

Yearly Lung Cancer Screening: Is It Right for Me?

Written and reviewed by

Dr. Pamela Samson, Washington University in St. Louis, Department of Surgery

Dr. Mary Politi, Washington University in St. Louis, Department of Surgery and the Institute for Public Health

Dr. David Gierada, Washington University in St. Louis, Division of Cardiothoracic Imaging

Dr. Sanjeev Bhalla, Washington University in St. Louis, Division of Cardiothoracic Imaging

Dr. Bryan Meyers, Washington University in St. Louis, Division of Cardiothoracic Surgery



This brochure is to help you learn more about lung cancer screening and decide if a yearly test to look for early lung cancer is right for you.

Who can get screened for lung cancer?

- If you are 55-80 years old and have a smoking history of 30 pack years or more, you can get screened for lung cancer.

Examples of at least a 30 pack year smoking history

1 pack per day for 30 years

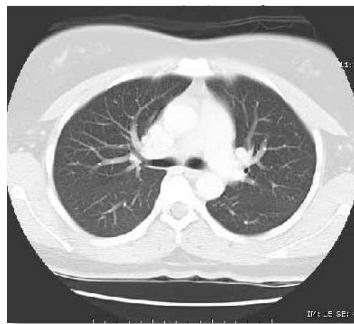
2 packs per day for 15 years

3 packs per day for 10 years

- If you have smoked this amount or more, you may be eligible for lung cancer screening. You can calculate your pack year history here: <http://smokingpackyears.com/>
- You can get screened even if you quit smoking, as long as you quit in the past 15 years.

What screening test looks for lung cancer?

- The screening test is called a 'low-dose' CT scan or LDCT. It takes many pictures of your lungs to look for cancer.
- An example of just one of these pictures is shown here. The term 'low-dose' means that the CT scan uses a lower amount of radiation to take the pictures than other types of scans.



- During a low-dose CT scan, you lie on a table. The scan takes about one minute, and you will be asked to hold your breath for less than 10 seconds. There are no needles needed for this scan.

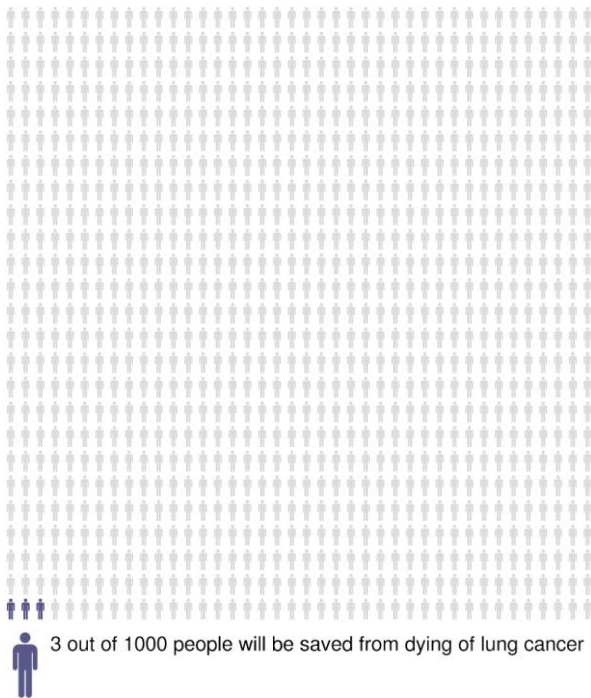


What are the pros and cons of each choice – yearly screening or no screening?

Pros

Yearly Low-dose CT Lung Screening

- Studies have shown that people eligible for screening who receive **yearly** low-dose CT scans are less likely to die of lung cancer than people that did not receive scans every year.
- When 1,000 eligible people are screened **yearly for 3 years** with a low-dose CT, it saves about 3 people from dying of lung cancer.



- Screening for lung cancer with low-dose CT may find lung cancer when it is smaller and before you have any symptoms. Finding it early could make it easier to treat.
- When lung cancer is found early, there is a better chance of survival.

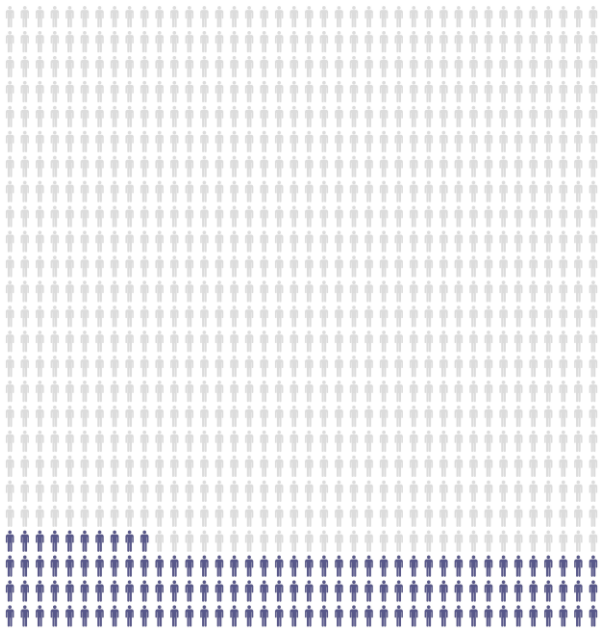
No Screening


- If you are not screened, there is no risk of a ‘false alarm’ from the test. A ‘false alarm’ is something that looks like cancer but is not.
- If you are not screened, you will not have any extra scans, biopsies, or surgeries to test a finding that turns out not to be cancer.
- Low-dose CT scans give you about the same amount of radiation you get from the air over four months. Even though this amount is very small, people receiving yearly screening will be exposed to more radiation than people that choose not to be screened for lung cancer.
- In order for lung cancer screening to be as helpful to you as possible, the low-dose CT scan needs to be done every year. This can take time or cost money if you do not have health insurance.

Cons

Yearly Low-dose CT Lung Screening

- There is a chance that the low-dose CT scan finds a ‘false alarm’—something that looks like a cancer but is not.
- Based on the largest study of lung cancer screening and current guidelines, about 130 out of 1000 people may have a “false alarm” from their first screening. This number gets lower in the next years because the doctors can compare your yearly scans.



 130 out of 1000 people will have 'false alarm' 1st year of screening

- Most people that have a “false alarm” only need another scan to see if it is cancer or not.
- However, out of 1,000 people screened yearly for 3 years, around 40 may need a biopsy or surgery. About 17 of those will turn out not to have lung cancer.
- There is a small chance that you could find and treat a lung cancer that would not have become a problem for you.

No Screening

- Without lung cancer screening, lung cancers may be found when they are larger and causing symptoms.
- It is harder to treat and cure larger lung cancers.
- People with larger lung cancers may need more treatment than people with smaller lung cancers.
- People with large, late-stage lung cancer are likely to die from their lung cancer.

How do I decide if yearly lung cancer screening is right for me?

- The best way to decide if lung cancer screening is right for you is to talk with a doctor.
- Review the pros and cons and think about what screening is like.
- Together you and your doctor can decide what is best for you.

If I am interested in getting yearly lung cancer screening, what are the next steps?

- You can contact the Patient Care Coordination Center at 314-747-3046 to schedule screening or schedule a time to talk to someone about whether or not to get screened.

Does insurance pay for yearly lung cancer screening?

- Medicare currently covers yearly lung cancer screening for eligible people.
- Private insurance companies also cover yearly lung cancer screening for eligible people.
- Any extra scans or tests that you might need after your screening may be covered by insurance, but might have a copay or coinsurance (percent of the bill) that you have to pay. The staff can check before your extra scans or tests.

What are the symptoms of lung cancer?

If you have any of these symptoms, contact a doctor right away:

- Bloody cough
- New or more frequent cough or mucus
- Weight loss
- Loss of appetite
- Feeling tired or weak
- Change in voice (hoarse voice)
- Pneumonia or bronchitis that does not go away
- Chest pain that is worse with deep breathing

If you smoke, talk to a doctor about quitting.

- Quitting smoking lowers your risk of getting lung cancer and other diseases of the lungs, heart, blood, and brain. If you smoke, talk to your doctor or nurse about quitting smoking.
- You can get **free** help quitting, at:

Washington University Center for Smoking Cessation: One-on-one counseling, 314-747-QUIT (314-747-7848) or email quitsmoking@wustl.edu.

Siteman Cancer Center, Barnard Health and Cancer Information Center: Group Freedom from Smoking Clinic, seven week session, held in evenings from 5:00 pm to 6:00 pm, call 314-362-7844 or email snyderbe@wusm.wustl.edu to register.

Tobacco Quitline: Individual telephone counseling, 1-800-QUIT-NOW (1-800-784-8669).

On-Line Quit Plan: Supportive texts, smartphone application, and calendar, smokefree.gov.

For more information on lung cancer screening:

- American Lung Association: goo.gl/jFmElb
- National Comprehensive Cancer Network: goo.gl/rJy5JL
- National Cancer Institute: goo.gl/P6Ybab
- American Cancer Society: <http://goo.gl/nnx12L>

For information on calculating your lung cancer risk:

- Siteman Cancer Center: yourdiseaserisk.wustl.edu
- American Association for Thoracic Surgery: aats.org/tools/lung-cancer

We hope you have found this brochure helpful and informative. We appreciate feedback and questions!

This information will be reviewed and updated every year to ensure the most up-to-date and accurate lung cancer screening information is being presented.

Last reviewed: April 2016