To the Editors: Readers of Dr. Henschke’s editorial on computed tomography screening may be confused by a number of her assertions, but they will find little illumination in the references she provides to back them up (1). For instance, Dr. Henschke reports that there was no “overdiagnosis” in her study, citing that all eight people with early stage lung cancer in the International Early Lung Cancer Action Project study who did not receive treatment died from lung cancer. But if one looks to the actual study that she references, one finds that the cause of death was not specified for these individuals, leaving open the possibility that some or many died from causes other than lung cancer and were therefore, by definition, “overdiagnosed” (2, 3). Regarding a recent study in which I was involved, which suggested that computed tomography screening does not reduce mortality from lung cancer but does lead to overdiagnosis and overtreatment, Dr. Henschke reports that numerous subjects had symptoms of lung cancer upon entry and others were not followed closely (4). If one looks to the reference she provides for this assertion, however, one finds a letter on the topic of mammography that was published in 2002, five years before the publication of our study (5). A more appropriate source for readers are the Letters to the Editor section that followed the publication of our study. In those letters, one will find the same points raised by Dr. Henschke and her colleagues, alongside a detailed response (6).

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References
Computed Tomography Screening for Lung Cancer

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