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eComment. Positron emission tomography reduces the incidence of surgery for non-malignant conditions in lung cancer screening programmes

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We read with interest the well-written study of Rzyman *et al.* about the incidence of surgery for non-malignant conditions in the participants of the Gdansk lung cancer screening trial [1]. We would like to add some comments to the discussion.

The authors reported a high rate of surgery for benign lesions (37/104, 35.6%), while the recently published results of the incidence screenings of the National Lung Screening Trial (NLST) showed an overall proportion of less than 20% [2].

This is probably due to the use of positron emission tomography (PET) in the work-up of positive results, as previously demonstrated in several screening programmes and according to its recognized clinical role in the detection and stage grouping of lung cancer [3]. In our opinion PET should be considered in lung cancer screening as an important non-invasive second level tool, and its use would help to reduce invasive exams such as fine-needle aspiration biopsy and bronchoscopy [4].

Moreover, the Lung Cancer Screening Guideline Development Group pointed out that follow-up algorithms should be developed to decrease the false-positive rate and reduce unnecessary invasive procedures; priorities should include long-term safety and effectiveness, cost effectiveness and available resources [5].

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