

# Lung Cancer Screening FAQ's

**Yearly lung screening with low-dose CT (LDCT) has been shown to save lives by finding lung cancer early, when it is easier to treat. This handout answers many questions that people have about LDCT lung screening**

## **What is the goal of LDCT lung screening?**

The goal of LDCT lung screening is to save lives. Without LDCT lung screening, lung cancer is usually not found until a person develops symptoms. At that time, the cancer is much harder to treat.

## **Who should get an LDCT lung screening exam?**

LDCT lung screening is recommended for the following groups of people who are at high risk for lung cancer. Those who have symptoms of a lung condition at the time of screening, such as a new cough or shortness of breath, are not eligible.

- **Group 1:** People ages 55–74 who have smoked at least an average of 1 pack a day for 30 years. This includes people who still smoke or have quit within the past 15 years.
- **Group 2:** People ages 50–74 who currently or in the past have smoked at least an average of 1 pack a day for 20 years. They must also have at least 1 other risk factor for lung cancer, not including exposure to secondhand smoke.

Risk factors for lung cancer include having cancer in the past, emphysema, pulmonary fibrosis, a family history of lung cancer and exposure to certain substances (including asbestos, arsenic, beryllium, cadmium, chromium, diesel fumes, nickel, radon, silica and uranium). Your health care provider can help you determine if you have one of these other risk factors.

## **Why does it matter if I have symptoms?**

Certain symptoms can be a sign that you have a condition in your lungs that should be evaluated and treated, if necessary, by your health care provider. These symptoms include fever, chest pain, a new or changing cough, shortness of breath that you have never felt before, coughing up blood, or unexplained weight loss. Having any of these symptoms can greatly affect the results of lung screening and may actually delay the treatment you might need.

## **I am in one of the high-risk groups but have been diagnosed with cancer in the past. Is LDCT lung screening appropriate for me?**

It depends. In some cases, LDCT lung screening will not be appropriate, such as when your doctor is already following your cancer with CT scan studies. Your provider will help determine if LDCT lung screening is right for you.

## **Do I need to have an LDCT lung screening exam every year?**

Yes. If you are in one of the high-risk groups described above, an LDCT lung screening exam is recommended every year until you are 74.

## **How effective is LDCT lung screening at preventing death from lung cancer?**

Studies from the National Lung Screening Trial (NLST, 2011) and the USPSTF (2014) have shown that LDCT lung screening can lower the risk of death from lung cancer by 20% in people who are at high risk.

### **How is the exam performed?**

LDCT lung screening is one of the easiest screening exams you can have. No medications are given, and no needles are used. You can eat before and after the exam. You do not even need to get changed as long as the clothing on your chest does not contain metal. You must, however, be able to hold your breath for at least 6 seconds while the chest scan is being taken.

### **Are there any risks to LDCT lung screening?**

There are several risks and limitations of LDCT lung screening. We want to make sure that we have done a good job explaining these to you, so please let us know if you have any questions. Your health care provider who ordered the screening may want to talk with you more about this:

- **Radiation exposure:** LDCT lung screening uses radiation to create images of your lung. Radiation can increase a person's risk of cancer. By using special techniques, the amount of radiation in LDCT lung screening is small—about the same amount a person would receive from a screening mammogram. Further, your provider has determined that the benefits of the screening outweigh the risks of being exposed to the small amount of radiation from this exam.
- **False negatives:** No test, including LDCT lung screening, is perfect. It is possible that you may have a medical condition, including lung cancer that is not found during your exam. This is called a false negative.
- **False positives/additional testing:** LDCT lung screening very often finds something in the lung that could be cancer but in fact is not. This is called a false positive. False positive tests often cause anxiety. In order to make sure these findings are not cancer, you may need to have more tests. These tests will be performed only if you give us permission. Occasionally, patients need a procedure, such as a biopsy, that can have potential side effects. For more information on false positives, see "What can I expect from the results?"
- **Findings not related to lung cancer:** Your LDCT lung screening exam also captures images of areas of your body next to your lungs. In a small percentage of cases (5%–10%), the CT scan will show an abnormal finding in one of these areas, such as your kidneys, adrenal glands, liver or thyroid. This finding may not be serious; however, you may need to be examined further. Your health care provider who ordered your exam can help determine what, if any, additional testing you may need.

### **Does insurance cover this screening?**

Most private insurers along with the Centers for Medicare and Medicaid Services (CMS) reimburse for this type of screening. If patients are currently uninsured, St. Joseph Hospital in Eureka offers low-cost options. For more information on payment options, patients can call **(707) 445-8121, ext. 7120**.

### **What can I expect from the results?**

About 1 out of 4 LDCT lung screening exams will find something in the lung that may require additional imaging or evaluation. Most of the time these findings are lung nodules.

Lung nodules are very small collections of tissue in the lung. These nodules are very common, and the vast majority—more than 97%—are not cancer (benign). Most are normal lung tissue or small areas of scarring from past infections.

Less commonly, lung nodules are cancer. According to the National Lung Screening Trial (2011), if a small lung nodule is found to be cancer, the cancer can be cured more than 90% of the time. That is why we are screening you.

To distinguish the large number of benign (noncancerous) nodules from the few nodules that are in fact cancer, we may need to get more images before your next yearly screening exam. If the nodule has suspicious features (for example, it is large, has an odd shape or grows over time), we will refer you to a specialist for further testing.

**When will I get the results?**

You will receive the results of your exam within 2 weeks. If you do not hear from us within 2 weeks, please be sure to call your referring primary care provider.

**Will my provider also receive the results?**

Yes. Your health care provider who ordered your exam will receive a copy of your results.

**Where can I find help to quit smoking?**

The best way to prevent lung cancer is to stop smoking. For help on quitting smoking, please contact one of the following resources:

Tobacco Free Humboldt (707) 268-2132 or [www.humboldt.gov/662/Tobacco-Free-Humboldt](http://www.humboldt.gov/662/Tobacco-Free-Humboldt)  
California Smokers' Helpline: (800) NO-BUTTS or [www.nobutts.org](http://www.nobutts.org)  
American Lung Association (800) LUNG-USA

**I think I qualify for LDCT lung screening. What should I do next?**

Call your primary care provider (PCP). If you do not have a PCP, please call the **Priority Care Center at (707) 442-0478** to see if you qualify and to schedule your exam. Please note that we will need an order for LDCT lung screening from your health care provider before your exam.