

to avoid one lung cancer death in NLST:

- **900** CTs
- **18** PETs
- **3** bronchoscopies / FNABs
- **2** benign surgical resections

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Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening

The National Lung Screening Trial Research Team*

Lung cancer incidence and mortality in randomised LDCT trials (percent/year)

Study	trial arm	person/years	LC inc	LC mort	total mort
NLST	LDCT	144,103	0.65	0.25	1.30
	CR	143,368	0.57	0.31	1.40
PLCO*	CR	85,428	0.61	0.36	
	Observation	85,474	0.61	0.38	
DLCST	LDCT	9,769	0.66	0.15	0.62
	Observation	9,794	0.25	0.11	0.43
MILD	LDCT annual	5,482	0.62	0.22	0.56
	LDCT biennial	5,471	0.46	0.11	0.36
	Observation	6,433	0.31	0.11	0.31

* subset of 30,321 PLCO participants eligible for NLST trial

new screening targets

- higher individual risk: **5 – 10 fold**
- avoid useless radiation (**CT + PET**)
- targeted resection & chemotherapy
- less surgery for indolent disease

primary prevention is a priority

Long-Term Surveillance of Ground-Glass Nodules

Evidence from the MILD Trial

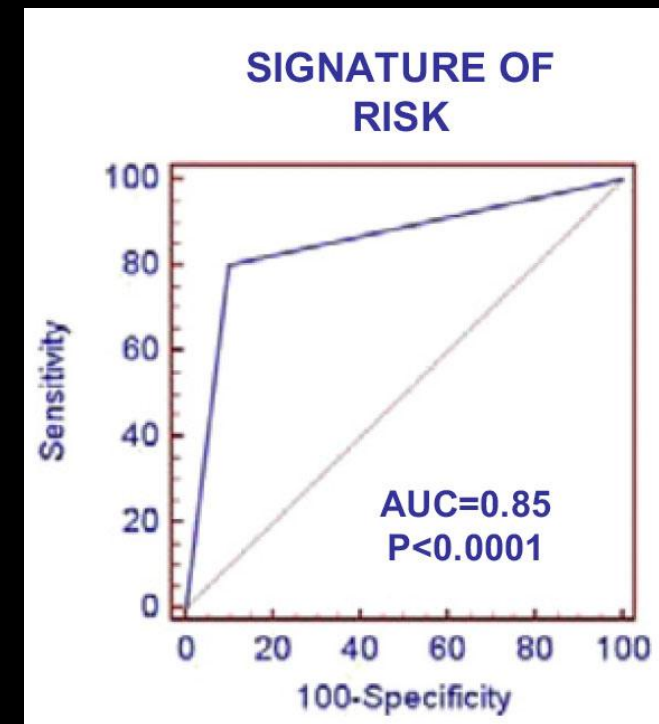
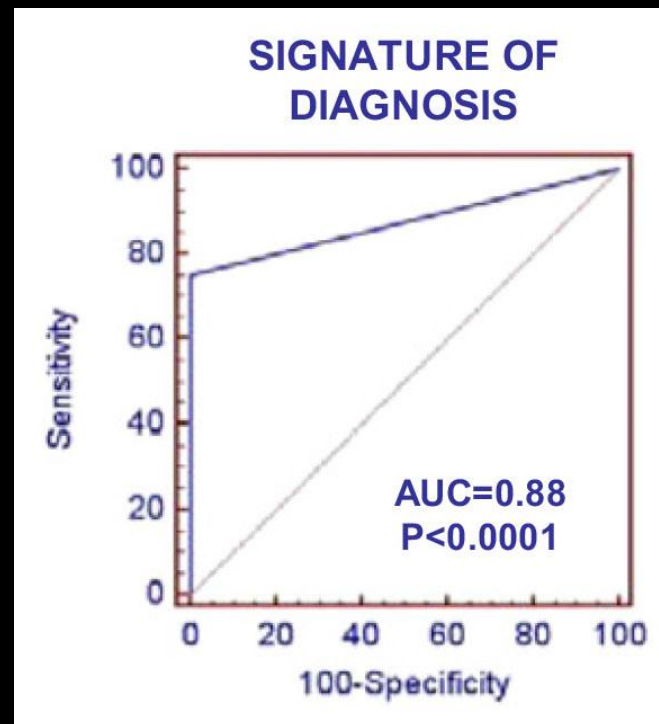
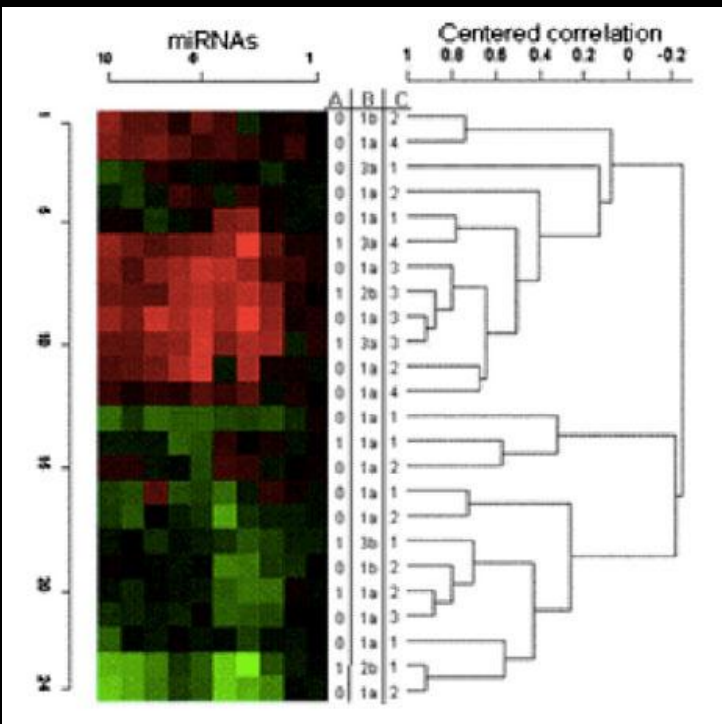
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76 ground-glass nodules (GGNs)
detected in 56 patients at baseline CT
followed for 5 years by CT:
only one (1.3%) progressed (stage Ia ADC)
3 developed LC in other sites

MicroRNA signatures in tissues and plasma predict development and prognosis of computed tomography detected lung cancer

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1 - 2 years before CT detection

PNAS, Epub: 7 Feb 2011



Supported by AIRC & Italian Ministry of Health

Ricerca Finalizzata 2010

Extended validation of miRNAs

MILD trial: we have tested by qRT-PCR the 24 miRNA classifier in longitudinal plasma samples (pre- and post-resection):
70 CT-detected LCs, 200 clinical LCs, 1000 disease free smokers

BioMILD trial: **4,000 newly recruited subjects:**
current and former (10 years or less) heavy smokers
of **≥ 30 pack/years**, aged ≥ 50

current or former smokers of **< 30 pack/years**, with additional risk factors (**family history of lung cancer, prior diagnosis of COPD or pneumonia, certified exposure to carcinogens (i.e. asbestos).**

Ricerca Finalizzata 2010

miRNAs follow-up

CT-detected LC

clinical LC



pre - vs. post-treatment
miRNA test



tumor-related
miRNAs

host-related
miRNAs

extended
validation
on MILD
samples

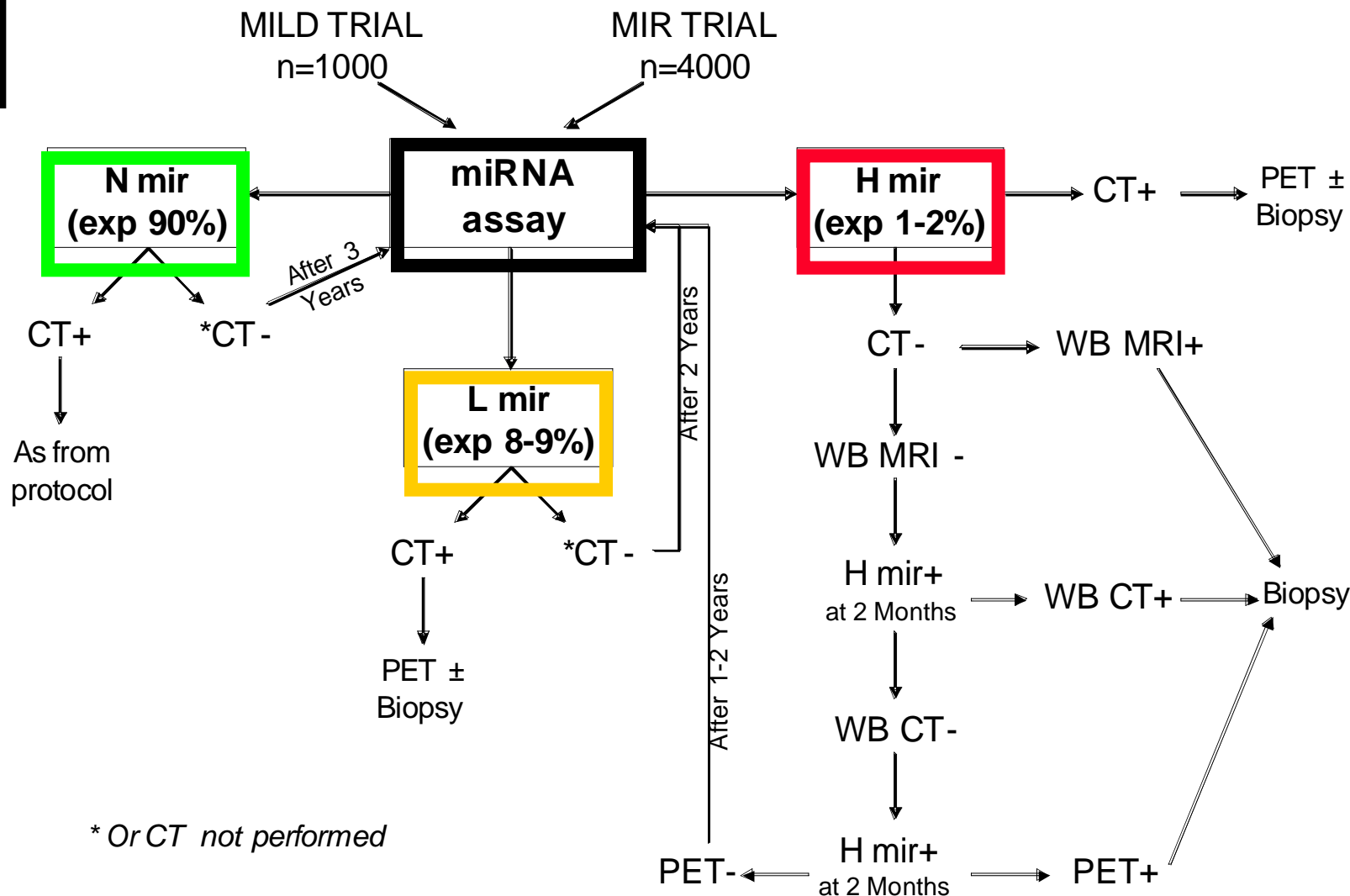


Ricerca Finalizzata 2010

design



4,000
smokers
≥ 50 yrs



potential benefits of miRNA test

- first line examination = **-75% CTs**
- or higher sensitivity = **up to 98%**
- surveillance of in-situ / BACs
- chemoprevention of **miRNA+ / CT-**



FONDAZIONE IRCCS
ISTITUTO NAZIONALE
DEI TUMORI

10 ANNI DI
ESPERIENZA CON
LA TAC SPIRALE

BIOMARCATORI
CANCRO
POLMONARI

TEST
microRNA

PARTECIPARE
AL PROGETTO

TEAM
MEDICI

www.biomild.org

un sem-
plice prelie-
vo di sangue
la diagnosi di
un tumore al pol-
mone, identificato
a uno stadio fino a
due anni più preco-
ce di quanto sia pos-
sibile utilizzando la
Tac spirale, il più
avanzato degli
strumenti dia-
gnostici oggi
a disposi-
zione.



Il progetto bioMILD
si rivolge a persone
ad alto rischio
di tumore polmonare:
uomini e donne di età
superiore ai 50 anni,
che siano forti fumatori,
o che abbiano smesso
di fumare da meno
di 10 anni.

MI
bioILD

Multicentric Italian Lung Detection
Progetto multicentrico per la diagnosi
precoce del tumore polmonare

compila il modulo di
registrazione e partecipa
al progetto biomild

L'adesione al progetto bioMILD
è volontaria e completamente
gratuita.
Si può aderire compilando
l'apposito **modulo di registrazione**,
inviando una mail all'indirizzo
info@biomild.org oppure
telefonando al numero verde
800.21.36.01

ci servono 4000 volontari