



LUNG CANCER SCREENING: PATIENT/HEALTH CARE PROVIDER
SHARED-DECISION MAKING TOOL KIT

SHARED-DECISION MAKING COUNSELING IS REQUIRED BETWEEN YOU AND YOUR HEALTHCARE PROVIDER

(PLACE A CHECK MARK ✓ IN THE BOX AFTER COVERING EACH SECTION)

Why Screen for Lung Cancer?

Lung cancer is the most common cause of death due to cancer in both men and women. About 80% of lung cancers are caused by smoking. **Screening with low-dose computed tomography (LDCT) scan for lung cancer may be appropriate for some patients with lung cancer risk due to smoking.**

What is lung cancer screening with LDCT?

LDCT scans are a type of x-ray that takes detailed pictures of the lungs. The “low-dose” means the amount of radiation from the test is far below what is used for a traditional CT scans.

How is the LDCT lung cancer screening exam performed?

LDCT lung cancer screening is easy. The exam takes less than 10 seconds. No medications are given, and no needles are used. You can eat before and after the exam. You must be able to hold your breath for at least 6 seconds while the chest scan is being taken.

Who is eligible to be screened?

It is important that your provider assesses you carefully to determine if you are a candidate for LDCT screening based on three eligibility criteria:

- 1) Age (55-80 years for private insurance; 55-77 for Medicare & Medicaid),**
- 2) Smoking history (30 pack-year, currently smoking or quit within the last 15 years), and**
- 3) Health status (without lung symptoms, willing and able to undergo curative lung cancer therapy).**

Pack-years are a measure of how much someone has smoked. One pack-year of smoking would mean that someone had smoked one pack of cigarettes (20 cigarettes) daily for one year.

If you are current smoker, your healthcare provider must offer you counseling for smoking cessation.

How much does lung cancer screening cost?

Currently, LDCT lung cancer screening at the UC Davis Health System for the above high risk patients is covered by insurance. HOWEVER, for patients whose only insurance is Medicare, Medicare will cover lung cancer screening for patients aged 55-77. Patients whose only medical insurance is Medicare and are aged 78-80, Medicare may not cover the exam. For additional questions to determine your insurance coverage of lung cancer screening, please call UC Davis Health System Patient Billing Customer Service Department Toll free: 800-551-9411.

Any additional testing you may need, based on the results from the screening, will be billed to your insurance. Most insurance companies will cover the cost of these additional tests

What are the benefits of screening?

Screening for lung cancer with LDCT can reduce the risk of lung cancer among those with a history of heavy smoking. The goal of lung cancer screening is to detect lung cancers early when they have the highest chance for cure. **In the National Lung Screening Trial, annual LDCT screening among heavy smokers reduced the risk of lung cancer death by 20% and death from any cause by 7% over a three-year study period compared to patients who did not get LDCT .¹**



What are the harms of screening?

False-positive results are common with LDCT screening. LDCT screening detects lung nodules (spots on the lung) in about 20% of screens.³ Most require follow-up tests; a small minority (1-2%) requires invasive biopsy. **Less than 5% of screen-detected nodules are ultimately found to be cancer.** Patients undergoing evaluation of lung nodules may experience anxiety. Very rarely patients may experience serious or even lethal complications of invasive biopsy.

Overdiagnosis. Overdiagnosis is the detection and treatment of cancers that never would have hurt the patient in the absence of screening. Long-term follow-up of clinical trials will help us understand the extent of overdiagnosis that occurs with LDCT screening.

Radiation exposure from LDCT screening (and associated x-ray type studies) may actually cause some cancers that would not have happened in the absence of screening. However, estimates suggest that in the high-risk population eligible for screening, the benefits of screening far outweigh the radiation risks of causing new cancers.⁴

What do we not know?

Guidelines suggest annual screening, but no studies have evaluated long-term annual screening. Screening should be stopped or not done at all in patients with limited life expectancy or who are not candidates for curative lung cancer treatment based on their physical condition.

When will I receive my results?

Your results will be available to you on MyChart, your secure online health records connection, within 1 week. If you currently do not have MyChart access, please sign up now: <https://mychart.ucdavis.edu/mychart/>

When will my doctor receive my results?

Your UC Davis Health System care provider ordering the LDCT lung cancer screening test will receive your results within 1 week via the Electronic Medical Record (EMR). If your requesting care pare provider is not a UC Davis provider, they will need to register for PhysicianConnect, the web-based EMR (<http://www.ucdmc.ucdavis.edu/referrals/index.html>), to receive your results.

Additional resources

The following are resources to help patients understand the risks and benefits of Lung Cancer Screening:

Call 916-734-0655

http://www.ucdmc.ucdavis.edu/surgery/specialties/cardio/lung_cancer_screen.html

<http://www.shouldiscreen.com/>

<http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/diagnosing-and-treating/lung-cancer-screening.html>

In addition, below are resources to help quit smoking:

Call Living Healthy UC Davis at 916-734-0718 and/or The California Smokers' Helpline at 1-800-NO-BUTTS)

<http://www.ucdmc.ucdavis.edu/surgery/specialties/cardio/Smoke%20and%20tobacco-free%20resources-rev.pdf>

<http://www.ucdmc.ucdavis.edu/surgery/specialties/cardio/Spanish%20Smoke%20and%20tobacco-free%20resources-rev.pdf>

References

1. Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. Aug 4 2011;365(5):395-409.
2. Moyer VA. Screening for lung cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. Mar 4 2014;160(5):330-338.
3. Centers for Medicare and Medicaid Services. Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N). [http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274&NcaName=Screening+for+Lung+Cancer+with+Low+Dose+Computed+Tomography+\(LDCT\)&TimeFrame=7&DocType=All&bc=AQAAIAAAAgAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274&NcaName=Screening+for+Lung+Cancer+with+Low+Dose+Computed+Tomography+(LDCT)&TimeFrame=7&DocType=All&bc=AQAAIAAAAgAAAA%3d%3d&). Accessed March 23rd, 2015.
4. Bach PB, Mirkin JN, Oliver TK, et al. Benefits and harms of CT screening for lung cancer: a systematic review. JAMA. Jun 13 2012;307(22):2418-2429.
5. U.S. Department of Veteran Affairs. Veteran Health Administration Patient Care Services, Health Promotion and Disease Program.



□ **Graphic**

In the National Lung Screening Trial, annual LDCT screening among heavy smokers reduced the risk of lung cancer death by 20% and death from any cause by 7% over a three-year study period compared to patients who did not receive a LDCT, but some patients had harms without benefits due to either false-positive results (abnormal test, but no lung cancer), unnecessary invasive procedures, or having a major complication of an unnecessary invasive procedure.^{1,5}

