



Lung Cancer Screening for High Risk Population

Early identification of lung cancer through use of low-dose computed tomography (LDCT) for patient population at high risk for lung cancer.

IMPORTANCE OF FOCUS

Annual lung cancer screenings with low-dose computed tomography (LDCT) have been shown to save lives by finding lung cancer early, when it is easier to treat. One life was saved for every 320 high-risk people screened with LDCT over a two year period (three screens), resulting in a relative 20 percent lung cancer-specific mortality benefit versus annual chest radiography.

GOALS

The goal of LDCT lung cancer screening is to save lives. Without a LDCT lung cancer screening, lung cancer usually is not found until a person develops symptoms. At that time, the cancer is much harder to treat.

To support this goal, the PHQC will track

- The number of patients in this identified population who receive a LDCT screening for Lung Cancer.
- The number of patients screened who were diagnosed with lung cancer

KEY RECOMMENDATIONS

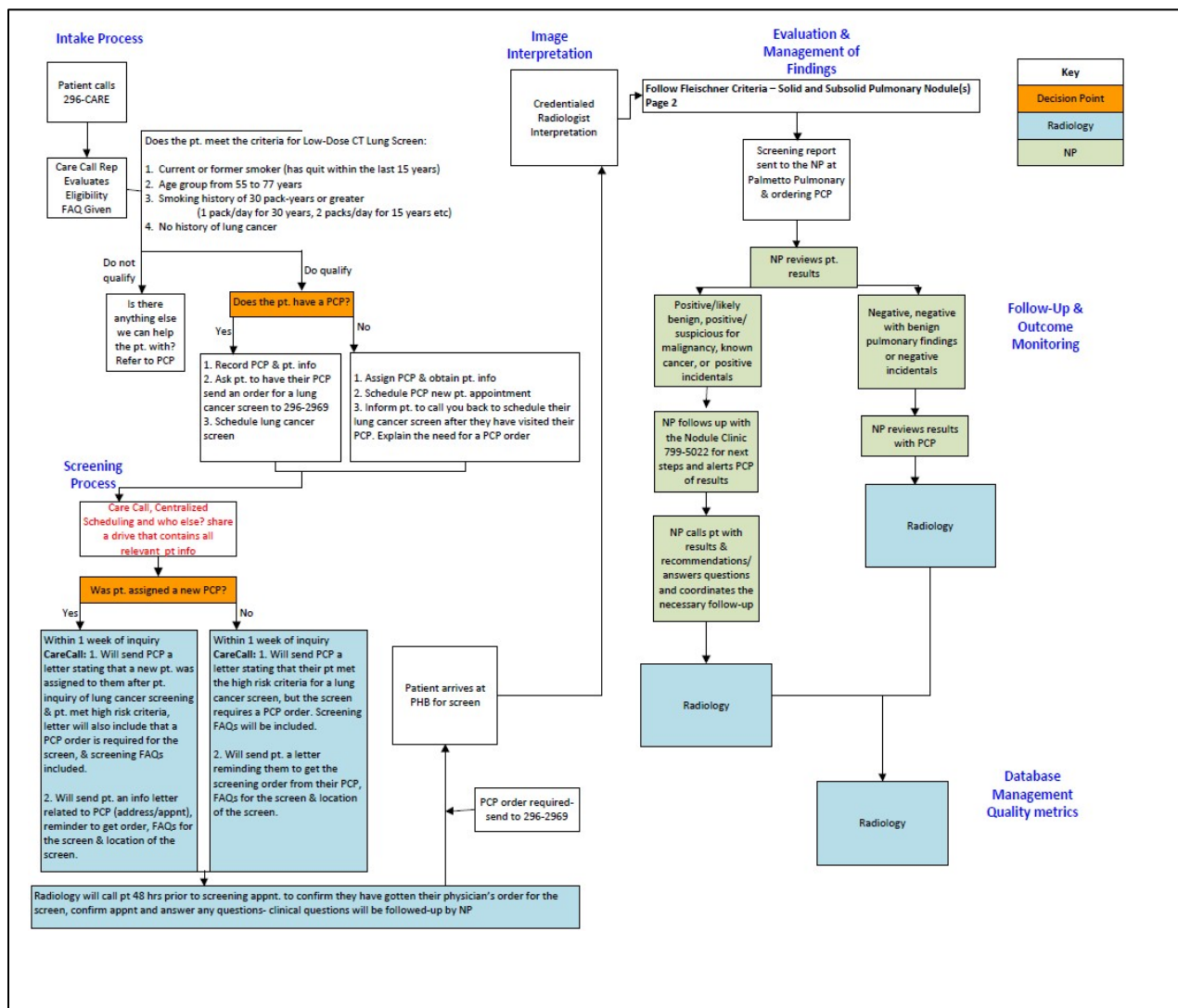
- High Risk Population includes patients who:
 - Are ages 55–77
 - Smoked an average of at least one pack per day for 30 years
 - Includes people who still smoke or have quit within the past 15 years
- Does NOT include patients with symptoms of a lung condition
- MAY not include patients with a past diagnosis of cancer
- Annual Screening is recommended every year until age 77
- Medicare covers annual lung cancer screening with LDCT



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CARE PATHWAY COMPONENTS



RESOURCES

CMS Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)



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Lung Cancer Screening FAQs

Annual lung cancer screenings with low-dose computed tomography (LDCT) have been shown to save lives by finding lung cancer early, when it is easier to treat. This flyer answers many questions people typically have about LDCT lung cancer screenings. If you have additional questions, call 803-296-CARE (2273).

What is the goal of LDCT lung cancer screening?

The goal of LDCT lung cancer screening is to save lives. Without a LDCT lung cancer screening, lung cancer usually is not found until a person develops symptoms. At that time, the cancer is much harder to treat.

Who should get an LDCT lung cancer screening exam?

LDCT lung cancer screenings are recommended for people who are at high risk for lung cancer, including those who are ages 55–77 and who have smoked an average of at least one pack per day for 30 years. This includes people who still smoke or have quit within the past 15 years.

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 you have a condition in your lungs that should be evaluated and treated by your health care provider. These symptoms include fever, chest pain, a new or changing cough, shortness of breath you have never felt before, coughing up blood, or unexplained weight loss. Having any of these symptoms can greatly affect the results of lung cancer screening and may actually delay the treatment you might need.

I am at high-risk, but have been diagnosed with cancer in the past. Is a LDCT lung cancer screening appropriate for me?

It depends. In some cases, a LDCT lung cancer 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 LDCT lung cancer screening is right for you.

Do I need to have an LDCT lung cancer screening exam every year?

Yes, a LDCT lung cancer screening exam is recommended every year until you are 77.

How effective is a LDCT lung cancer screening at preventing death from lung cancer?

One life was saved for every 320 high-risk people screened with LDCT over a two year period (three screens), resulting in a relative 20 percent lung cancer-specific mortality benefit versus annual chest radiography.

How is the exam performed?

LDCT lung cancer 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 six seconds while the chest scan is being taken.

Are there any risks to having a LDCT lung cancer screening?

There are several risks and limitations to LDCT lung cancer screenings. We want to make sure we have done a good job explaining these to you, so let us know if you have any questions.

- **Radiation exposure:** LDCT lung cancer screening uses radiation to create images of your lung. Radiation can increase a person's risk of cancer. By using special techniques, the amount of radiation in LDCT lung cancer screening is small—about the same amount a person would receive from a screening mammogram.
- **False negatives:** No test is perfect, including LDCT lung cancer screenings. It is possible you may have a medical condition, including lung cancer, that is not found during your exam. This is called a false negative.
- **False positives/additional testing:** LDCT lung cancer screening very often finds something in the lung that could be cancer but, in fact, is not. This is called a false positive. A false positive result can be expected to occur 20 to 25 percent of the time. False positive



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tests often 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 LDCT lung cancer screening exam also captures images of areas of your body next to your lungs. In a small percentage of cases (5–10 percent), the CT scan will show an abnormal finding in one of these areas, such as your kidneys, adrenal glands, liver or thyroid. This finding may not be serious; however, you may need to be examined further. Your health care provider can help determine what, if any, additional testing you may need.

How much does the lung cancer screening cost?
Medicare covers lung cancer screening with LDCT once per year for Medicare beneficiaries who meet all of the criteria mentioned earlier in this fact sheet. Be sure to check with your insurance plan for the screening and to see what is covered if the results of the CT scan show that you should have additional procedures. If you have specific questions about whether your particular insurance plans cover any of the cost of the lung cancer screening CT, you should personally contact your individual insurance carrier BEFORE having the screening CT performed. If you need help understanding your insurance coverage and you are a Palmetto Health team member, contact one of our patient financial counselors at 803-434-3834. Our patient financial counselors can help you understand your payment options.

What can I expect from the results?
About one out of four LDCT lung cancer 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 percent—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 percent 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 one week.

Will my doctor also receive the results?

Yes. Your health care provider will receive a copy of your results.

Where can I find help to stop tobacco use?

The best way to prevent lung cancer is to stop tobacco use. For help with quitting tobacco products, call CareCall at 803-296-CARE (2273). If you have already stopped using tobacco products, congratulations and keep it up!

I think I qualify for a LDCT lung cancer screening.

What should I do next?

Call 803-296-CARE (2273) to see if you qualify and to schedule your exam.



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CT Lung Cancer Screening Order Form

Fax: 803-296-2969



Patient Name: _____ MRN: _____ DOB: _____

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack years*: _____

*Pack year calculator: <http://smokingpackyears.com>

Currently smoking? Yes No If not smoking, how many years quit? _____

Ordering MD (print name): _____ Phone: _____

National Provider Identifier (NPI): _____ Fax: _____

Please instruct patient to call 803-296-CARE (2273) to confirm eligibility when ordering the initial CT Lung Screening exam.

Comments:

Counseling and Shared Decision Making Session Occurred:

- The patient has participated in a shared decision making session during which benefits and potential risks of CT lung screening were discussed, as well as follow-up diagnostic testing, over-diagnosis, false positive rates and radiation exposure.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Ordering MD Signature: _____ Date: _____



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Lung Cancer Screening Program Physician Information

Lung Cancer Screening Program

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low-dose computed tomography (LDCT) as an additional preventive service benefit under the Medicare program only if all of the following criteria are met:

Beneficiary eligibility criteria:

- Age 55–77 years;
- Asymptomatic (no signs or symptoms of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years; and
- Receives a written order for LDCT lung cancer screening that meets below criteria:

To Order a Lung Cancer Screening

For the initial LDCT lung cancer screening service: a beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit. A lung cancer screening counseling and shared decision making visit includes the following elements (and is appropriately documented in the beneficiary's medical records):

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

An order has been created that encompasses all of the required elements—please use this order form.

After the screening is complete, you will receive a copy of the CT report, including any recommendations for follow-up. All recommendations will follow the published Fleischner criteria and will be recorded and tracked by Palmetto Health's Radiology team. Repeat annual screening/follow-up appointment reminders will be sent to you and your patient similar to mammography screenings.

As with any screening test, there is the possibility of a false positive result, which can be expected to occur 20 to 25 percent of the time. The false positive rate is mitigated by the overall relative mortality benefit of seven percent, observed in the NLST for those who underwent LDCT lung cancer screening.

To Schedule a Lung Cancer Screening

If you have a patient who is interested in lung cancer screening, encourage them to call 803-296-CARE (2273) Monday-Friday, 8:30 a.m.-4:30 p.m., to complete a questionnaire to see if they qualify.

National Lung Screen Trial Background Information

The National Lung Screening Trial (NLST), a large, National Cancer Institute (NCI)-sponsored, randomized controlled trial, recently confirmed screening individuals at high risk for lung cancer with an annual low-dose computed tomography (LDCT) of the chest saves lives. In the NLST:

- One in 100 high-risk people enrolled in the study were found to have lung cancer on the first screening exam.
- One life was saved for every 320 high-risk people screened with LDCT over a two year period (three screens), resulting in a relative 20 percent lung cancer-specific mortality benefit versus annual chest radiography.

As a result, National Comprehensive Cancer Network (NCCN) recommends that people who are at high risk for lung cancer, including those who are ages 55–77 and who have smoked at least an average of one pack a day for 30 years, undergo annual LDCT lung cancer screening. This includes people who still smoke or have quit within the past 15 years. 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.



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For Additional Information

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Dr. Mark Mayson, mark.mayson@palmettohealth.org

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This Care Map presents a model of best care based on the best evidence available at the time of publication. It is not a prescription for every patient, and it is not meant to replace clinical judgment. Although physicians are encouraged to follow the Care Map to help focus on and measure quality, variation from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Send feedback to Elizabeth Sheridan, Manager of Clinical Integration for the Palmetto Health Quality Collaborative (PHQC) at Elizabeth.sheridan@palmettohealth.org or 803 434-6906