

Coordinated strategies for early detection of lung cancer

Early detection of lung cancer is a fundamental priority and there are hints that lung cancer screening with low-dose CT screening can save lives. The European Union (position statement) recommends a risk stratification approach to be used for future lung cancer low-dose CT programs, suggesting that individuals who enter screening programs should be provided with information on the benefits and harms of screening and smoking cessation should be offered to current smokers; that management of detected solid nodules should use semi-automatically measured volume and volume-doubling time; that a lung nodule management pathway should be established and incorporated into clinical practice; that non-calcified baseline lung nodules greater than 300 mm³, and new nodules greater than 200 mm³, should be managed in inter-disciplinary teams (1).

In this focused issue of *Journal of Thoracic Diseases (JTD)*, a comprehensive review of the detection and diagnosis of lung cancer is provided by expert investigators in the field focusing on all imaging techniques, but also incorporating liquid biopsy and complex next generation sequencing to capture very low frequency mutations and circulating DNA. It also looks to novel techniques for assessment of circulating tumor cells in bronchoalveolar lavage fluid. No less important is the update on optimal and preservative surgical techniques for the management of these asymptomatic early stage lung cancers. The focus on early detection in lung cancer guarantees quality and prompt options in individuals who may have a risk of developing lung cancer. The management of lung nodules in the CT screening lung programs is complemented by novel information from PET CT scans and the incorporation of liquid biopsy that can further help in early detection programs. Similar to the European position statement, the expert authors of this issue have set up the basis for screening programs that could potentially save lives.

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