



## Lung Cancer Screening

### Important points to discuss with patients

Presented below are talking points that may be considered in discussions with patients considering lung cancer screening.

*Bolded text draws attention to the specific points to document in Medicare patients*

- Discuss the concept of lung cancer and the relationship with cigarette smoking. This is a great opportunity to bring focus and attention to smoking cessation or smoking abstinence in current or former smokers. **[Medicare documentation requires counseling on the importance of maintaining cigarette smoking abstinence if former smoker, or the importance of smoking cessation if current smoker, and furnishing information about tobacco cessation interventions when appropriate].**
- Discuss the National Lung Cancer Screening Trial (NLST), which compared annual low dose CT scans with annual chest X-rays for three years in a large number (>53,000) current or former smokers aged 55-74, with at least a 30 pack year history of smoking.
  - As a consequence of NLST, eligible patients are aged 55-80 (77 for Medicare) have at least a 30 pack year history, and are either actively smoking or quit within the last 15 years. **[Medicare requires specific calculation of cigarette smoking pack-years, and if a former smoker, the number of years since quitting]**
  - There is no evidence that lung cancer screening benefits patients other than studied in NLST, although this may change in the future.
- Discuss that in the NLST there was a lower rate of death from both lung cancer, and from all causes of death. The benefits were modest, but considered significant. There were also some risks from lung cancer screening, and prior to ordering a lung cancer screening CT scan, it is important for these benefits and risks to be discussed. **[Medicare requires lung cancer screening counseling and shared decision making, as outlined below, documented in the patient medical record]**
  - The Benefits:
    - A 20% reduction in lung cancer mortality among screened patients and a 6% reduction in overall mortality
  - The Risks:
    - Radiation Exposure: The low dose CT of the Chest requires radiation exposure. The risk of the radiation is quite low in patients who are eligible for screening.
    - Psychologic Distress: The CT of the Chest is a very detailed image of your lungs. By nature of age and smoking history, patients who are eligible for lung cancer screening, some sort of abnormal finding on the CT scan of your chest is common. It is important that:
      - Anyone willing to be screened should be aware that finding of some abnormality on the CT scan is VERY COMMON (terms such as lump, nodule, shadow, lesion, thickening, swelling, and infiltrate). Any psychologic distress that might ensue from an abnormality being found should be lessened by understanding how common they are.
      - The abnormalities on the CT scan are UNLIKELY to represent a cancer. In fact, in the NLST 96% of nodules were found to be benign (not cancer). These are

*Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.*



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often referred to as “False Positive” findings, which is a finding which raises the concern of a lung cancer, but ultimately is not a lung cancer. This is a natural part of the screening process.

- Procedural Risks: In patients who have some abnormality on the CT scan, your physician will make recommendations. In some instances a surgery or an invasive diagnostic procedure would be recommended. In other situations additional CT scans to follow the abnormality over time would be recommended.
- Discuss the fact that lung cancer screening is not always indicated, even among patients who are eligible by age and smoking history. These include:
  - Patients who are unwilling or not able to undergo therapy.
  - Patients who are unwilling or not able to adhere with annual screening.
  - Patients who have symptoms of concern for lung cancer
  - **Medicare requires a statement that the patient has no signs or symptoms of lung cancer, and documentation of counseling on the importance of adherence to annual lung cancer screening, the impact of comorbidities, and ability or willingness to undergo diagnosis and treatment.**