

CORRESPONDENCE

Authors' response

We thank Dutt *et al*¹ for their comments on the recent UKLS Position Statement.² The UKLS Position Statement focused on the recent NLST trial publication in the *New England Journal of Medicine*³ and was not an overview of all of the primary and secondary outcomes of the pilot UKLS trial. Further details of these outcomes have been given in our first paper on the UKLS trial, which focused on the basic design of the trial including radiology protocol and nodule management.⁴ All four points raised by Dutt *et al* are aspects we will study within the screening trial.

The UKLS is specifically designed to select high risk individuals as these are the very group who will benefit the most from such a CT screening trial. Apart from demonstrating a mortality advantage with CT screening, cost effectiveness will be a major issue in determining whether lung cancer screening is considered a feasible option for early lung cancer detection in the UK.

Once CT screening has been demonstrated to be an effective early detection measure within the NHS for high risk individuals, then will be the time to consider modelling for high risk within ethnic communities.⁵

John K Field,¹ David Baldwin,² Kate Brain,³ Anand Devaraj,⁴ Tim Eisen,⁵ Stephen W Duffy,⁶ David M Hansell,⁷ Keith Kerr,⁸ Richard Page,⁹ Mahash Parmar,¹⁰ David Weller,¹¹ David Whynes,¹² Paula Williamson¹³

¹Roy Castle Lung Cancer Research Programme, University of Liverpool Cancer Research Centre, Liverpool, UK

²City Campus, Nottingham University Hospitals, Nottingham, UK

³Institute of Medical Genetics, Cardiff University, Cardiff, UK

⁴Department of Radiology, St George's Hospital London, London, UK

⁵Department of Oncology, Addenbrookes Hospital, Cambridge, UK

⁶Wolfson Institute of Preventive Medicine, Barts and London, London, UK

⁷Department of Radiology, Royal Brompton Hospital, London, UK

⁸Department of Pathology, Aberdeen Royal Infirmary, Aberdeen, UK

⁹Liverpool Heart and Chest Hospital, Liverpool, UK

¹⁰Medical Statistics and Epidemiology, University College London, London, UK

¹¹Centre for Population Health Sciences, Edinburgh University, Edinburgh, UK

¹²School of Economics, University of Nottingham, Nottingham, UK

¹³Medical Statistics, University of Liverpool, Liverpool, UK

Correspondence to Professor John K Field, Roy Castle Lung Cancer Research Programme, University of Liverpool Cancer Research Centre, Roy Castle Building

The University of Liverpool 200 London Road, Liverpool L3 9TA, UK; j.k.field@liv.ac.uk

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Field JK, Baldwin D, Brain K, *et al*. *Thorax* 2013, **68**, 105.

Accepted 18 July 2012
Published Online First 10 August 2012



► <http://dx.doi.org/10.1136/thoraxjnl-2011-200762>

Thorax 2013;**68**:105.

doi:10.1136/thoraxjnl-2012-202442

REFERENCES

- 1 Dutt N, Hari DT. CT screening for lung cancer: so near, yet so far. *Thorax* 2012;**67**:651–2.
- 2 Field JK, Baldwin D, Brain K, *et al*; UKLS Team. CT screening for lung cancer in the UK: position statement by UKLS investigators following the NLST report. *Thorax* 2011;**66**:736–7.
- 3 Aberle DR, Adams AM, Berg CD, *et al*; National Lung Screening Trial Research Team. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med* 2011;**365**:395–409.
- 4 Baldwin DR, Duffy SW, Wald NJ, *et al*. UK Lung Screen (UKLS) nodule management protocol: modelling of a single screen randomised controlled trial of low-dose CT screening for lung cancer. *Thorax* 2011;**66**:308–13.
- 5 Field JK. Lung cancer risk models come of age. *Cancer Prev Res (Phila)* 2008;**1**:226–8.