



Contacts:

Hillary Wasserman
Senior Associate
HWasserman@GroupGordon.com
+1 732-778-1896

Becky Bunn, MSc
Public Relations Manager
Becky.Bunn@IASLC.org
+1 720-254-9509

Integration of Smoking Cessation Program within CT Lung Cancer Screening Program Shows Life-Saving and Cost-Effective Results

Yokohama, Japan - October 16, 2017 - A study that integrated robust smoking cessation programs into an organized low-dose CT (LDCT) lung cancer screening program found that the inclusion of both interventions has the potential to decrease mortality rates while being relatively cost-effective. Dr. William Evans of McMaster University in Canada presented these findings today at the International Association for the Study of Lung Cancer (IASLC) 18th World Conference on Lung Cancer (WCLC) in Yokohama, Japan.

Previous studies had shown that LDCT screening for smokers at high-risk of developing lung cancer can reduce lung cancer specific and overall mortality rates. Based on findings from a retrospective analysis, smoking cessation likely plays a role in this mortality reduction. In light of these developments, Dr. Evans and his team decided to undertake their own research in this area.

The researchers used a microsimulation model called OncoSim-LC. OncoSim-LC is led and supported by The Canadian Partnership Against Cancer with model development by Statistics Canada, and is made possible by funding from Health Canada. Using the model, the researchers compared screening without an accompanying cessation program to screening scenarios with cessation interventions, projected over 20 years. Cost-effectiveness was estimated based on a lifetime horizon, health system perspective and 1.5% discount rate. Costs were reported in 2016 Canadian dollars.

Analyzing the results from the OncoSim-LC model, the researchers determined that adding a cessation program to an organized LDCT screening program could cost \$14,000/quality-adjusted life-years gained, even over multiple attempts at smoking cessation, and result in significantly fewer deaths.

“To achieve the maximal benefits of a LDCT screening program, it is essential to incorporate a robust smoking cessation intervention,” said Dr. Evans. “In my long career as an oncologist, I have not been able to save any patients from advanced non-small cell lung cancer. I believe that an organized lung screening program can be used to provide teachable moments for heavy smokers and, ultimately, save lives.”

Some questions remain concerning how these joint programs would look in practice. More implementation research needs to be conducted in order to determine the exact economic requirements, ensure participant adherence to both types of intervention and analyze other logistical trade-offs. However, these research results are promising and offer hope for more lives to be saved.

About the WCLC

The World Conference on Lung Cancer (WCLC) is the world's largest meeting dedicated to lung cancer and other thoracic malignancies, attracting over 6,000 researchers, physicians and specialists from more than 100 countries. The goal is to disseminate the latest scientific achievements; increase awareness, collaboration and understanding of lung cancer; and to help participants implement the latest developments across the globe. Organized under the theme of "Synergy to Conquer Lung Cancer," the conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit wclc2017.iaslc.org.

About the IASLC

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer and other thoracic malignancies. Founded in 1974, the association's membership includes more than 6,500 lung cancer specialists across all disciplines in over 100 countries, forming a global network working together to conquer lung and thoracic cancers worldwide. The association also publishes the Journal of Thoracic Oncology, the primary educational and informational publication for topics relevant to the prevention, detection, diagnosis and treatment of all thoracic malignancies. Visit www.iaslc.org for more information.

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