November 6, 2006

Dear Drs. Berg and Aberle:

No randomized controlled trial, utilizing either conventional chest radiographs or chest computed tomography (CT) scans, has thus far demonstrated any mortality benefit as a result of the imaging study in relation to subsequent death from lung cancer in any known patient population. I have the privilege to chair the Data Safety Monitoring Board for a clinical trial (the National Lung Screening Trial), initiated in 2002 and sponsored by the National Cancer Institute. In this trial, more than 53,000 present or former smokers have been randomly assigned to receive either a chest radiograph or a low dose spiral CT scan for three consecutive years. The goal of the study is to compare the ability of these two approaches to reduce lung cancer specific mortality and to assess the potential harms of these screening programs. The Board is composed of clinicians and scientists with expertise in Medical Oncology, Family Medicine, Epidemiology, Pulmonary Medicine, Thoracic Surgery, Thoracic Radiology, Biostatistics, Bioethics, and Internal Medicine. The Board has been reviewing the evolving outcome of this clinical trial every six months (most recently on October 30, 2006) and believes unanimously that the trial should continue in its current form. The Board has made that conclusion while having also considered the recent report of the I-ELCAP in the New England Journal of Medicine.

Sincerely,

NLST Data Safety and Monitoring Board Chair