

Low-dose CT Lung Cancer Screening Program

Lung cancer screening with low-dose CT (LDCT) has been shown to save lives by finding lung cancer early, before you have symptoms, when there is the best chance of cure. There are also some risks and limitations. The following information is a summary of information you received in a discussion with a healthcare provider. Please let us know if you still have questions before your screening.

Who is eligible to have a low-dose CT lung cancer screening?

- 55-77 years of age; 78-80 year olds meeting other criteria are eligible under 3rd party payors but not Medicare
- Asymptomatic (no signs or symptoms of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years
- Not ineligible by any of the criteria below

Who is NOT eligible for a lung cancer screening?

- You are younger than 55 or older than 77.
- You have new symptoms at the time of screening, such as a cough, coughing up blood, pain in the back or shoulders that is not related to coughing, changes in your voice or hoarseness, fever, unexplained weight loss, shortness of breath. If you have any of these symptoms, and they have not been evaluated, please contact your healthcare provider as soon as possible.
- Your health and/or lung function is so poor that a lung surgery may be too risky. If you are not sure about this, please discuss it with your healthcare provider.
- You are being actively treated for cancer

What are the risks to LDCT lung screening?

• **Radiation exposure:** LDCT lung screening uses radiation to create images of your lungs. Radiation can increase a person's risk of cancer. By using special techniques, the amount of radiation in LDCT lung screening is small—about the same amount a person would receive from a screening mammogram. When you are at high risk for developing lung cancer due to a smoking history and other possible factors, the benefits of the screening outweigh the risks of being exposed to the small amount of radiation from this exam.

• **False negatives:** No test, including LDCT lung screening, is 100% accurate. It is possible that you may have a medical condition, including lung cancer, that is not found during your exam. This is called a false negative.

• **False positives/additional testing:** LDCT lung screening often finds something in the lung that could be cancer but in fact is not. This is called a false positive. False positive tests can cause distress. In order to make sure these findings are not cancer, you may need to have more tests. These tests will be performed only if you give permission. Occasionally, patients need a procedure, such as a biopsy, that can have potential side effects.

• **Over-diagnosis:** A slow-growing lung cancer can be detected by CT lung screening that otherwise would not have progressed to become life-threatening. The consequences of over-diagnosis that have potential harm is any unnecessary invasive diagnostic procedures, treatment, morbidity, follow-up, cost, and patient anxiety.

• **Findings not related to lung cancer:** Your LDCT lung screening exam also captures images of areas of your body next to your lungs. In a small percentage of cases (5%–10%), the CT scan will show an abnormal finding in one of these areas, such as your kidneys, adrenal glands, liver or thyroid. This finding could be harmless, but you may need to be evaluated further. Your primary healthcare provider can help determine what, if any, additional testing you may need.

Is lung cancer screening covered by insurance or Medicare?

As of 2/5/2015, Medicare is offering coverage. For other insurance, you can verify coverage. A preauthorization may be required. If you are uninsured or if lung cancer screening is not covered, our patient financial counselors can help you understand your options and provide assistance based on your financial situation (847-618-4747). Speak with your healthcare provider first, to determine if you are eligible for this screening.

Do I need to have an LDCT lung screening exam every year?

Yes, unless you need follow-up imaging or testing sooner for suspicious findings. Follow-up imaging or testing will be recommended by your healthcare provider or pulmonologist. Lung cancer screening can decrease the death rate due to lung cancer by 20% for those who are eligible, but it must be continued annually.

Do I need an order from my doctor?

Yes, from your physician or healthcare provider or from a healthcare provider at NCH involved in the screening program. The order should include your name, date of birth, pack year history (number of years you smoked multiplied by average packs per day), whether you are currently smoking, the number of years since you quit for former smokers, that you have no new symptoms or signs of lung cancer.

How is the CT scan performed?

The exam takes less than 60 seconds once you have been positioned by the CT Technician. No medications are given, and no needles are used. You can eat before and after the exam. You do not even need to get changed as long as the clothing on your chest does not contain metal. You must be able to lay flat on your back and hold your breath for up to 10 seconds while the chest scan is being taken.

What can I expect from the results?

About 1 out of 10 LDCT lung screening exams will find something in the lung that may require additional imaging or evaluation. Most of the time these findings are lung nodules. Lung nodules are small collections of tissue in the lung. These nodules are common, and the vast majority are not cancer (benign) Less commonly, lung nodules can be cancer. If a small lung nodule is found to be cancer, the cancer can be cured more than 90% of the time. To distinguish the benign (noncancerous) nodules from the few nodules that are in fact cancer, you may need more testing. If the nodule has suspicious features (for example, it is large, has an odd shape or grows over time), your physician may refer you to a specialist in diagnosis of lung cancer (pulmonologist).

When will I get the results?

The ordering physician/healthcare provider should notify you with results. The NCH Lung Nurse Navigator will be calling you within a few business days to make sure you have been informed of your results in a timely manner. If no one reaches you, please call your physician’s office or the NCH Lung Nurse Navigator.

Where can I find help to quit smoking?

The lung screening will not prevent you from getting cancer. Smoking is the biggest risk factor for lung cancer. For support in quitting smoking, see the resources below. If you have already quit smoking, congratulations and keep it up!

I think I qualify for LDCT lung screening. What should I do next?

Talk to your healthcare provider. If you do not have one, call the Lung Nurse Navigator at 847-618-6572.

Resources:

Information about CT Lung Cancer Screening and Lung Cancer

- National Cancer Institute – SEER Stat Fact Sheet: Lung and Bronchus Cancer: <http://seer.cancer.gov/statfacts/html/lungb.html>
- National Comprehensive Cancer Network (NCCN) Guidelines for Patients http://www.nccn.org/patients/guidelines/lung_screening/index.html
- RadiologyInfo.org - Lung Cancer Screening: <http://www.radiologyinfo.org/en/info.cfm:pg=screening-lung>

Smoking Cessation

- American Lung Association – How to Quit Smoking: <http://www.lung.org/stop-smoking/how-to-quit/>
- Online Emmi program “Smoking Cessation” – you can register with the Lung Nurse Navigator at no charge
- NCH Program on smoking cessation at: <http://www.nch.org/Treatment-Care/Quit-Smoking> or call Health Connection at 847-618-6572 for more information
- Lung Nurse Navigator – 847-686-6572

Lung Cancer Advocates

- Lung Cancer Alliance: <http://www.lungcanceralliance.org/>

Signature_____Date/Time_____

If signed by someone other than patient, indicate relationship:_____

Witness_____Date/Time_____

Primary language spoken: _____

If other than English, form of interpretation used, eg. medical interpreter, language line:
