

# African Americans May Benefit More From Lung Cancer Screening

Blacks have higher rates of positive screens and lung cancer diagnosis.

August 6, 2018 By [Liz Highleyman](#)

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African Americans do not undergo lung cancer screening as often as white Americans, but they may have more to gain from it, according to a [recent study in JAMA Oncology](#). The study found that the likelihood of having a positive lung scan was about twice as high in a majority-Black cohort in Chicago as it was in a mostly white national screening trial.

Research shows that Black Americans are more likely than white people to die from lung cancer—and because they have not seen the same decline in mortality over the past four decades, the gap is widening. Thus, Mary Pasquinelli, MS, APRN, of the University of Illinois at Chicago, and colleagues wrote, “Screening that is skewed toward the white population could paradoxically increase racial disparities in lung cancer outcomes.”

Lung cancer is often detected late, when it is difficult to treat, and it is the leading cause of cancer-related death for U.S. men and women. About 154,000 people will die from it this year, according to the American Cancer Society.

Screening of at-risk individuals could help reduce mortality. The large [National Lung Screening Trial](#), which enrolled more than 53,000 current and former heavy smokers, found that participants who received annual low-dose computed tomography (CT) scans had a 20 percent lower risk of lung cancer death than those who received chest X-rays—although most positive results in both groups turned out to be false positives.

The United States Preventive Services Task Force recommends annual CT screening for people ages 55 to 80 who either still smoke or have quit within the past 15 years and who have a cumulative smoking history of at least 30 pack-years (equivalent to smoking one pack of cigarettes a day for 30 years or two packs a day for 15 years).

[A study presented](#) at the recent American Society of Clinical Oncology annual meeting showed that among the more than 7.6 million current and former smokers considered eligible for screening, only 1.9 percent have received the recommended imaging tests.

Pasquinelli’s study suggests that the unmet need for screening may be even greater among

Blacks.

The researchers compared data from the first 500 baseline CT screens done at UI Chicago and 26,722 baseline screens in the CT arm of the National Lung Screening Trial. Eligibility criteria for the two groups were the same. Around 55 percent were men and the average age was about 62.

The Chicago cohort included 69.6 percent African Americans, compared with just 4.5 percent in the national trial. There was also a disparity for Latinos: 10.6 percent in the Chicago group versus 1.8 percent in the national group. In addition, people in the Chicago cohort were more likely than those in the national cohort to be current smokers (72.8 percent versus 48.1 percent), while those in the national cohort were more likely to have quit (27.2 percent versus 51.9 percent former smokers, respectively).

Outcomes also differed significantly between the two cohorts. About a quarter (24.6 percent) of people in the Chicago cohort had positive lung scans, meaning either “probably benign” or “suspicious” nodules ([LungRADS category 2 or 3](#)), compared with 13.7 percent of those in the national cohort. More people in the Chicago group than in the national group were ultimately found to have lung cancer (2.6 percent versus 1.1 percent).

Fortunately—and consistent with the goal of screening—more than half of people diagnosed with lung cancer in both groups had it detected at an early, curable stage.

The researchers suggested refining risk-based guidelines to include factors other than age and smoking status. “Screening programs tailored to high-risk patients of minority races/ethnicities could help to reduce this health disparity and save even more lives,” they wrote.

[Click here](#) to read the study abstract.

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