

Lung Cancer Screening

Information for patients

Why is lung cancer screening important?

Lung cancer is the most common cause of cancer death for both men and women. The ability to cure lung cancer increases significantly when it is found in earlier stages. Unfortunately, less than 15 percent of lung cancers are found at an early stage.

Why is lung cancer screening available now?

Screening is a method for finding cancers before they cause symptoms. Common examples of screening tests include colonoscopy for colon cancer and mammography for breast cancer.

Previously studied tests failed to show an impact on lung cancer survival. However, new technology using a low-dose chest CT scan has been shown to reduce cancer death.

What was the National Lung Screening Trial (NLST)?

This was a large study of over 50,000 patients sponsored by the National Cancer Institute. It screened patients for lung cancer using chest X-rays or low-dose CT scans. The patients in the test were considered to be at increased risk for lung cancer, including:

- Patients 55 to 77 years of age
- Patients who had at least a 30 pack year smoking history (pack year = number of packs smoked per day x number of years smoked)
- Patients who were current smokers, or former smokers who had quit smoking less than 15 years prior to the study

Patients screened with the annual low-dose CT scan were 20 percent less likely to die of lung cancer than those screened with a chest X-ray.

After reviewing the evidence, the U.S. Preventive Services Task Force determined annual screening for lung cancer with low-dose CT scans in a selective group of high-risk patients is recommended. National groups such as the American Lung Association and the National Comprehensive Cancer Network have recommended annual lung cancer screening tests for high-risk patients. Other organizations, such as the American Thoracic Society and American College of Chest Physicians have endorsed formation of lung cancer screening programs.

How is screening for lung cancer done?

Screening for lung cancer is performed using a low-dose chest CT (LDCT) scan which provides a detailed image of your lungs. The LDCT scan is performed in the Medical Imaging department and requires the patient to lie on a table and raise their arms above their head. The patient then has to hold their breath for about 20 seconds during the scan. Based on current research, screening should be done once a year for as long as recommended by your provider.

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Are there risks associated with screening?

As with any medical test, there are risks as well as benefits associated with lung cancer screening. These include:

- **False positive results.** This means that a patient has an abnormal screening test but is ultimately proven not to have cancer. In the NLST, 25 percent of patients undergoing their first CT scan had an abnormal result. Over 95 percent of these results were proven not to be due to cancer. Sometimes biopsies or surgeries were required to exclude cancer.
- **False negative results.** This is when the test is normal but the patient actually has lung cancer. Patients may fail to follow up with their physicians even if they have concerning symptoms because they have been told their CT scan does not show any abnormal findings.
- **Radiation risks.** Although the benefits of the chest CT are felt to outweigh the risk of the radiation required for the scan, there is a small, long-term risk associated with imaging tests themselves.
- **Stress and anxiety.** Feeling stressed or anxious while waiting for your results or if there is something suspicious on your scan is common. In most cases, the findings are false positives. If you have stress or anxiety about the results, please contact your primary care provider.
- **Overdiagnosis.** Sometimes screening tests find cancers that would never have caused problems. This is called overdiagnosis. Unfortunately, it is often impossible to tell which cancers fall into this category.

What is the bottom line?

- Pros: Screening for lung cancer has been shown to reduce the risk of dying from lung cancer
- Cons: Screening for lung cancer may result in false positive findings, extra tests, and possible complications from those tests.

What is the next step if I'm interested in being scanned?

First, you should make sure that you are in the high-risk group that was studied in the NLST. Next, you will need to talk to your provider to find out if this program is right for you. If it is, your doctor can order a low-dose CT scan for screening. If you do not have a primary care provider, you can call 800.342.9919 to be referred to one close to your home.

Most insurance companies, including Medicare and Medicaid, pay for lung cancer screening CT scans provided proper procedures are followed. For those patients whose insurance does not cover LDCT scanning, MultiCare Health System has set up a reduced cost CT for \$300 to make screening available for more individuals.

If you have abnormal results, MultiCare Health System has a specialty Lung Nodule Clinic to help further evaluate your results.

How do I prevent lung cancer?

Although screening can save lives from lung cancer, it is always better to prevent a disease rather than treat it once it is present. The most important thing that individuals can do to prevent lung cancer is to quit smoking. MultiCare Health System offers QuitSmart, a web-based smoking cessation program, to the public at no cost. In addition, your physician may be able to direct you to other useful smoking cessation resources.

Please call 253.403.6850 if you would like more information on the lung cancer screening program, the lung nodule clinic at MultiCare Health System or smoking cessation resources.