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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Current | Snowsill (NHS)\*, 2018 PMID 26013989 | Manser (Cochrane), 2013 PMID 23794187 | Coureau 2016 PMID: 27211572 | Fu 2014  PMID 25307063 | Wang 2018  PMID 2997938 | Usman Ali 2016  PMID: 2713053 | Humphrey (USPSTF) 2013  PMID: 23897166 | Rota 2019  PMID: 31046087 |
| Number of studies | 8 | 4 | 1 | 5 | 4 | 4 | 4 | 4 | 7 |
| Efficacy for lung cancer mortality reduction | 0.86 (0.75, 0.98) | 0.94 (0.74, 1.19)  Exclude MILD  0.85 (0.74, 0.98) | 0.80 (0.70, 0.92) | NA | 0.84 (0.74, 0.96) Studies mislabeled | 1.13 (0.78, 1.64)  Exclude MILD  1.02 (0.66, 1.58) | Annual vs. usual  1.30 (0.81, 2.11)  CXR  Biennial vs. usual  1.45 (0.79, 2.69)  LDCT vs. CXR (n = 1)  0.80 (0.70, 0.92) | Meta-analysis not performed due to heterogeneity | 0.80 (0.71, 0.90) |
| Heterogeneity | 25% | 43%  6.9% | NA (1 study) | NA | 48% | 87%  Exclude MILD 85% | 40%  NA  NA | High | 19% |
| Efficacy for overall mortality reduction | 0.95 (0.91, 1.00) | 1.00 (0.87, 1.16)  Exclude MILD  0.95 (0.89, 1.00) | 0.94 (0.88, 1.00) | NA | 1.04 (0.72, 1.51)  Studies mislabeled | NA | Annual LDCT vs. usual  1.38 (0.86, 2.22)  Biennial vs. usual 1.45 (0.79, 2.69)  LDCT vs. CXR 0.94 (0.88, 0.998) | Meta-analysis not performed due to heterogeneity |  |
| Heterogeneity | 0% | 57%  0% | NA (1 study) | NA | 48% | NA | 80%  NA  NA | High |  |