

Is lung cancer screening right for me?

A Decisionmaking Tool for You and Your Health Care Professional

If you have smoked for many years, you may want to think about lung cancer screening (testing) with low-dose computed tomography (LDCT). Before making a decision, you should think about the possible benefits and harms of lung cancer screening.

What are the possible benefits and harms of lung cancer screening?*

What are the possible benefits and harms of lung cancer screening with LDCT?

BENEFIT: Greater chance of not dying from lung cancer

- » If 1,000 people are not screened for lung cancer with LDCT, **21 will die from lung cancer.**
- » If 1,000 people are screened once a year with LDCT for 3 years, **18 will die from lung cancer.**
- » This means that with LDCT screening, **3 fewer people will die from lung cancer.**

BENEFIT: Greater chance of not dying from any cause (not just lung cancer)

- » If 1,000 people are not screened for lung cancer with LDCT, **75 will die from any cause.**
- » If 1,000 people are screened once a year with LDCT for 3 years, **70 will die from any cause.**
- » This means that with LDCT screening, **5 fewer people will die from any cause.**

HARM: False alarms and unneeded additional testing

A false alarm happens when a person has a positive screening test but does not actually have lung cancer.

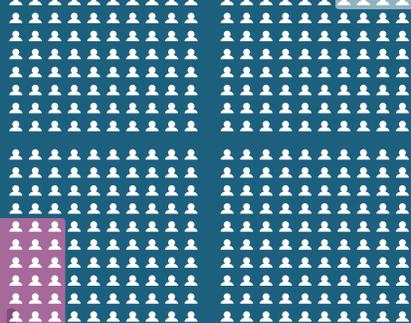
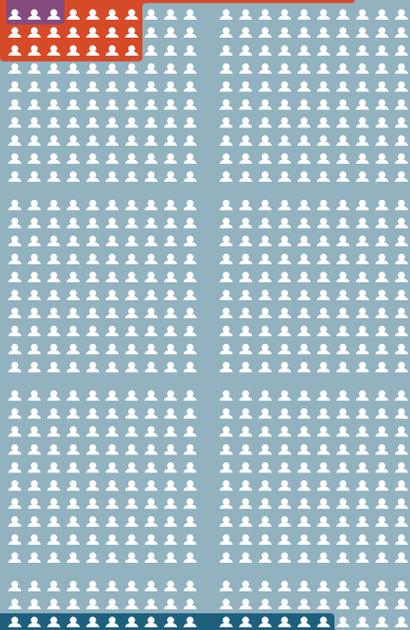
- » If 1,000 people are screened every year for 3 years, about **356 will have a false alarm.**
- » Of these 356 people with a false alarm, **18 will have an invasive procedure** such as a biopsy (a tiny piece of lung tissue is removed to test for cancer).
- » Of these 18 people, **less than 1 will have a major complication** as a result of the procedure, such as bleeding in the lung, a collapsed lung, or an infection.

If you have a positive screening test, but your followup imaging tests and biopsy do not show cancer, you could still get lung cancer in the future. So it is important for you and your health care professional to discuss lung cancer screening every year.

Out of 1,000 people screened with LDCT for lung cancer:

3 lung cancer deaths will be prevented.

18 people will die of lung cancer.



356 people will get a "false alarm."

18 of the people who get a "false alarm" will have an invasive procedure like a biopsy.

Less than 1 of the 18 people who have an invasive procedure will have a major complication (e.g., infection, bleeding in lung, collapsed lung).

HARM: Radiation Exposure

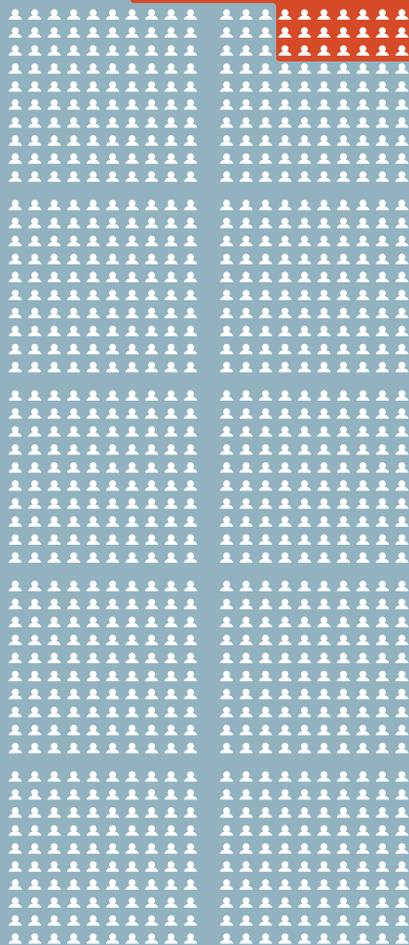
This includes radiation from screening plus radiation from additional testing. High doses (amounts) of radiation increase a person's chance of developing cancer.

HARM: Overdiagnosis

Screening may find lung cancer that would not have harmed the person in his or her lifetime.

Out of 1,000 people not screened with LDCT for lung cancer:

21 people will die of lung cancer.



* For people screened once a year for 3 years and followed for an average of 6.5 years. This information applies to people who are at high risk of lung cancer because of their smoking history and age.

The possible benefits and harms from lung cancer screening represent the "average" effect and may not apply to all healthy current and former heavy smokers.

Finding other things that are not lung cancer:

For example, screening can find heart disease or thickened tissue in the lungs from scarring. Researchers do not know the possible benefits or harms of finding other things about your health through lung cancer screening.



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WHAT ELSE SHOULD YOU THINK ABOUT WHEN DECIDING ABOUT LUNG CANCER SCREENING?

- » Lung cancer screening should be done every year until you no longer need to be screened.
- » Lung cancer screening may not be right for you if you develop other major health problems.
- » If you are not willing to have lung surgery, lung cancer screening may not be right for you.
- » Lung cancer screening is not a substitute for quitting smoking.

INSURANCE COVERAGE

- » Private insurance plans cover lung cancer screening for people age 55 through 80 with no out-of-pocket costs.
- » Medicare covers lung cancer screening with no out-of-pocket costs for people up to age 77 years who meet other criteria.
- » You and your insurance company will be responsible for the costs of additional tests and treatment after the initial screening test.

What is important to you when deciding?	Favors Screening				Favors No Screening
How important is:	Very Important				Not Important
Finding lung cancer early when it may be more easily treated?	<input type="radio"/>				
How concerned are you about:	Not Concerned			Very Concerned	
Having a false alarm?	<input type="radio"/>				
Having other tests if you have a positive screening test?	<input type="radio"/>				
Being exposed to radiation from lung cancer screening?	<input type="radio"/>				
Being treated for lung cancer that never would have harmed you?	<input type="radio"/>				
Being harmed by the treatments you receive for lung cancer?	<input type="radio"/>				

WHAT OTHER QUESTIONS DO YOU HAVE?

BENEFITS OF QUITTING SMOKING

- » Lower risk for other types of cancer.
- » Lower risk for heart disease, stroke, and narrowing of the blood vessels outside your heart.
- » Fewer problems with breathing, such as coughing, wheezing, or shortness of breath.
- » Lower risk for other lung disease (such as chronic obstructive pulmonary disease or COPD).

WHAT IS YOUR DECISION ABOUT LUNG CANCER SCREENING?

- Screening is right for me. *(Ask your health care professional for the screening center information.)*
- Screening is not right for me.
- I am unsure about screening.

Remember, the best way to prevent lung cancer is to
STOP SMOKING.

If you currently smoke, talk to your health care professional
or call the nationwide quit line at
1-800-QUIT-NOW
(1-800-784-8669).

NEXT STEPS IF SCREENING IS RIGHT FOR YOU

Get a written order from your health care professional and go to the imaging facility listed below.

Name: _____

Address: _____

Phone: _____

Email or Web site: _____

Date of screening visit: _____

