American Lung Association.

Is lung cancer screening **right for me?**

Screening is a test used to detect lung cancer before any symptoms appear. Screening with low-dose CT (LDCT) scans can reduce deaths in those at high risk. The test is not recommended for everyone and it has risks as well as benefits. Below are key points you may want to use in discussion with your doctor if you are worried about your risk for lung cancer.

Q: Am I a candidate for lung cancer screening?

A: If you meet the following criteria, you are considered to be at "high risk" for developing lung cancer and screening is recommended:

- 50-80 years of age
- Have a 20 pack-year history of smoking (this means 1 pack a day for 20 years, 2 packs a day for 10 years, etc.)
- AND, are a current smoker, or have quit within the last 15 years

At this time, there is not enough evidence to show that screening should be recommended for other groups.

A note on insurance coverage:

Many, but not all, private insurance plans already cover lung cancer screening for individuals who are between the ages of 55 and 80, have a 30 pack-year history of smoking, AND are a current smoker, or have quit within the last 15 years. These plans must cover lung cancer screening for the population at high risk listed above for plan years after March 31, 2022 - check with your plan to see if it has already updated its eligibility criteria. Medicare also covers screening for individuals 55-77 who have a 30 pack-year history of smoking AND are a current smoker, or have quit within the last 15 years.

Health plans may require prior authorization or charge patients if the facility or provider is "out of network." Be sure to check with your insurance plan for screening coverage and for any additional procedures— there may be other costs associated even if the actual screening is free and ask for any cost estimates in writing. Visit the Lung Cancer Screening Insurance Checklist for questions to ask your insurance provider.

Q: Why is lung cancer screening only recommended for a certain group of people?

A: Experts look at the available data and use published studies examining the implementation of CT screening to determine who should be screened. The most significant study was the National Lung Screening Trial (NLST), funded by the National Cancer Institute.

If you are not in the high-risk group that means data has not shown the benefits of screening outweigh your risks. However, there are still important ways you can reduce your lung cancer risk, such as eliminating your exposure to tobacco smoke, radon in your home and exposure to other hazardous chemicals.

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Join the American Lung Association's fight to increase federal funding for cancer research at the National Institutes of Health so there can be improved early detection for lung cancer, as well as better treatments and cures for all. Sign up today at LungAction.org.

Q: How can I reduce my lung cancer risk if I am not a candidate for screening?

A: The best way to reduce your risk is to take steps to avoid exposure to the dangerous substances most likely to cause lung cancer.

- The best way is to never smoke or stop smoking now. If you smoke, talk to your doctor or contact the Lung HelpLine (1-800-LUNGUSA) about ways to help you quit. Visit Lung.org/stop-smoking for more information.
- Avoid exposure to secondhand smoke.
- Test your home for radon, an odorless gas that causes lung cancer. Radon can be found in any home. If your home tests high for radon, take steps to repair your home to remove the radon. A certified radon contractor can fix the problem. Learn more at Lung.org/radon.
- Make sure you are safe around hazardous materials in the workplace and at home.

Q: Should I get a low-dose CT scan to screen for lung cancer?

A: If you are at high risk, talk with your doctor about getting a low-dose CT scan to screen for lung can cer. Screening for lung cancer may save your life. Discuss your complete health history and ask for a clear explanation about the possible benefits and risk. There are some risks and not everyone should be screened for lung cancer. Only low-dose CT scans are recommended for screening. Chest X-rays are not recommended for lung cancer screening.

Q: What happens if I choose to get a low-dose CT scan for lung cancer?

A: There is some radiation risk with a low-dose CT scan and you may need to have additional tests and procedures. You should go to a hospital or screening center that has a team of experts who will clearly explain the procedure to you. The team should tell you about all the risks and benefits of the screening. They should also discuss what the results can mean and how they will follow up with you after the initial screening.

Q: What do the results mean?

A: A "positive" result means that the low-dose CT scan shows something abnormal. This is usually a nodule of a concerning size. You may need to have additional scans or other procedures to find out exactly what it is. These next steps should be discussed with you by your physician and/or the team of experts at the screening center.

A "negative" result means there were no abnormal findings at this time on this scan. Your doctor should discuss when and if you should be tested again.

There may also be an “indeterminate” result and your doctor may recommend watchful follow-up and further imaging at a later time. The best way to reduce your lung cancer risk is to never smoke or stop smoking. If you smoke, talk to your doctor about ways to help you quit.

Q: Where can I get more information about lung cancer and lung cancer screening?

A: The American Lung Association has a variety of lung cancer screening resources for patients and healthcare professionals. Visit SavedByTheScan.org or call the Lung HelpLine at 1-800-LUNGUSA for more information.