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Note: While the IASLC WCLC press briefings promote the very best science at the meeting, there are other studies presented that may be interesting as well. Below is a summary of those, complete with links to their corresponding abstracts. To read the entire abstract, click on the headline link:

### **Randomized Clinical Trial with Computer Assisted Diagnosis (CAD) Versus Radiologist as First Reader of Lung Screening LDCT [\(Abstract\)](#)**

Computer assisted diagnosis has been studied extensively in lung nodule detection but its value in lung cancer screening has not been tested in a prospective randomized clinical study. The authors from British Columbia Cancer, Vancouver Center enrolled 1386 smokers in the BC Lung Screening Trial. Each patient was randomized to receive a computer assisted diagnosis or a radiologist read test. Dr. R. Yuan concluded that CAD saves radiologists' time in reading large numbers of screening LDCT especially in those with no or very low risk lung nodules. However, the researchers concluded that CTs are still need to be read by experienced radiologists.

### **Evaluation of the Clinical Utility of the PanCan, EU-NELSON and Lung-RADS Protocols for Management of Screen Detected Lung Nodules at Baseline [\(Abstract\)](#)**

Several protocols are available to guide management of lung nodules identified by the first (baseline) low-dose screening CT. It is important to objectively assess their clinical utility, health care resource utilization and potential harms. Researchers at the University of British Columbia in Vancouver, British Columbia compared PanCan, EU-NELSON and Lung-RADS lung nodule management protocols on data set from two sites of the International Lung Screen Trial (ILST), in Vancouver, Canada and Perth, Western Australia.

The researchers, led by Dr. R. Myers of the University of British Columbia in Vancouver, found that the personalized PanCan Protocol may decrease resource utilization and potentially minimize risk of screening for participants.

### **Transforming the Patient Experience in Lung Cancer Through the Use of Clinical Nurse Specialist Virtual Clinics - The Liverpool Experience [\(Abstract\)](#)**

Patients with lung cancer in the United Kingdom reported that a lung cancer nurse specialist improved their experience during a three-year evaluation of the program led by Clinical Nurse Specialists A. McIver and N. Maddock from Liverpool Heart & Chest Hospital & The Royal Liverpool Broadgreen University Hospital, National Health Service Trusts.

McIver and Maddock introduced the concept of “virtual” clinic working in 2014, in which telephone consultations replaced traditional medical appointments. A review they conducted of 1498 patients who participated in the program demonstrated that patients overwhelmingly supported the program, staff skills utilized and efficient use of organizational resources.

**About the WCLC:**

The WCLC is the world’s largest meeting dedicated to lung cancer and other thoracic malignancies, attracting more than 7,000 researchers, physicians and specialists from more than 100 countries. The goal is to increase awareness, collaboration and understanding of lung cancer, and to help participants implement the latest developments across the globe. The conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit [wclc2019.iaslc.org](http://wclc2019.iaslc.org).

**About the IASLC:**

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated solely to the study of lung cancer and other thoracic malignancies. Founded in 1974, the association's membership includes more than 7,500 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](http://www.iaslc.org) for more information.

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