Lung Cancer Screening

Purpose

To decrease morbidity and mortality from lung cancer by identifying and offering LDCT screening to persons at high-risk for lung cancer who may benefit from the early detection with annual low-dose computed tomography (LDCT), through a patient-centric shared decision making process with careful consideration of patient preferences and potential benefits and harms.

Key Points/Recommendations

Patient eligibility

1) **Age 55-80 (55-77 for Medicare)**
2) **Current smokers and former smokers who quit within 15 years**
3) **≥30 pack years of smoking**

Lung Cancer screening counseling

Counseling should include:

- **Shared decision making regarding screening.**
- **Discussion of potential benefits (early detection of lung cancer).**
- **Discussion of potential harms (potential complications from diagnosis and/or treatment and radiation exposure).**
- **Consideration of patients' health and life expectancy, i.e. those in ill health with reduced life expectancy may not benefit.**
- **Smoking cessation for all current smokers emphasizing that screening is not a substitute for quitting smoking given the many other health risks of smoking.**

Screening Follow-up

- **For patients electing screening, counsel on the importance of adherence to annual lung cancer screening, impact of co morbidities and ability or willingness to undergo diagnosis and treatment.**
- **Annual screening should be offered until the patient reaches thresholds based on age, poor health or has passed 15 years in quitting smoking, or their preference changes.**
- **Follow-up care when lung nodule(s) are detected is based on size and, characteristics of the lung nodule [i.e., solid or part solid nodules; ground glass opacity (GGO); ground-glass nodule (GGN); non-solid nodule (NS); multiple GGOs, GGNs or NSs].**
- **Ordering physician and radiologist assume a shared responsibility for arranging further screening and diagnostic workup and will consider referral to a comprehensive multi-disciplinary lung cancer screening program when appropriate.***

Screening facilities

Lung cancer screening should only be done at accredited facilities where the patient has access to a team of specialists that can provide the appropriate care and follow up. **Imaging and screening facilities should implement patient tracking systems as soon as they become available.**

**If there are results that require immediate follow up, a direct communication between the two physicians should occur, a plan for follow up established and the appropriate orders placed. These orders should be executed in an efficient and timely fashion. Optimally, it is the radiologist's responsibility to send both the patient and primary care physician reminders for follow-up imaging when due. If the patient returns to screening, it is the responsibility for the screening facility to log when the patient will be due for their next screening exam and obtaining the order. The PCP will be responsible for placing the order in a timely fashion. The radiology facility will be responsible for ultimately obtaining the order prior to performing the study.*

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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