

Lung cancer 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. Below are key points you may want to use in discussion with your patients who may be at risk for lung cancer or are worried about their risk for lung cancer.

Remember: The best way to prevent lung cancer is to never smoke or stop smoking now. If you have a patient who uses tobacco, talk to them about ways you can help them quit. Visit [Lung.org/stop-smoking](https://www.lung.org/stop-smoking) for helpful resources.

Q: Who is a good candidate for lung cancer screening?

A: If a patient meets the following criteria, they are considered to be at “high risk” for developing lung cancer and screening is recommended:

- 50-80 years of age (50-77 for Medicare)
- Have a 20 pack-year history (this means 1 pack a day for 20 years, 2 packs a day for 10 years, etc.)
- AND, currently smokes or has quit within the last 15 years

There is insufficient evidence at this time that other groups benefit from screening, however your clinical judgment is always relevant.

A note on insurance coverage:

Be sure to advise your patient to check with their insurance plan for screening coverage and for any additional procedures—there may be other costs associated even if the actual screening is free and to ask for any cost estimates in writing. Ask the referral facility doing the LDCT scan to carefully and clearly explain to your patient all the costs that they may incur and not just the cost of the LDCT scan alone. Recommend your patients use the [Lung Cancer Screening Insurance Checklist](#) as guidance.

Q: What should I discuss with my patient who may be a candidate for lung cancer screening?

A: Low-dose CT scan screening is an involved process and a discussion with any patient should include the activities below. Review these requirements when considering LDCT screening for a patient.

- Take a complete health history
- Determine possible comorbidities
- Discuss the benefits and risks and possible additional procedures that may happen after LDCT screening
- Discuss the costs of screening, including financial, personal and time costs
- Advise those who smoke to quit, offering to help them with appropriate pharmacologic and behavioral options

* Chest X-rays or sputum tests should never be used for lung cancer screening.

Q: Where should I refer a patient for an LDCT scan to screen for lung cancer?

A: Refer them to institutions that have experience in conducting low-dose CT scans

- A facility using the latest technology for lung cancer screening
- An expert multidisciplinary team that can provide follow-up for evaluation of nodules. (If the facility does not have that expertise on site, they should be able to make referrals to appropriate institutions.)

Please note, Medicare has a specific protocol in place for physicians and screening institutions. Review these requirements when considering LDCT screening for a patient on Medicare.

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. Your patient may need to have additional scans or other procedures to find out exactly what it is. You and the team of experts should discuss all possible treatment options with the patient, including clinical trials.

A “negative” result means there were no abnormal findings at this time on this scan. You should discuss when and if your patient should be tested again.

There may also be an “indeterminate” result and you and the expert team will recommend watchful follow-up and further imaging at a later time.

Whatever the result, if your patient uses tobacco, talk to them about ways to help them 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](https://www.savedbythescan.org) or call the Lung HelpLine at 1-844-ALA-LUNG for more information.