



Yearly Lung Cancer Screening: Is It Right for Me?

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: 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.



Possible Benefits

- Screening for lung cancer with low-dose CT scans can prevent some people from dying of lung cancer.
 - Studies have shown that eligible people who had low-dose CT scans were less likely to die of lung cancer than people that were not screened with low-dose CT.
 - When 1,000 eligible people were screened yearly for 3 years with low-dose CT, about 3 people were saved from dying of lung cancer.
- Screening for lung cancer with low-dose CT scans often finds lung cancer when it is small, before it has spread within the body, and before it causes symptoms.
 - Finding lung cancer earlier can make it easier to treat. Larger lung cancers that have spread within the body are harder to treat and cure and may need more treatment.
 - When lung cancer is found early there is a better chance of survival.
- The low-dose CT scan could show something harmful other than lung cancer. This may be helpful to you if it is something that can be treated.

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Possible Drawbacks

- About 15 of every 100 persons screened for the first time have a “false alarm”, where the low-dose CT scan shows something that looks like lung cancer but is not lung cancer.
 - Most people that have a “false alarm” only need another scan to see if it is cancer or not.
 - With yearly screening for 3 years, about 4 out of 100 people may need to have a biopsy or surgery.
 - Some of these biopsies will not show cancer.
 - Cancer is likely to be found in more than half of people who need a biopsy.
 - The number of people with a “false alarm” goes down on yearly screens because they can be compared to scans from past years.
 - If you have yearly low-dose CT scans for lung cancer screening, you will be exposed to a small amount of radiation from the scans. The amount of radiation from one low-dose CT scan is about the same as the amount of radiation you are exposed to from the air in four months.
 - There is a small chance that you could be treated for lung cancer that would never have been a problem for you.
 - For screening to be as effective as possible, the low-dose CT scan needs to be done every year. This takes time and can cost money if you do not have health insurance.
 - The low-dose CT scan could find a “false alarm” for something other than lung cancer. This could lead to additional testing or treatment for something that would not have become a problem for you.
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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.

Does insurance pay for yearly lung cancer screening?

- Medicare, MO and IL Medicaid, and private insurance currently covers 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. Check with your insurance carrier to find out how much they will cover.

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

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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 help quitting, at:

- Washington University Living Well Center Smoking Cessation Program: One-on-one counseling and group classes, 314-514-3565 | livingwellcenter.wustl.edu
- 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: lung.org
- National Comprehensive Cancer Network: nccn.org/patients
- National Cancer Institute: cancer.gov/lung
- American Cancer Society: cancer.org/cancer/lung-cancer

For information on calculating your lung cancer risk:

- Siteman Cancer Center: yourdiseaserisk.wustl.edu

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

You should talk to your healthcare provider to find out if screening is right for you. You can contact the Patient Care Coordination Center with questions about screening, at [314-747-3046](tel:314-747-3046).

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

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