Finding lung cancer early through a yearly low-dose CT (LDCT) screening, rather than waiting for symptoms to appear, can help to prevent death from lung cancer. Lung cancer is the leading cause of cancer death, and nearly 90% of cases are related to cigarette smoking.

LDCT Screening is recommended for persons who meet all of the following criteria:

- Age 55–80 years old
- Minimum 30 pack-year smoking history (multiply average number of packs per day times years smoked. Calculate pack year history at www.smokingpackyears.com)
- Current smokers and former smokers who quit less than 15 years ago
- No symptoms of lung cancer
- Prior participation in a documented shared decision making session with a primary care provider
- Prior counseling on the importance and availability of smoking cessation and abstinence if applicable

Benefits

- Yearly LDCT is the only screening test shown to lower the chance of death from lung cancer
- The largest study of lung cancer screening found that yearly LDCT saves 3 out of 1,000 people from dying of lung cancer
- Screening may reveal an unsuspected abnormality other than lung cancer
- For those who are still smoking, screening may provide motivation to quit

Limitations and possible harms

- Not all lung cancers can be detected by LDCT screening
- We expect that 130 out of 1,000 people will have abnormalities detected that might require CT scan monitoring or other tests but will turn out to not have cancer
- Rarely, a detected abnormality that is not cancer may lead to a biopsy or surgery, for no benefit
- Screening may lead to detection and treatment of lung cancer that would not have become a problem in the patient’s lifetime (overdiagnosis)
- Involves exposure to a small amount of radiation, about the same amount of radiation one gets from the environment in less than one year.

Insurance Coverage for LDCT Screening

- LDCT screening is covered by Medicare and private insurance for patients who meet the standard eligibility criteria
- Patients who meet the extended eligibility requirements of the National Comprehensive Cancer Network (see order forms) may be enrolled in the Siteman program, but the screening might not be covered by insurance
- Follow-up tests may require out-of-pocket costs or co-pays

Siteman Cancer Center Facts

Yearly LDCT is the only screening test shown to lower the chance of death from lung cancer

For those who are still smoking, screening may provide motivation to quit

Dedicated Nurse Navigator to assist patients and their healthcare providers throughout screening and follow-up

Interpretation by dedicated thoracic radiology subspecialists at the Mallinckrodt Institute of Radiology
To order a LDCT screening examination

- Go to AllScripts and select Low Dose Screening CT for Lung Cancer Screening Standard Eligibility or Low Dose Screening CT for Lung Cancer Screening Extended Eligibility.
- Download an order form at siteman.wustl.edu/lungcancerscreening and fax it to 314-273-0115.
- For questions, call the Patient Care Coordination Center at 314-747-3046 or 877-251-6485 toll free.

Siteman offers a team of clinical referral specialists who assist providers seeking treatment for their patients. To request an appointment, call 314-747-3046 or 877-251-6485 toll free from 8 a.m. to 4:30 p.m., Monday through Friday. Referrals also can be made online through a secure appointment request service at siteman.wustl.edu/refer.

To expedite the referral process, our referral specialists may ask you to fax records to us at 314-454-8103. The mailing address is:

Siteman Cancer Center
4940 Parkview Place
Box 8100
St. Louis MO 63110

The Siteman Cancer Center Lung Cancer Screening Program

Siteman Cancer Center is committed to lowering the risk of death from lung cancer, while minimizing the potential harms that can occur after screening. Our carefully designed program includes the following:

- Encouragement of screening only for those likely to benefit
- Follows U.S. Preventive Services Task Force, Centers for Medicare and Medicaid Services, National Comprehensive Cancer Network, and American College of Radiology guidelines on lung cancer screening
- Dedicated Nurse Navigator to assist patients and their health care providers throughout screening and follow-up
- Interpretation by dedicated thoracic radiology subspecialists at the Mallinckrodt Institute of Radiology
- Standardized reporting using the American College of Radiology Lung-RADS™ system
- Same day or next morning screen interpretation
- Negative results mailed to patient and primary care provider
- Abnormal results phoned and mailed to patient and primary care provider by dedicated Nurse Navigator
- Automatic referral to a Washington University thoracic surgeon for monitoring and management of abnormalities possibly due to lung cancer
- Emphasis on smoking cessation

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