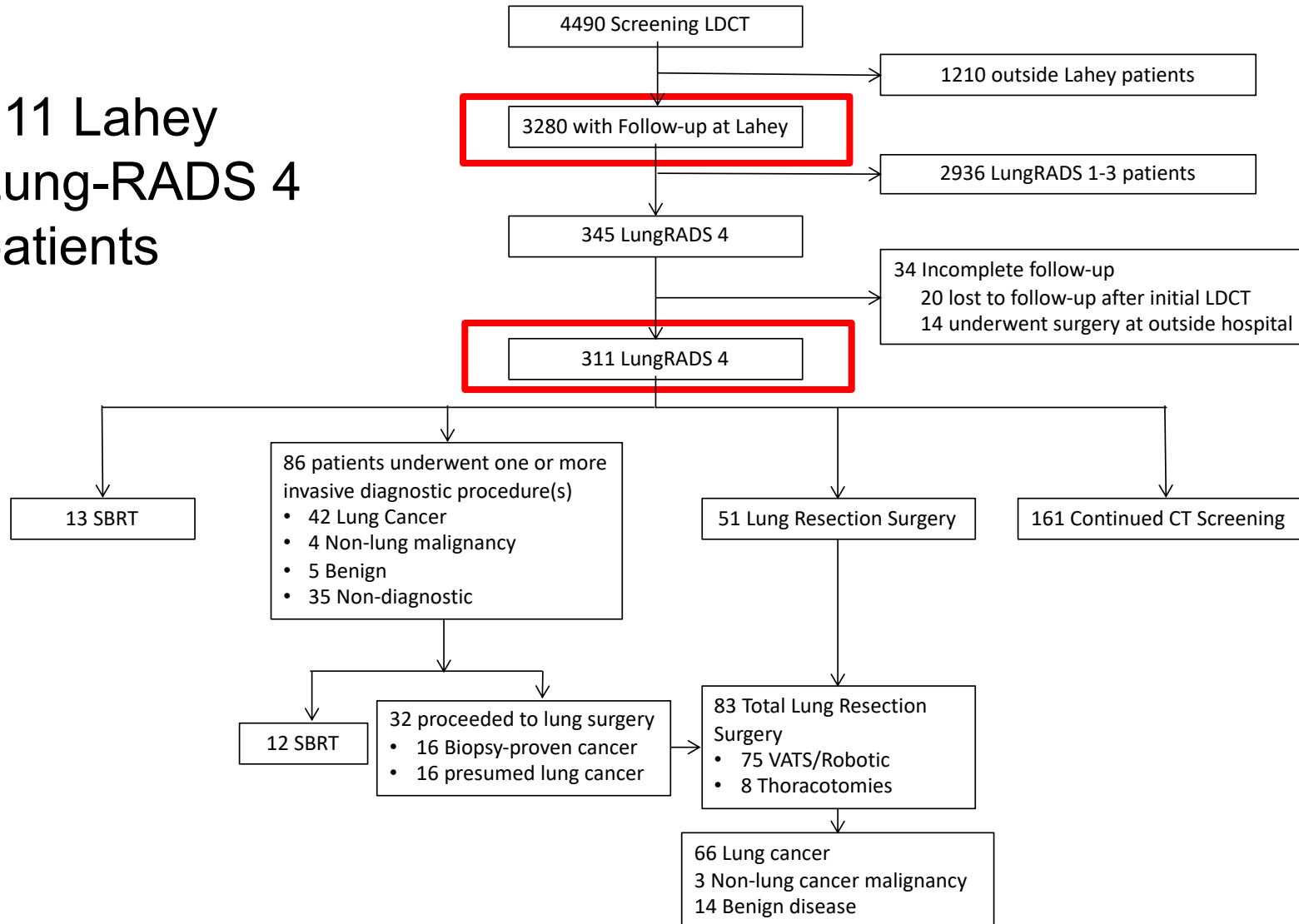
- NCCN guidelines
- Patients with suspicious findings (Lung-RADS 4) were evaluated for interventions and outcomes

Characteristics of LungRADS-4 patients	Value
Sex – number (%)	
Male	169 (54.3)
Female	142 (45.7)
Age at enrollment – yr	
Median (IQR)	65 (60 – 69)
Range	50 – 77
NCCN Risk group – number (%)	
Group 1	252 (81.0)
Group 2	59 (19.0)
Smoking status – number (%)	
Current	167 (53.7)
Former	144 (46.3)
Pack-year of smoking	
Median (IQR)	43 (35 – 60)



# Inclusion criteria

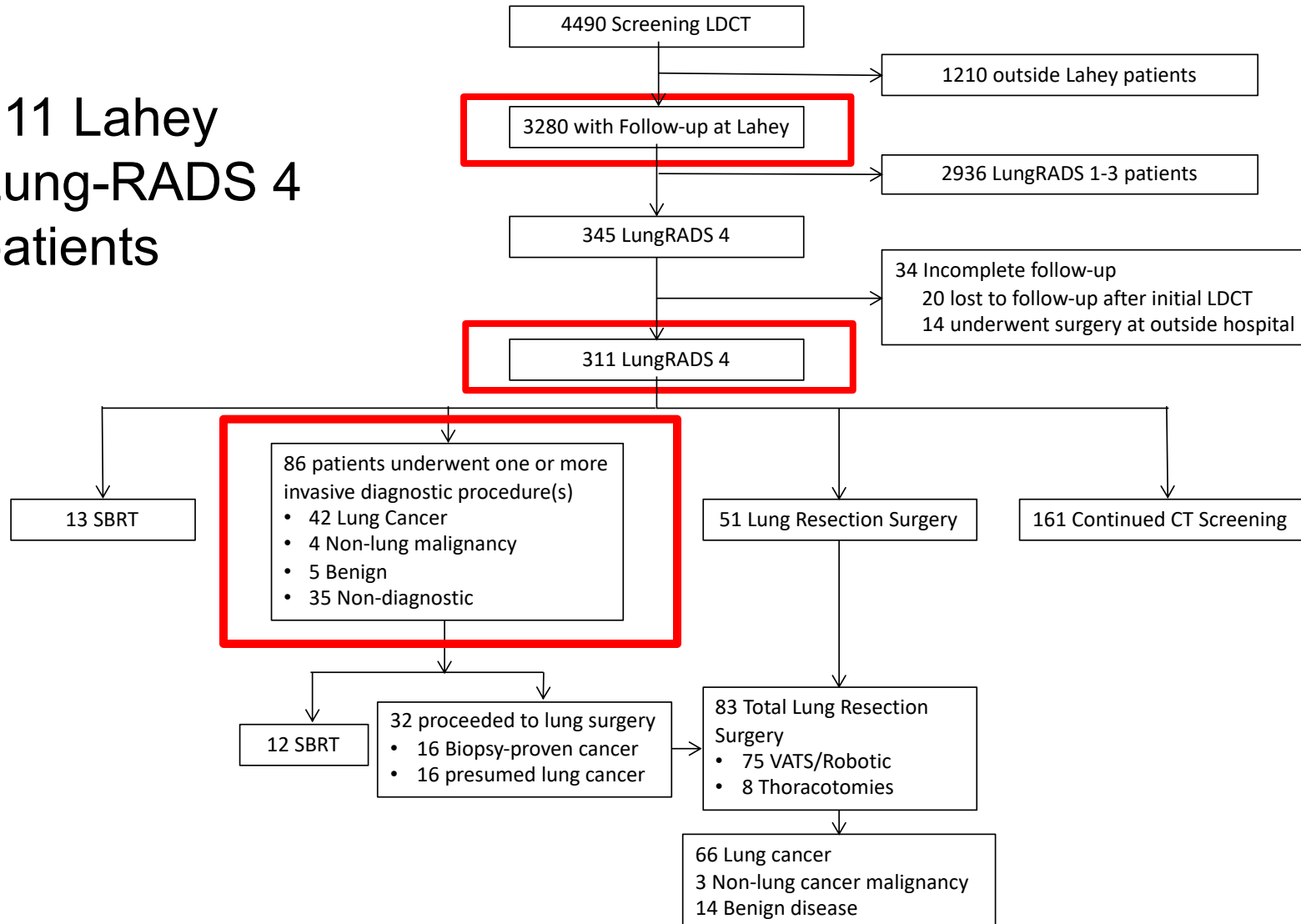
311 Lahey  
Lung-RADS 4  
patients



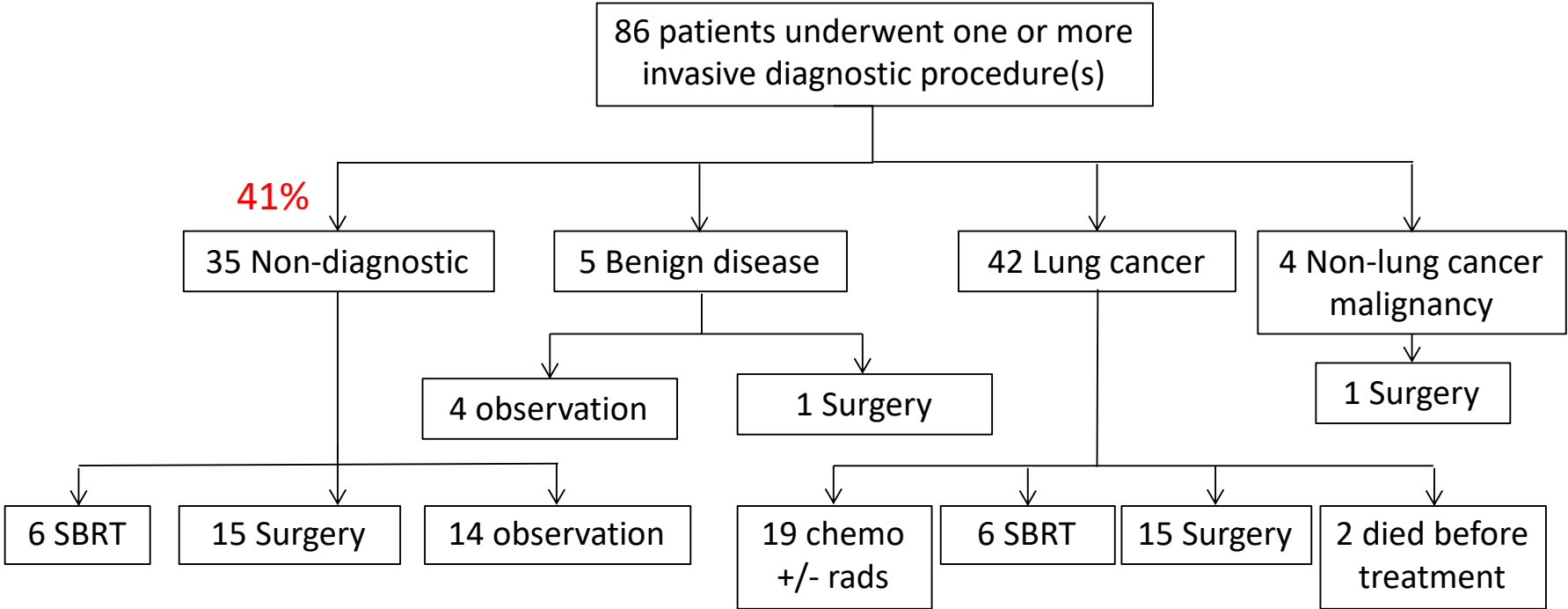


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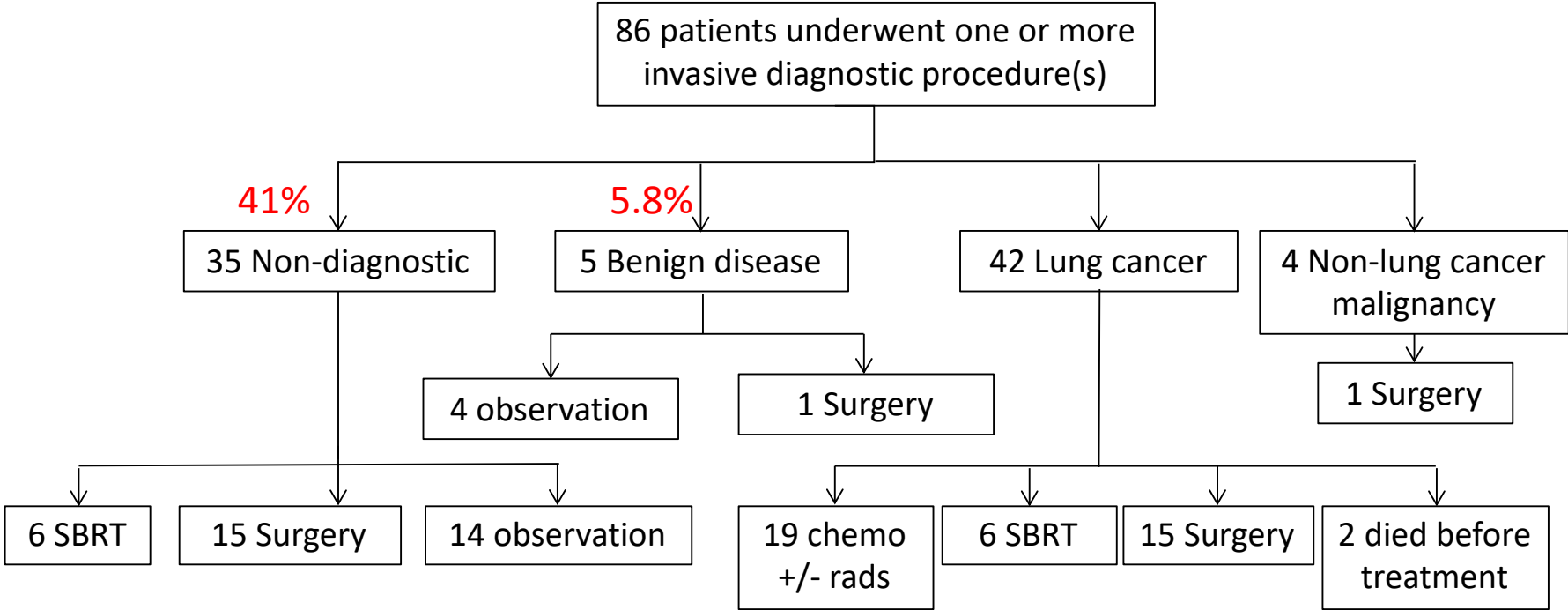
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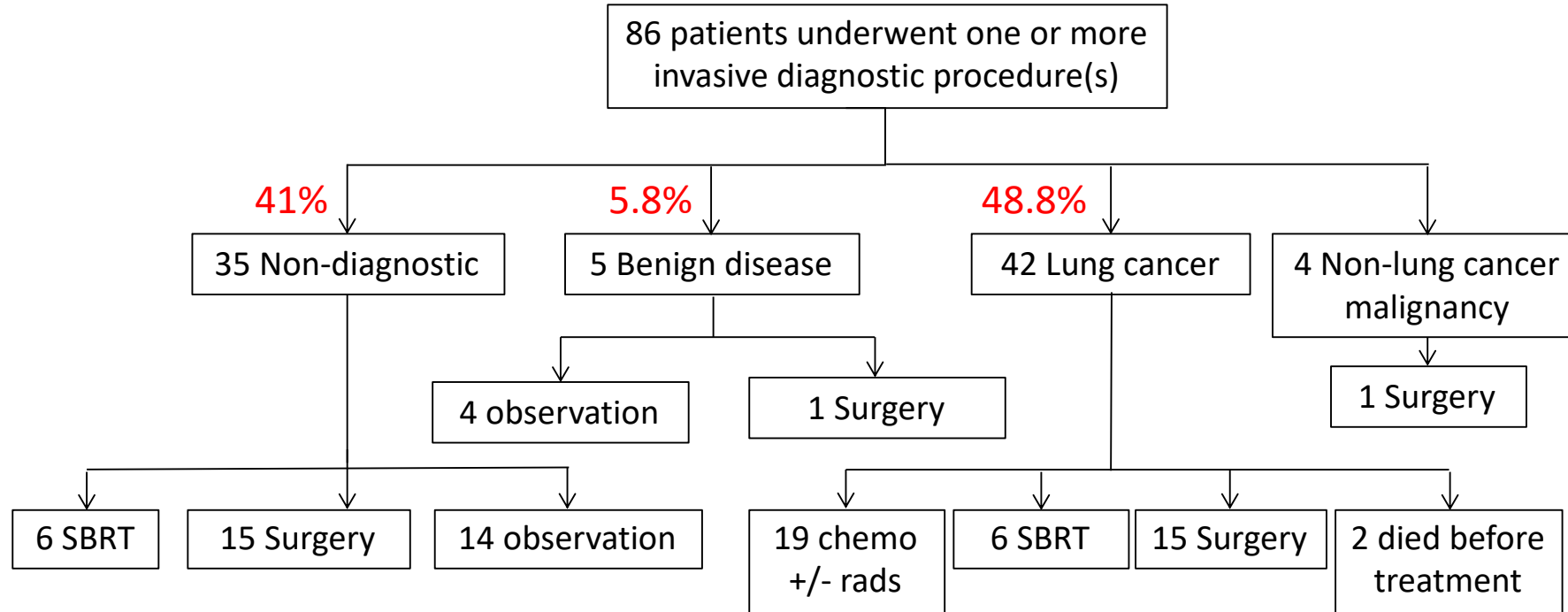
# Invasive Diagnostic Procedures



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# Invasive Diagnostic Procedures





# Results – Diagnostic interventions

<b>Diagnostic study or procedure</b>	<b>Number of patients (% of Lung-RADS 4)</b>
PET scan	192 (61.7)
CT-guided lung biopsy	31 (10.0)
Extrathoracic biopsy	6 (1.9)
Bronchoscopic-guided procedures	55 (17.4)
Navigational bronchoscopy	16 (5.1)
EBUS with transbronchial biopsy	47 (15.1)
Endobronchial biopsy	7 (2.3)
BAL/brushing	5 (1.6)
Medical thoracoscopy and pleural biopsy	2 (0.6)
Mediastinoscopy	26 (8.4)
Thoracentesis	3 (1.0)
Pericardiocentesis	1 (0.3)

- 86 patients underwent invasive diagnostic procedures
- No periprocedural deaths or major complications
- .95% for non-malignant disease



# Therapeutic interventions

Therapeutic Intervention	Number of patients (%)	% Lung-RADS 4 patients
Surgical pulmonary resection	83	26.7
Tissue-proven lung cancer prior to surgery	16 (19.3)	5.1
Presumed lung cancer	67 (80.7)	21.5
SBRT	25	8.0
Tissue-proven lung cancer prior to SBRT	6 (24)	1.9
Presumed lung cancer	19 (76)	6.1
Chemotherapy	15	4.8
Adjuvant	9	2.9
Palliative	6	1.9
Chemoradiation	16	5.1
Neoadjuvant	2	0.6
Definitive	14	4.5
Palliative thoracic radiation	1	0.3

# Lung resection surgery in LCS

- 83 patients underwent lung resection

Characteristic	Number of patients (%)
<b>Extent of resection</b>	
Wedge	28 (34.1)
Segmentectomy	12 (14.5)
Lobectomy	40 (48.2)
Bilobectomy	3 (3.6)
Pneumonectomy	0 (0.0)
<b>Approach</b>	
Thoracoscopy	75 (90.4)
Coil localization	9 (10.8)
Robotic assisted	22 (26.5)
Thoracotomy	8 (9.6)



# Lung resection surgery in LCS

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# Surgical results

Characteristic	Number (%)
<b>Diagnosis</b>	
Lung cancer	66 (79.5)
Non-lung cancer malignancy	3 (3.6)
Benign disease	14 (16.9)
<b>Lung cancer path stage (n = 64)</b>	
Carcinoma in situ	2 (3.0)
IA	42 (63.6)
IB	11 (16.7)
IIA	8 (12.1)
IIIA	2 (3.0)
IV	1 (1.5)
<b>Histology of benign disease</b>	
Granuloma	6
Hamartoma	4
Organizing pneumonia	1
Other	3

- 0.43% of all Lahey LCS patients surgery for benign disease

# Surgical results - complications

Complication Grade	Number of patients (%)
<b>Clavien-Dindo Grade</b>	
I	12 (14.5)
II	23 (27.7)
III	10 (12.0)
IV	2 (2.4)
V (death)	0
<b>NLST Grade</b>	
Major	5 (6.0)
Intermediate	42 (50.6)

- There were no deaths within 60 days of surgery
- **6.0%** had “major” complications according to NLST criteria
  - Compared to **11.9%** in NLST trial



# SBRT in LCS

Characteristic	Number of patients (%)
Tissue-proven lung cancer prior to SBRT	6 (24.0)
Presumed lung cancer	19 (76.0)
Thoracic surgeon SBRT shared decision making	
Yes	24 (96.0)
No	1 (4.0)
Recurrence following SBRT	8 (32.0)
Patients initially with tissue-proven lung cancer	4
Patients initially presumed to have lung cancer	4
Median follow-up time from January 1, 2019 (months)	31.5

# NLST

## Results: False Positive Workup/Adverse Events

- False Positive Rate:
  - 20-25%: Chance you will end up with a false positive (7.8%)
  - ~8-10% for Mammography (“Call back”)
- False Discovery Rate (1-PPV):
  - 96%: Chance if you are positive you do not have cancer (85%)
  - Same as mammography
- Intervention without disease:
  - 0.4-2.4%: Chance if screened you will have an unnecessary invasive procedure (LDCT) (0.4%-0.95%)
  - ~1.5%: Chance if screened you end up having a negative biopsy (mammography)



# National Lung Screening Trial

## Results: Positive Workup/Adverse Events

- True Positives

- Invasive procedure major complication: 11.2% (6%)
- Surgical resection mortality: 1% 0



# Challenges Shared Decision Making

False positive rate in modern clinical practice CTLS?

98%, 60%, 50%, 23%, 12%, 7%, 5%, 2%

Overdiagnosis

70%, 50%, 18%, 10%, 3%

Likelihood of surgery 0.4% or intervention 0.95%  
for benign disease

Significant Incidental Findings

70%, 40%, 10%, 6%, 4%, 2%



# Shared Decision Making Conversation

- You are at high risk for lung cancer (2% baseline)
- New screening guidelines annual CTLS
- Finds early stage lung cancer 85% of the time
- Screen detected stage I lung cancer is 90% curable with surgery
- Less than 10% chance nodule is found that is not cancer – managed mainly with imaging follow up
- Surgery for benign disease .43%
- Invasive diagnostic intervention is rare .95%



## Shared Decision Making Conversation

- If imaging follow up is recommended, and cancer ultimately found, it would be early stage
- No co-pay for annual screening exam
- Radiation exposure of a mammogram
- Smoking cessation for current smokers
- Small possibility we find something other than lung cancer requiring care escalation

