

## CORRESPONDENCE

## Authors' response

We thank Dutt *et al*<sup>1</sup> for their comments on the recent UKLS Position Statement.<sup>2</sup> The UKLS Position Statement focused on the recent NLST trial publication in the *New England Journal of Medicine*<sup>3</sup> and was not an overview of all of the primary and secondary outcomes of the pilot UKLS trial. Further details of these outcomes have been given in our first paper on the UKLS trial, which focused on the basic design of the trial including radiology protocol and nodule management.<sup>4</sup> All four points raised by Dutt *et al* are aspects we will study within the screening trial.

The UKLS is specifically designed to select high risk individuals as these are the very group who will benefit the most from such a CT screening trial. Apart from demonstrating a mortality advantage with CT screening, cost effectiveness will be a major issue in determining whether lung cancer screening is considered a feasible option for early lung cancer detection in the UK.

Once CT screening has been demonstrated to be an effective early detection measure within the NHS for high risk individuals, then will be the time to consider modelling for high risk within ethnic communities.<sup>5</sup>

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