

# Lung Cancer Screening Patient Information Guide

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## WellStar Supports Responsible and Safe Screening

The National Lung Screening Trial (NLST) demonstrated low-dose computed tomography (CT) screening effective in reducing deaths from lung cancer. Lung cancer will claim more than 160,000 lives this year and will kill more people than breast, colon, and prostate cancer combined. Last year, it is estimated that over 226,000 people were diagnosed with lung cancer in the United States. Approximately 10.5% (23,800) were under the age of 55 and 15% (33,924) never smoked. With scientific validation of CT screening, many lives could potentially be saved each year through the implementation of responsible and safe screening programs.

Screening is not a simple one step procedure, but a complex process of interpreting multiple screening exams over time to look for newly emerging cancer. The capability of CT scanners to detect tiny lung nodules and to compare the nodules for changes in size over time is critical to the screening process. This requires trained and experienced professionals using up-to-date, specialized equipment and evidence-based management practices. Screening should only be performed at an institution with a dedicated screening program that follows an organized protocol to minimize potential risks, especially over-treatment and over-diagnosis. Our highest priorities are the health and well-being of our patients and providing access to safe, affordable, and quality cancer screening to the communities we serve.

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## Lung Screening Research Registry

The NLST was limited only to those between the ages of 55-74 with a 30 pack year smoking history yet, tens of thousands of people continue to die each year from lung cancer that fall outside this criteria. Large portions of the population remain at risk and are currently being denied access to the only proven method for early detection. Since more research is needed to determine whether current or former smokers under 55 and over 74 and never smokers 50 and over would benefit from screening, WellStar has sponsored a lung screening Research Registry. All screening participants are encouraged to participate. The data collected will help researchers study:

- Cancer trends and outcomes in various at-risk populations
- Morphology and progression of lung disease and lung cancer over time
- Benefits of screening various at-risk populations

You can learn more information about this research opportunity by reading the attached **Research Registry Information Sheet**.

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## Frequently Asked Questions

### How long will it take to get my results?

Your exam will be interpreted by a team of specialized physicians who are highly trained in lung cancer screening. Results will be mailed to you and your physician usually within 7-10 days. If a lung cancer is suspected, you will be notified by telephone and immediate arrangements will be made for a doctor specializing in lung cancer treatment to meet with you. If you have not received your results after 10 days, please call the Program Coordinator at 678-594-4302.

### What is the screening process?

At WellStar, all lung screening is navigated through a dedicated program with oversight by a physician and nurse coordinator. Each case is interpreted by a board certified radiologist and reviewed by a pulmonologist with on-site access to a dedicated thoracic surgeon. Results are promptly communicated to the patient and his or her primary care physician. When a lung cancer is suspected, arrangements are made for a prompt evaluation in our Specialty Teams and Treatment (STAT) Lung Cancer Clinic.

### Will my insurance cover the cost screening?

Routine annual follow-up CT scans to screen a person without symptoms for lung cancer are not yet covered by Medicare and most insurance companies. However, a diagnostic CT scan could be covered by insurance if lung cancer is suspected, or for any concerning pulmonary abnormality discovered through screening and in need of re-evaluation. All diagnostic CT exams are billable at routine medical rates and all co-payments and deductibles apply. It is recommended you check with your insurance company if you have any questions about your benefit plan.

## How is this CT scan different from a chest x-ray?

This CT exam uses computed tomography imaging at a very low-radiation dose. It is quick, painless and does not involve any IV injections. This CT scan rapidly takes x-rays from all angles around the chest giving hundreds of detailed images of the lungs. This allows tiny abnormalities to be seen which are often too small to be seen on a standard chest x-ray. A standard chest x-ray takes only two flat images and often misses small early lung cancers.

## Will my heart be evaluated on this screening exam?

A limited heart evaluation will be done. The radiologists are able to evaluate the size of the heart and the main blood vessels. They can sometimes see calcifications in the coronary arteries; however, this test is not designed to replace a dedicated cardiac calcium scoring CT. These results will be reported to you and your doctor.

## Is finding pulmonary nodules normal?

You should not be overly concerned if your report indicates you have small, non-calcified pulmonary nodules. Most people who meet eligibility for screening will have some. A large majority of these nodules are benign. However, the only way to find out is to follow these nodules over a sufficient period of time and monitor for changes or growth.

## Why are repeat screening exams necessary?

This screening exam is sensitive to most nodules, even when very small. These nodules are often so small there is no way of knowing if it is a lung cancer. The follow up exam is important to see if any changes or growth has occurred over time, which could indicate early lung cancer. To effectively screen for lung cancer, an annual follow-up CT is typically recommended; however, a follow-up CT exam may be advised sooner for some nodules, particularly ones measuring 5 mm or larger (about the size of a green pea). This does not mean that this nodule is lung cancer. It means you have a nodule that needs closer monitoring due to size.

## My report says wait a year, what if my physician wants another CT sooner?

The risks associated with unnecessary CT scans and overtreatment of small pulmonary nodules should always be taken into consideration by any physician considering ordering a repeat CT outside the screening recommendation, especially in a person with NO symptoms. Research shows low-dose CT scans are effective in evaluating these tiny abnormalities for growth over time. Any physician considering ordering a CT outside the screening recommendation strictly to re-evaluate an identified pulmonary nodule is encouraged to contact the reviewing physician identified on your results letter. Certainly, a physician may wish to evaluate you sooner should you develop any symptoms of concern, which may or may not be related to any findings on this exam.

## My report says I have coronary arterial calcification (CAC), what does that mean?

CAC score is an independent predictor of coronary heart disease. CAC is a process in which the lining of the coronary arteries develops a layer of hard substance known as *plaque*. This condition indicates vessel damage, placing a person at increased risk for heart attack. If coronary arterial calcification is identified on your exam, you should review this finding with your doctor.

## I currently smoke and want to quit.

Quitting smoking is the single best thing you can do to improve your health. In addition to damaging the lungs, tobacco smoke also injures many other parts of the body such as blood vessels and the heart. As a smoker, your risk of death from heart attack or emphysema continues to increase even if your CT scan does not show lung cancer. Quitting smoking is tough and there is no way to quit effortlessly. The best approach is one that addresses the physical, social and behavioral aspects of smoking. Talk with your doctor and visit [BecomeAnEX.org](http://BecomeAnEX.org) which offers a free quit plan that will help you take the first step to re-learning life without cigarettes.

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## For questions about the exam process or the Research Registry, please call:



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