Dear NLST Participant;

This letter is to tell you about important news from the National Lung Screening Trial (NLST), and to thank you for your participation and commitment to the trial. As a participant in NLST, you have made a major contribution to this research study and to the field of lung cancer research. This highly significant study would not have been possible without you.

Because of your efforts, we now know that screening for lung cancer with low-dose helical (spiral) CT can reduce deaths from lung cancer by 20 percent in individuals aged 55 to 74 who are former and current heavy smokers.

When you joined NLST, we told you that we would let you know the study results as they were being made public. However, in this age of instant communication, this letter has probably not reached you before you learned about the trial results on the news. We would have preferred to notify you first, but because the results of the NLST show that screening will save lives, we were obliged to make the results public as quickly as possible. The NLST findings may change medical practice and the Nation’s health care policy related to lung cancer screening. Again, because of your contribution, older, long-term heavy smokers may be able to reduce their chances of dying from lung cancer.

Here is a summary of the initial results of the NLST:

- The people who were assigned to receive low-dose helical (spiral) CT for lung cancer screening were found to have 20 percent fewer lung cancer deaths than those assigned to chest x-ray screening. For every 300 NLST participants screened with helical CT, one life has been extended.

- About 25 percent of all the deaths in the NLST were from lung cancer. Other common causes were heart attack and other heart diseases, stroke, and complications from lung diseases such as chronic obstructive pulmonary disease (COPD) and emphysema, all of which are associated with a history of heavy smoking.

- Although not part of the study’s original plan, NLST researchers also saw a significant difference in all causes of death between the screening groups and found that the helical CT group had a 7 percent lower death rate from all causes than the group assigned to chest x-ray.
• Low-dose helical CT scans were able to identify lung cancer at an early stage, which
gave doctors a better chance to treat it effectively. There were also fewer late-stage
cancers found in those participants included in the helical CT group by the time they had
their second and third scans.

• This study provides the first evidence from a randomized, prospective clinical trial that
any lung cancer screening test can reduce deaths from lung cancer.

The initial results of the NLST that are now being released will be part of a fuller analysis, with
more detailed findings, which will be published as a formal, peer-reviewed scientific publication,
as quickly as possible. It is important for you to know that researchers are still reviewing some
of the data you have contributed to the trial. In addition, some of them will begin new studies to
examine the blood and tissue samples provided during the trial to better understand lung cancer.
Much more information from the NLST will be published over the next few years.

Here is what you should know, based on the analysis to date and the group to which you were
randomly assigned:

If you had chest X-rays during NLST:
• Chest X-rays have not been shown to be effective in reducing lung cancer deaths in any
previously published clinical trial.
• You may want to talk to your personal health care provider about having low-dose helical
CT screening for lung cancer. However, right now, the cost of a scan is generally not
reimbursed by insurance if you do not have an existing medical condition. The current
estimated Medicare reimbursement rate for a non-contrast, diagnostic helical CT of the
lung is $300, but varies by geographic location.
• If you are still a smoker, please think about stopping now. Quitting smoking is the best
way to reduce your chance of dying from many cancers, heart disease, and lung diseases.
• If you have stopped smoking, keep up the good work! The study results do not mean it is
okay to start smoking again.

If you had low-dose helical (spiral) CT scans during NLST:
• The scans in your group were helpful in reducing lung cancer deaths.
• We do not know if additional CT scans will be beneficial to you. You may want to talk
to your personal health care provider about whether you should have additional screening
with low-dose helical CT. However, right now, the cost of a scan is generally not
reimbursed by insurance if you do not have an existing medical condition. The current
estimated Medicare reimbursement rate for a non-contrast, diagnostic helical CT of the
lung is $300, but varies by geographic location.
• If you are still a smoker, please think about stopping now. Quitting smoking is the best
way to reduce your chance of dying from many cancers, heart disease, and lung diseases.
• If you have stopped smoking, keep up the good work! The study results do not mean it is
okay to start smoking again.

If you or your health care provider would like more information, please visit the NLST webpage
at the National Cancer Institute (NCI) at http://cancer.gov/nlst/updates. You will find the press
release and other information about the study results there. When the scientific papers describing the results of NLST are published, we will ensure that those papers are quickly, fully, and freely available to the public.

The NCI also has more information about stopping smoking at http://smokefree.gov or you can call the Smoking Quitline at 1-877-44U-QUIT (1-877-448-7848). At that phone number, you can talk with an NCI smoking cessation counselor for help quitting and for answers to smoking-related questions in English or Spanish, Monday through Friday, from 8:00 a.m. to 8 p.m. Eastern time.

With sincere appreciation for all that you have done to advance our ability to control lung cancer,

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