



Addressing both sides of a difficult controversy

Few topics in the *Cleveland Clinic Journal of Medicine* have generated more controversy among some Cleveland Clinic physicians than “Low-dose spiral CT for lung cancer screening: Is it ready for prime time?” by Jain and Arroliga¹ (page 74). The authors argue that although spiral CT shows great promise in detecting lung cancer earlier than traditional chest radiography, it is too early to endorse spiral CT as a tool for mass screening.

The questions about whether spiral CT is a suitable screening tool are the same as for other screening tests: Does it truly save lives? Is cost-effective? If there are no appropriate data, how do we deal with promising screening tests during the data-gathering process?

This issue has been a topic of ardent debate among Cleveland Clinic physicians. As Meziane and DeCamp note in a letter (page 84), many physicians believe the ability of spiral CT to detect lesions earlier than chest radiography means that it should at least be offered as a screening tool to patients at highest risk. Given the devastating toll of lung cancer, and its dismal detection and treatment track record, the argument in favor of screening with spiral CT is persuasive. On the other hand, if all that early detection accomplishes is earlier delivery of a terminal diagnosis, the benefit (but not the cost) would be considerably less.

Another exchange of letters (page 82) in response to an earlier article on health screenings in the elderly² also highlights the conflict over this issue.

Other authorities are weighing in on the issue as well. A recent review article in the *New England Journal of Medicine* cautions against early adoption of spiral CT as a screening tool.³

The *Cleveland Clinic Journal of Medicine* can provide no easy answers to this question. Nonetheless, we cannot ignore our responsibility to address both sides of this controversy. In so doing, we have reflected the Cleveland Clinic's own internal debate in the *Journal*. I can guarantee that there will be more such debates in the future.

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REFERENCES

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2. Goldberg TH. Preventive medicine and screening in the elderly: Working guidelines. *Cleve Clin J Med* 2000; 67:521–530.
3. Patz EF, Goodman PC, Bepler GC. Current concepts: Screening for lung cancer. *N Engl J Med* 2000; 343:1627–1632.