

February 3, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15371-review.doc).

**Title:** Screening for lung cancer with chest computerized tomography - is it cost efficient?

**Authors:** Tomasz Jarosław Szczęsny, Małgorzata Kanarkiewicz, Janusz Kowalewski

**Name of Journal:** *World Journal of Respiriology*

**ESPS Manuscript NO:** 15371

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) The grammar was corrected, especially of the abstract which was written in really bad English, for which we apologize. This article aims to discuss the topic of lung cancer screening with low dose helical CT, which is one of the most important topics in lung cancer oncology today. It is also up-to-date topic, because after years of discussion concerning the value of this screening, finally, at the end of 2014, it was accepted in the US and recognized as a medical procedure which should be supported financially by insurance companies. In conclusions, we listed conditions under which this screening should be introduced, to ensure high cost-effectiveness. We also stressed that cost-effectiveness analysis should be performed for every country separately, before introducing this screening, and mentioned about our own analysis which is about to be printed.

(2) Response 1: Data from the literature were collected at first by retrieving articles from PUBMED (NSCLC, screening, computerized tomography or NSCLC, screening, cost-effectiveness). In the next step, references from the collected articles were analyzed, to ensure the completeness of our review.

Response 2: Authors of articles listed in Table 1 did not present themselves as proponents or antagonists of screening, although from personal communication with them we know that most of them (maybe excluding Mayo Clinic study authors) are strongly supporting this screening. Information about smoking status of participants was mentioned on page 6: "Screening was addressed to persons who had smoked at least 10 packyears of cigarettes, but in a Japanese study 16% of patients did not have smoking history." The cost of CT screening and cost of lung cancer treatment was not the topic of most studies listed in Table 1, and if it was, we discussed it in a separate chapter on cost effectiveness analysis. We believed that it was necessary not to include these data in the Table 1, because they were not available for most articles cited in this table and because cost-effectiveness needed special attention and discussion.

Response 3: on page 8 we added explanation what is subtype A and B adenocarcinoma, according to Noguchi classification (pre-invasive adenocarcinoma, which grows not as a solid tumor but grows in interfollicular spaces creating so-called ground-glass opacities on chest CT scans). The added text is highlighted by the yellow background.

Response 4: Of course, the former or current smokers who are over 50-60 years old are the high-risk group. But the exact number of packyears of cigarettes smoked, and the age of participants, and the number of years after quitting smoking remains the subject of debate. Data from the literature as well as local cost-effectiveness analysis, performed in the country in which

screening will be introduced, should be observed to ensure the highest cost-effectiveness of future screening.

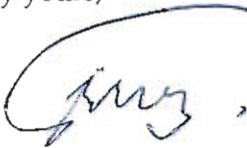
(3) Thank You very much for this review. We added some data about our own article as well as our suggestions concerning inclusion and exclusion criteria in the conclusions. The added text is highlighted by the yellow background.

(4) Thank You very much for this review. We added more details concerning inclusion and exclusion criteria to the conclusions. The exact number of packyears of cigarettes smoked, and the age of participants, and the number of years after quitting smoking remains the subject of the future debate. The added text is highlighted by the yellow background.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Respiriology*

Sincerely yours,

A handwritten signature in black ink, appearing to read 'T. J. Szczyński', with a large, sweeping flourish above the name.

Tomasz Jarosław SZCZĘSNY, MD, PhD  
Department of Thoracic Surgery and Tumors  
Oncology Center in Bydgoszcz  
Bydgoszcz, Romanowskiej Str. 2  
85-796, Poland  
Fax: +48 52 374 3436  
E-mail: [szczesny@lungcancer.med.pl](mailto:szczesny@lungcancer.med.pl)