
Lung Cancer Screening FAQ's

Yearly lung screening with a low-dose CT 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 CT lung screening. If you have additional questions, please call **603-663-1833**.

What is the goal of CT lung screening?

The goal of CT lung screening is to save lives. Without CT 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 a CT lung screening exam?

In December of 2013 the United States Preventive Services Task Force (USPSTF) released a grade "B" recommendation for annual lung cancer screening for patients at high risk for lung cancer. This task force evaluates benefits and harms of a preventive service based on the strength of published scientific evidence and also reports to Congress annually. Under the Affordable Care Act from 2010, all preventive services that receive a "B" or higher must be covered by all private insurers.

As a result, lung cancer screening will now be paid for at no cost to patients meeting the USPSTF high-risk criteria, **defined as current or former smokers who have quit within the past 15 years, ages 55-80, with a 30+ pack year history (smoked on average at least one pack per day for thirty years)**. On February 5, 2015 the Centers for Medicare & Medicaid Services (CMS) released a so-called "National Coverage Determination" stating they will also cover lung cancer screening **for patients meeting the same criteria above, up to age 77**. Please note the slight difference in who is covered under private insurance versus CMS.

As all insurance providers are different, we strongly encourage you to contact your insurance provider to determine if you are covered for CT lung screening under your plan. 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.

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 healthcare 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. If you have any of these symptoms please let your healthcare provider know as CT lung screening is not appropriate and may actually delay treatment you might need.

I am in the high-risk group but have been diagnosed with cancer in the past.

Is CT lung screening appropriate for me?

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

Do I need to have a CT lung screening exam every year?

Yes. If you are in the previously described high-risk group and/or have determined with your healthcare provider that CT lung screening is appropriate, a CT lung screening exam is recommended every year until you are 77.

How effective is CT lung screening at preventing death from lung cancer?

Studies have shown that CT 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?

CT lung screening is one of the easiest screening exams you can have. 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 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 CT lung screening?

There are several risks and limitations of CT 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 healthcare provider who ordered the screening may want to talk with you more about this:

- **Radiation exposure:** CT lung screening uses radiation to create images of your lung. Radiation may increase a person's risk of cancer. By using special techniques, the amount of radiation in CT lung screening is small—about the same amount a person would receive from a screening mammogram. Further, your doctor 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 CT lung screening, is perfect. It is possible that you may have a medical condition that, including lung cancer, is not found during your exam. This is called a false negative.
- **False positives/additional testing:** CT 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 can 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 CT 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 a finding outside of the lung in areas such as your kidneys, adrenal glands, liver or thyroid which may require further evaluation. Your healthcare provider who ordered your exam can help determine what, if any, additional testing you may need.

How much does the screening cost?

Coverage for CT lung cancer screening may vary among insurance companies. We strongly encourage you to contact your insurance provider to determine if CT lung cancer screening is covered by your plan.

What can I expect from the results?

About 1 out of 10 CT 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 lymph nodes or small areas of scarring from past infections.

Less commonly, lung nodules are cancer. 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 us at **603-663-1833**.

Will my doctor also receive the results?

Yes. Your healthcare 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 call the New Hampshire Tobacco Quitline at 1-800-QUITNOW. If you have already quit smoking, congratulations and keep it up!

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

Discuss CT lung screening with your healthcare provider to see if you qualify and to schedule your exam. Please note that we will need an order for CT lung screening from your healthcare provider before your exam.