A fundamental misunderstanding of the efficacy of lung cancer screening is a major reason patients aren’t being screened.

**THIS NEEDS TO STOP.**

Ok, what’s happening?
Credible peer-reviewed academic sources are misreporting the false-positive rates for LCS, with rates being reported as high as 98%.

These are actually the false-discovery rate.

What’s the difference?
The actual false-positive rates in current clinical practice LCS using Lung-RADS structured reporting are 7-8%, which is similar to screening mammography.

<table>
<thead>
<tr>
<th>Has disease</th>
<th>Does not have disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified as having disease</td>
<td>Identified as not having disease</td>
</tr>
<tr>
<td>True positive</td>
<td>False positive</td>
</tr>
<tr>
<td>False negative</td>
<td>True negative</td>
</tr>
</tbody>
</table>

FPR = \frac{false positive rate}{1 - FDR} = \frac{FPR}{false discovery rate}

WHAT DOES THIS MEAN FOR PATIENTS?
IF WE THINK THE FALSE POSITIVE RATE IS 90+%

Doctors are unlikely to recommend screening for their patients at risk.

Patients may decide not to get the screening test if they think 98% of scans will be positive.