

LUNG CANCER SCREENING: IT'S ABOUT YOUR HEALTH

What you should know before, during, and after



Talk to your doctor.
www.thinkscreenknow.org

WHAT IS LUNG CANCER SCREENING?

IT'S ABOUT YOUR HEALTH

Lung cancer screening is a regular preventive health check, like a mammogram or a colonoscopy. The purpose of screening is to check your lungs while you are feeling healthy and to look for any changes from year to year. If there's something unusual in the lungs, a screening may be able to find it at an early stage.

Lung cancer is the leading cause of cancer death among both men and women. Lung cancer screening is meant to find lung cancer at an earlier stage, when survival rates are better.



57% of lung cancers are diagnosed in the advanced stage, when survival rates are lower.

A lung cancer screening can find something before you know it's there and before you have symptoms.

Just because your doctor recommends lung cancer screening, it doesn't mean he or she thinks you have cancer. In fact, most patients who get screened do not have cancer. Your healthcare provider will recommend screening if he or she decides the benefits outweigh the risks.

Many patient groups and organizations, including the American Cancer Society, recommend lung cancer screening with LDCT for patients at high risk.

LOW-DOSE COMPUTED TOMOGRAPHY

A low-dose CT (LDCT) scan is the only method recommended for lung cancer screening in high-risk patients. The LDCT machine takes a 3-D picture of your lungs. This picture shows more detail than a standard chest X-ray. You will be exposed to a low dose of radiation during an LDCT scan. This type of scan uses 75% less radiation than a regular CT scan and does not require any needles.

Your healthcare provider may recommend an LDCT scan for screening because you are in a group of smokers or ex-smokers who are at high risk for lung cancer. You can read about who is in that group on the next page.



WHY LDCT?

A study of more than **53,000** patients, called the National Lung Screening Trial, showed the benefit of screening with LDCT. It found that lung cancer screening with LDCT reduced the number of deaths in patients compared with a chest X-ray.

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WHO IS AT RISK FOR LUNG CANCER?

DEFINING HIGH RISK

Yearly LDCT screening is recommended if you meet all of the following criteria:

- ✓ 55 to 80 years old
- ✓ A current smoker or have quit within the past 15 years
- ✓ A heavy smoker or used to be a heavy smoker

WHO IS A HEAVY SMOKER?

Heavy smokers have smoked for a total of 30 “pack-years.” To find out your pack-years

MULTIPLY

Number of cigarette packs smoked per day (1 pack = 20 cigarettes)

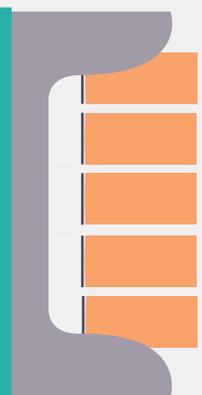


Number of years you have smoked

EXAMPLES

Smoking 1 pack a day for 30 years = 30 pack-years

Smoking 2 packs a day for 15 years = 30 pack-years



MYTH

“I quit smoking 8 years ago and I feel fine. I don’t need a lung cancer screening.”

FACT

You have made a great decision by quitting smoking. Lung cancer screening may be the right next step for your health. If you have the risk factors on this page, talk to your healthcare provider about the benefits and risks of screening.

Lung cancer screening is a yearly check for patients at high risk. Be sure to talk about it every year with your healthcare provider.

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WHAT SHOULD I DISCUSS WITH MY HEALTHCARE PROVIDER?



QUITTING SMOKING

Quitting smoking is one of the most important steps that you can take for your health. If you still smoke, your healthcare provider will talk to you about quitting. Your healthcare provider may be able to help you with information, support, and resources.

Your insurance plan may require that you talk to your healthcare provider about quitting smoking before your lung cancer screening.

MYTH

"I need to quit smoking before my lung cancer screening."

FACT

Quitting smoking is good for your health, but you do not have to quit before getting a lung cancer screening. Your doctor should talk to you about the benefits of quitting smoking.



INSURANCE COVERAGE

Medicare covers yearly screening for lung cancer if you are 55 to 77 years old, in the high-risk group, do not have symptoms, and have a written order from your doctor. Most private insurance plans cover screening for high-risk patients 55 to 80 years old. Be sure to check with your insurance plan to learn about coverage.

If you do not have insurance, certain state or local agencies may provide screening at no cost or a low cost.

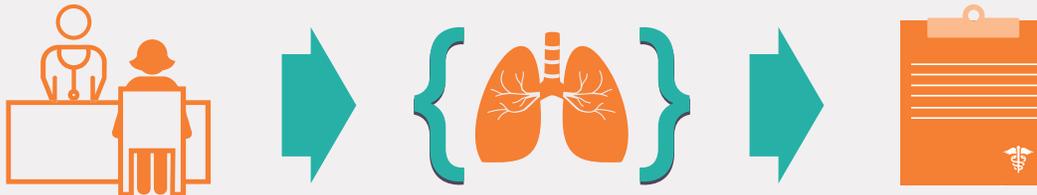
Your healthcare team may be able to help you know your options for coverage.



MAKING THE DECISION

You should make decisions about yearly screening with your healthcare provider's advice. This may be with your regular healthcare provider, or with a pulmonologist (a doctor who specializes in lung and airway health). This process is called "shared decision-making." You can learn more about shared decision-making on the next page.

WHAT HAPPENS BEFORE, DURING, AND AFTER A LUNG CANCER SCREENING?



1

BEFORE YOUR SCREENING

You will meet with your doctor or another healthcare provider to discuss the benefits and risks of screening. This is called a shared decision-making visit. You and your healthcare provider will make the decision about screening together.

If you decide on screening, your healthcare provider will create a written order and refer you to a screening location. This location may be a hospital or another facility that offers LDCT screening. Your healthcare provider's office may make an appointment for you, or you may have to contact the screening location to set up your appointment.

2

DURING YOUR SCREENING

Limited preparation may be needed. You shouldn't need to change your clothes, as long as they don't contain metal. Don't worry—there are no medicines or needles required for the screening.

The LDCT procedure only takes a few minutes. You will lie on your back on a table while pictures of your lungs are taken.

3

AFTER YOUR SCREENING

A specialist will read your scan and report the results. Someone from the screening location or your healthcare team will call you to talk about the results.

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WHAT SHOULD I KNOW ABOUT MY SCREENING RESULTS?

WHAT DOES THE LDCT SCAN SHOW?

The specialist who reviews your LDCT image is looking for any area on your lungs that might not appear normal. These are often called nodules, or “spots on the lung.” These are small areas of growth in or on your lung.

The majority of nodules are harmless. They often appear as people get older. Other nodules may be suspicious, and your healthcare provider will want to follow up as explained below.

UNDERSTANDING YOUR RESULTS

The results from your LDCT screening may be negative, indeterminate (uncertain), or positive. Your healthcare provider will decide if you need more tests based on the results. The table below explains some possible results and next steps.

False alarms, called “false positives,” are common. A false positive means that something is found, but it is not cancer. Your healthcare provider may order more tests to make sure.

The American College of Radiology recently created a new standard for LDCT screenings and reports called Lung-RADS™ (Lung Imaging and Reporting Data System). This new standard has resulted in fewer false positives, as well as fewer unnecessary follow-up scans and procedures.

	NEGATIVE	INDETERMINATE (UNCERTAIN)	POSITIVE
RESULT	Nothing is found.	Something is found, but there is no clear evidence of a possible cancer.	Something is found and it looks suspicious.
NEXT STEPS	<ul style="list-style-type: none"> Continue with yearly screenings as advised by your healthcare provider 	<ul style="list-style-type: none"> Continue with screenings as advised by your healthcare provider This can be your yearly screening, or your healthcare provider may want to check your lungs again sooner 	<ul style="list-style-type: none"> You may need additional scans or tests, such as a PET scan or a biopsy Your healthcare provider will talk to you about the findings and what needs to happen next. You may be referred to a specialist

It is important to discuss all possible outcomes of LDCT screening and follow-up tests with your healthcare provider.

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WHAT IF I'M WORRIED ABOUT THE RESULTS?



ANXIETY ABOUT SCANNING, OR "SCANXIETY"

It is normal to have anxiety about your yearly lung cancer screening. It is important to know that most people who are scanned do not have lung cancer. About 86% of people screened will have negative results. If you have a positive result, this may be a false alarm. About 13% of people will have results that are a false alarm. Your doctor may order more tests to find out more information. Advances in LDCT are helping to reduce the number of these false alarms.

Your healthcare provider will talk to you about the findings and what needs to happen next. This may be a follow-up scan or an additional test. If you are feeling anxious about your scan or the results, talk to your healthcare team. Screening is an important healthcare decision. You should feel comfortable each time you go for a screening appointment.

MOST PEOPLE SCREENED DO NOT HAVE CANCER

While false-positive results are possible, even these false alarms rarely indicate cancer



*Based on a review of data from the National Lung Screening Trial using Lung-RADS™ criteria.

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If you are diagnosed with lung cancer, you have more options than ever before. Your healthcare provider will help you choose the best path forward.

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WHAT SHOULD I ASK MY HEALTHCARE PROVIDER ABOUT LUNG CANCER SCREENING?

The questions to the right may help when you discuss yearly lung cancer screening with your healthcare provider. Be sure to write down any more questions you have. It may be helpful to take notes during your appointments, or you may want to have someone with you to listen and ask questions.

Your health matters. Talk to your healthcare provider to find out if lung cancer screening is right for you.

- Is lung cancer screening recommended for me?
- How do I know if my insurance covers LDCT screening?
- What are the benefits and risks of LDCT screening?
- How will I get the results of my LDCT scan?
- What tools are available to help me quit smoking?

LDCT screening is recommended by many groups, including

- United States Preventive Services Task Force
- American Lung Association
- American Society of Clinical Oncology
- Centers for Medicare & Medicaid Services
- LUNGeivity
- National Comprehensive Cancer Network
- American Cancer Society
- Lung Cancer Alliance

