

LUNG CANCER SCREENING

Low-dose CT scans save lives!

20%
FEWER DEATHS

Which patients should be getting low-dose CT lung cancer screenings?

In 2011, The National Lung Screening Trial (NLST)* concluded that **low-dose computed tomography REDUCED LUNG CANCER DEATHS BY AS MUCH AS 20%** compared to patients who received standard chest X-rays.

How did LDCT scans compare with chest x-rays in reducing deaths from lung cancer per 1,000 people screened?			
	LDCT	Chest X-ray	
Deaths from lung cancer over 6.5-year follow-up period	18 in 1,000	21 in 1,000	3 in 1,000 fewer deaths from lung cancer with LDCT
Deaths from all causes over 6.5-year follow-up period	70 in 1,000	75 in 1,000	5 in 1,000 fewer deaths from all causes with LDCT

*About the NLST: More than 50,000 smokers participated; participants had up to three annual screenings; average follow-up was 6.5 years.

Possible signs and symptoms of lung cancer:

- A new cough that does not go away or gets worse.
- Chest pain that is often worse when you breathe deeply, cough or laugh.
- A hoarse voice.
- Unexplained weight loss and loss of appetite.
- Coughing up blood or rust-colored spit or phlegm.
- Shortness of breath.
- Infections such as bronchitis and pneumonia that do not go away or keep coming back.
- Wheezing.

Many patients with lung cancer do not have any symptoms when the cancer first starts. It is best to find lung cancer early before symptoms start, when the cancer is more easily treated. This is why **screening is important!**



Age



Covered by Medicare!

Medicare will now cover lung cancer screening with low-dose CT scans once per year for Medicare beneficiaries who meet all of the following criteria:

- Are age 55-77, and are either current smokers or have quit smoking within the last 15 years;
- Have a tobacco smoking history of at least 30 "pack-years", and;
- Received a written order from a physician or qualified non-physician practitioner that meets certain requirements.

Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability, or willingness, to have curative lung surgery.

Smoking History

Those who currently smoke and have a

30
PACK-YEAR
SMOKING HISTORY

OR



Have quit smoking within the past

15
YEARS

Other medical history questions.

PATIENT ELIGIBILITY CHECKLIST

- Is the patient 55 to 77 years old? (55 to 80 years old for patients with private insurance).
- Is the patient a current smoker or former smoker who has quit within the past 15 years?
- Does the patient have at least a 30 pack-year smoking history? (See calculator below).
- Is the patient asymptomatic for lung cancer with no personal history of lung cancer?
- Is the patient healthy enough to have lung surgery?
- Is the patient willing to receive potentially curative treatment?

Calculating Pack-Years



Number of packs of cigarettes smoked per day

X



Number of smoking years

= #

Pack-year smoking history

Eligible Patient?

If your patient meets the criteria outlined in the above checklist, they could be a perfect candidate for LDCT lung cancer screening.



A LOW-DOSE CT SCAN COULD SAVE THEIR LIFE!
Safe • Non-invasive • Painless

Special Considerations

The US Preventative Task Force recommends



Smoking Cessation Counseling for:

- Persons referred by a PCP.
- Persons who present for screening without a referral, (e.g. "self-refer" to a screening center)

The best way to reduce the risk of lung cancer is to **STOP SMOKING!**

The importance of shared decision making

Lung cancer screening with LDCT reduces mortality from lung cancer. There are also potential harms associated with lung cancer screening, including a high-false positive rate and the associated need for diagnostic follow-up and their potential hazards. Shared decision making is a collaborative patient-centered process in which patients and clinicians make decisions together, taking into consideration current evidence, recommendations, and the patient's values and preferences. It is a vital process that includes exploring and comparing the possible benefits and risks of lung cancer screening through meaningful dialogue about what matters most to the patient.

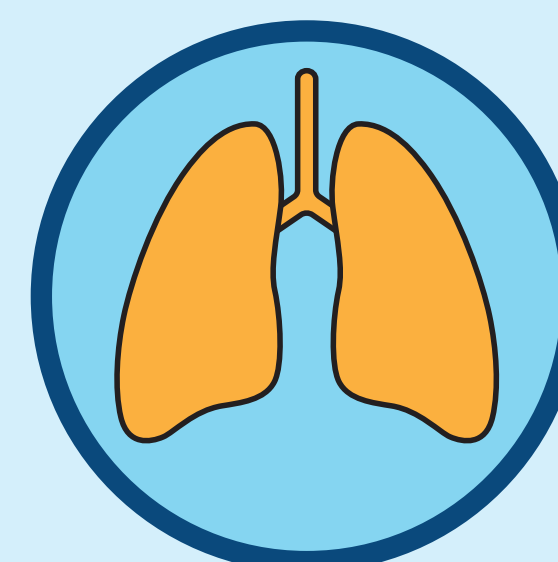
Screening Considerations

Things to take into account when considering low-dose lung cancer screening for your patients

PROS



- Reduction in cancer death
- Earlier stage detection
- Safe, non-invasive, painless
- Discovery of ancillary findings (NLST All cause mortality was not different if lung cancer deaths excluded)



CONS



- Cost
- High false positive - (When the NLST screening test was positive, 96.4% of the LDCT and 94.5% of CXR exams were false-positive)
- Patient anxiety
- Incidental findings
- Radiation risk