Population Impact of Lung Cancer Screening in the United States

Results using 100% Adherence Rate
Contents

Study Results Assuming 100% Screening Adherence Rate

Page 3 – Supplementary Figure 7: Total number of current and former smokers screened

Page 3 – Supplementary Figure 8: Mortality reduction compared to NLST result

Page 4 – Supplementary Figure 9: Mortality reduction stratified by smoker type and sex

Page 4 – Supplementary Figure 10: Mortality reduction for total study population on annual and cumulative basis

Page 5 – Supplementary Figure 11: Mortality reduction for single birth cohorts

Page 5 – Supplementary Table 1: Deaths avoided for current and former smokers compared to total population

Page 6 – Supplementary Figure 12: Percent of population screened by smoker type among 55-77 year-olds

Page 6 – Supplementary Figure 13: Current and former smoker mortality reduction on annual and cumulative basis

Page 7 – Supplementary Figure 14: Share of cumulative deaths avoided stratified by age range, 2016-2030

Page 7 – Supplementary Figure 15: Comparison of the Patz method of calculating overdiagnoses and the alternative method used in our study
Results: 100% Screening Adherence

Supplementary Figure 7. Total number of current and former smokers screened, 2016-2030.

Supplementary Figure 8. Cumulative mortality reduction compared to NLST result.
Results: 100% Screening Adherence (Cont.)

**Supplementary Figure 9.** Cumulative mortality reduction stratified by smoker type and sex.

**Supplementary Figure 10.** Mortality reduction for total study population on annual and cumulative basis *(extended past study period to show trend).*
Results: 100% Screening Adherence (Cont.)

Supplementary Figure 11. Cumulative mortality reduction for single birth cohorts.

Supplementary Table 1. Deaths avoided for current and former smokers compared to total population.

<table>
<thead>
<tr>
<th>Smoker Type</th>
<th>2016-2020</th>
<th>2021-2025</th>
<th>2026-2030</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>19,691 (19,488 - 19,895)</td>
<td>28,650 (28,427 - 28,873)</td>
<td>21,618 (21,420 - 21,816)</td>
<td>69,959 (69,380 - 70,539)</td>
</tr>
<tr>
<td>Former</td>
<td>17,189 (17,054 - 17,324)</td>
<td>28,444 (28,198 - 28,690)</td>
<td>23,130 (22,910 - 23,350)</td>
<td>68,763 (68,216 - 69,310)</td>
</tr>
<tr>
<td>Total</td>
<td>36,880 (36,656 - 37,104)</td>
<td>57,094 (56,824 - 57,364)</td>
<td>44,748 (44,455 - 45,042)</td>
<td>138,722 (138,052-139,393)</td>
</tr>
</tbody>
</table>
Supplementary Figure 12. Percent of population screened by smoker type among 55-77 year-olds.

Supplementary Figure 13. Current and former smoker mortality reduction on annual and cumulative basis.
**Results: 100% Screening Adherence (Cont.)**

**Supplementary Figure 14.** Share of cumulative deaths avoided stratified by age range, 2016-2030.

**Supplementary Figure 15.** Comparison of the Patz method of calculating overdiagnoses and the alternative method used in our study.