Introduction to the Third Edition

Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines


In preparing to write this introduction to the third edition of the American College of Chest Physicians (ACCP) Lung Cancer Guidelines (LC III), I took the opportunity to review the introductions to the first two editions. The theme of both the 2003 and the 2007 articles was that (1) the disease is common; (2) the current treatment leaves a lot to be desired; and (3) there is room for optimism, as the pace of relevant research has quickened. The theme for the introduction to this edition is, appropriately, very much the same.

The numbers continue to be staggering. It is projected that in 2012, 226,160 individuals (up from 169,400 in 2002 and 213,380 in 2006) in the United States will be diagnosed with cancer of the lung (116,470 men and 109,690 women). Some 160,340 individuals (up from 154,900 in 2002 and, actually, down from 160,390 in 2006) will succumb to this disease (87,750 men and 72,590 women) during the year.

Lung cancer continues to be the leading cause of cancer deaths in both men and women in the United States. Deaths from lung cancer in women surpassed those due to breast cancer in 1987 and are expected to account for about 26% of all female cancer deaths in 2011. Twenty-eight percent of cancer deaths in men are attributable to lung cancer.

Despite these ominous statistics, research continues, and significant advances have occurred in the 10 years since the first edition of the American College of Chest Physicians Lung Cancer Guidelines (LC I) and 6 years since the second edition of the American College of Chest Physicians Lung Cancer Guidelines (LC II) of the guidelines. These advances, once again, serve as the impetus for the updated recommendations in the LC III.

**LC III Guidelines Project**

Building on the success of LC I and LC II, the ACCP, through the Health and Science Policy Committee (now named the Guidelines Oversight Committee), commissioned the development of this third edition of the Diagnosis and Management of Lung Cancer: ACCP Evidence-Based Clinical Practice Guidelines. Much as its predecessors, the LC III project was launched in the hope that a systematic review, evaluation, and synthesis of the published literature, along with expert opinion and consensus when necessary, would lead to a series of recommendations that would assist physicians in achieving the best possible outcome for their patients given the knowledge and capabilities available at this time.

The “science” of developing evidence-based guidelines has advanced dramatically since LC II. These updated guidelines have been developed with state-of-the-art rigor and attention to process (see the methodology article by Lewis et al for detail).

This edition of the guidelines once again uses the ACCP grading system, which classifies recommendations as strong (Grade 1) or weak (Grade 2) according to the balance among benefits, risks, burdens, and possibly cost, and the degree of confidence in estimates of benefits, risks, and burdens. The system classifies the quality of evidence as high (Grade A), moderate (Grade B), or low (Grade C) according to factors that include the study design, the consistency of the results, and the directness of the evidence. This system was formulated to be simple, transparent, explicit, and consistent with current methodologic approaches to the grading process.

**Changes for LC III**

Reflecting new thinking and building on new discoveries, a number of changes have been made in this edition. Several articles have been added, several have been consolidated and renamed to represent content, and one has been eliminated. The recently revised
(2009) TMN classification and staging system has been used throughout the guidelines.4

An article titled “Molecular Biology of Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines” has been added to serve as background for understanding advances in the field.5 A practical article on the treatment of tobacco dependence, “Treatment of Tobacco Use in Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines,” has been added.6 The “Palliative and End-of-Life Care in Lung Cancer Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines” article has been redirected to focus on the unique challenges of this stage of the disease.7

The section on bronchioloalveolar lung cancer has been eliminated, reflecting the current thinking on the natural history of adenocarcinoma of the lung. The article on palliative care in lung cancer has been renamed “Symptom Management in Patients with Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines” and expanded to cover a wider range of symptoms.8 The noninvasive and invasive mediastinal staging articles have been combined to create a more useful article, “Methods for Staging of Nonsmall Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.”9 In a similar vein, the treatment of Stage IIA and Stage IIB chapters have been combined in the article “Treatment of Stage III Nonsmall Cell Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.”10 The new information in “Screening for Lung Cancer: Diagnosis and Management of Lung Cancer, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines” is extensively discussed and serves as the basis for issuing new recommendations.11

THANK YOU

The effort expended on this project by many individuals has been truly heroic. The voluntary effort of the Executive Committee, the topic editors, the writing committees, and the review panels in support of this publication and our patients has been nothing less than impressive. I am very pleased with the final product and hope that it proves to be beneficial to you and your patients.

Special thanks go to Frank Detterbeck, MD, FCCP, as Vice Chair of the Lung Cancer Guidelines Project. As the “Chief Operating Officer” of LC III, Dr Detterbeck devoted countless hours, nights, and weekends over the past 2 years to ensure the success of the project. Doreen Addrizzo-Harris, MD, FCCP, served as the representative from the Guidelines Oversight Committee to the Executive Committee. Her wise counsel and active participation in the development was vital to the success of the project. Members of the Guidelines Oversight Committee, the Thoracic Oncology NetWork, and the ACCP Board of Regents deserve recognition for their review and editing of the final manuscript.

The true driving force, however, behind this effort has been Rebecca Diekemper, MPH, who, as the Clinical Standards Specialist assigned to LC III, provided the expertise and perseverance necessary to guide the writing panels, the topic editors, and the Executive Committee through the rigorous process. And finally, my very special thanks go out to Sandra Zelman Lewis, PhD, who, as Senior Guidelines Advisor, helped to bring the project to this point through sheer effort and diplomatic prodding.

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REFERENCES