

Astra Zeneca Lung Screening Toolkit



Patient Resources

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LOW DOSE CT SCREENS

KNOW THE FACTS

- Lung cancer is the leading cause of cancer death
- With the exception of skin cancer, lung cancer is the 2nd most common cancer diagnosis
- Cigarette smoking is the number one cause of lung cancer
- In 2016 there will be an estimated 158,080 deaths from lung cancer in the U.S.

REDUCE YOUR RISK OF LUNG CANCER

- Don't smoke or quit smoking
- Avoid second hand smoke
- Avoid environmental exposure such as air pollution, asbestos, industrial pollution, and radon

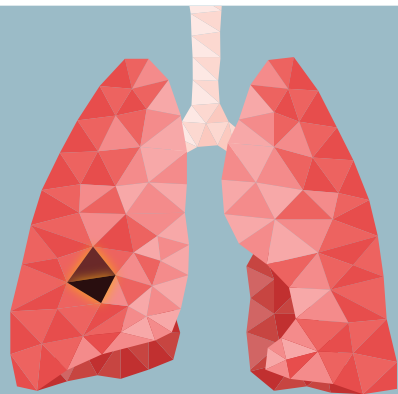
The US Preventative Task Force and American Cancer Society recommends annual lung cancer screening with low-dose CT scans for patients 55 to 74 years old, in fairly good health, who have at least a 30-pack per year smoking history and are either still smoking or have quit smoking within the last 15 years.

If you would like to schedule an appointment for a CT Lung Screening, please call **910-291-7244**.



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500 Lauchwood Drive | Laurinburg, NC 28352 | ScotlandHealth.org



Is Lung Cancer Screening Right for Me?

A decision aid for people considering lung cancer screening with low-dose computed tomography

If you have smoked for many years, you may want to think about screening (testing) for lung cancer with low-dose computed tomography (LDCT). Before deciding, you should think about the possible benefits and harms of lung cancer screening. This decision aid will help prepare you to talk with your health care professional about whether lung cancer screening is right for you.

What are the facts about lung cancer?

- » Lung cancer is the leading cause of cancer death in the United States. Each year, about 220,000 people are diagnosed with lung cancer and 150,000 people die from lung cancer.
- » About half of the people diagnosed with lung cancer are 70 years of age or older. The typical age of death from lung cancer is 72 years.

Who should be screened for lung cancer?

The United States Preventive Services Task Force (USPSTF) is made up of experts in preventive medicine. Without pay, they review the current research to make recommendations about clinical preventive services such as screening, counseling, and preventive medications.

The USPSTF recommends lung cancer screening for individuals who:

- » Are 55 to 80 years old
- » Do not have any signs or symptoms of lung cancer (diagnostic testing may be recommended for people who do have signs or symptoms of lung cancer)
- » Have not had lung cancer before
- » Currently smoke or quit less than 15 years ago
- » Are or were heavy smokers (30 pack-years history such as those who smoked 1 pack per day for 30 years or 2 packs per day for 15 years)

The USPSTF does not recommend lung cancer screening for individuals who:

- » Have a condition that greatly limits how long they may live
- » Are not willing to have surgery for lung cancer

What is lung cancer?

Lung cancer happens when abnormal cells form in the lungs and grow out of control. These cells can form a tumor and can spread to other parts of the body.

Lung cancer is often diagnosed once it has spread outside the lungs. About 9 out of every 10 people with lung cancer die from the disease because it is found after it has spread.

Possible signs and symptoms of lung cancer

- » A new cough that does not go away or gets worse
- » Chest pain that is often worse when you breathe deeply, cough, or laugh
- » A hoarse voice
- » Unexplained weight loss and loss of appetite
- » Coughing up blood or rust-colored spit or phlegm
- » Shortness of breath
- » Infections such as bronchitis and pneumonia that do not go away or keep coming back
- » Wheezing

Many patients with lung cancer do not have any symptoms when the cancer first starts. It is best to find lung cancer early before symptoms start, when the cancer is more easily treated. This is why screening is important.

If you have any signs or symptoms of lung cancer, be sure to tell your health care professional.

Calculating pack-years*

(20 cigarettes = 1 pack)

<input type="text"/>	Number of years smoked
×	<input type="text"/>
Average number of packs smoked per day	
<hr/>	
=	<input type="text"/>
Pack-years	

* Your health care professional can help you determine the number of pack-years you have smoked.

Remember, the best way to lower your chances of dying from lung cancer is to stop smoking.

More than 8 out of every 10 lung cancer cases in the United States are from smoking.

Lung cancer screening should not be done instead of quitting 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).



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

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 with LDCT for lung cancer, **21 will die from lung cancer.**
- » If 1,000 people are screened with LDCT once a year 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 with LDCT for lung cancer, **75 will die from any cause.**
- » If 1,000 people are screened with LDCT once a year for 3 years, **70 will die from any cause.**
- » This means that with LDCT screening, **5 fewer people will die from all causes.**

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.

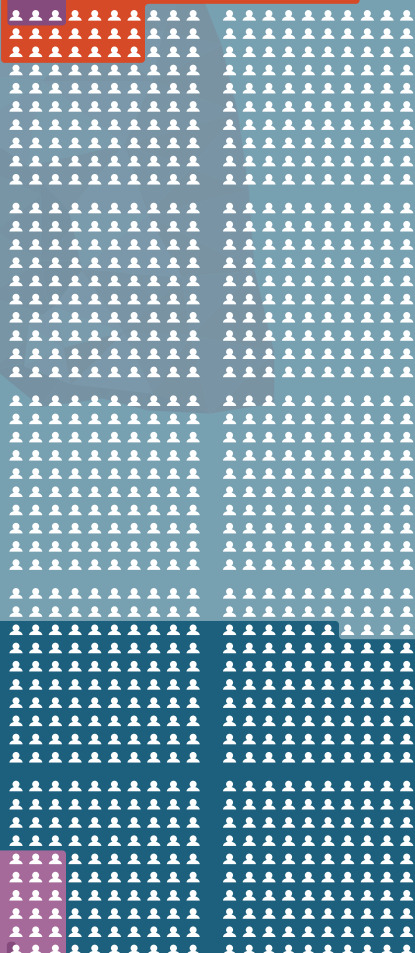
- » If 1,000 people are screened every year for 3 years, about **356 will have a false alarm.**
- » Of these 356 people with a false alarm, **18 will have an invasive procedure** such as a biopsy (a tiny piece of lung tissue is removed to test for cancer).
- » Of these 18 people, **less than 1 will have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

The benefits of lung cancer screening may be greater if your lung cancer risk is higher. For example, current smokers who smoke more than one pack a day have a higher risk for lung cancer than smokers who quit 10 years ago.

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 harms of lung cancer screening may be greater if you have other health problems, such as heart disease or severe lung disease like asthma or chronic obstructive pulmonary disease (COPD). The risk of problems from biopsies may be higher in these people.

What is lung cancer screening with low-dose computed tomography?

During an LDCT scan, you lie on a table and an x-ray machine uses a low dose (amount) of radiation to make detailed images of your lungs. The scan only takes a few minutes and is not painful.

HARM: Overdiagnosis

Lung cancer screening may find a lung cancer that would not have ever caused symptoms or harmed the patient in his or her lifetime if the cancer had not been found. This could lead to treatment of people who do not really need treatment.

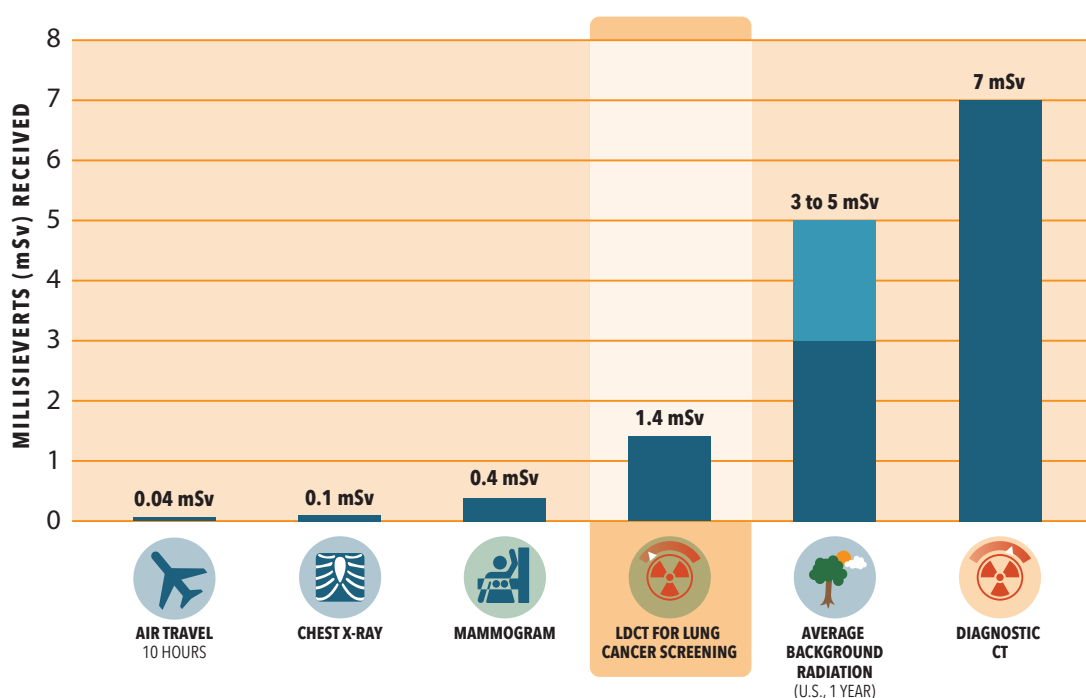
At the time of diagnosis, there is no way for health care professionals to know if the lung cancer will cause health problems over a lifetime. For this reason, almost all people who are diagnosed with lung cancer are treated.

Researchers found that out of every 10 people diagnosed with lung cancer after an LDCT scan, about 1 to 2 of those people are treated for cancer that likely never would have harmed them.

HARM: Radiation exposure

Exposure to radiation increases a person's chance of developing cancer. LDCT screening for lung cancer exposes a person to radiation. If the screening test is positive, additional testing may involve higher doses of radiation. Researchers do not know how being exposed to radiation from LDCT scans and additional diagnostic imaging tests may affect people. The figure below shows the amount of radiation from one LDCT scan compared with other sources of radiation.

COMPARING SOURCES OF RADIATION



mSv=millisievert, a measure of the amount of radiation absorbed by the body.

Finding other things that are not lung cancer

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.

What is the difference between screening and diagnostic testing?

Screening is a medical term for testing to find a disease *before it causes any symptoms or problems*. Lung cancer screening is done to find lung cancer before it has spread.

Diagnostic testing is not the same as screening. Diagnostic testing is done when someone has signs or symptoms of lung cancer or when a screening test finds something that looks like cancer. In both cases, there is a higher chance the person has lung cancer, and additional testing is done to get a final diagnosis. It is different from screening because it can involve scans with higher amounts of radiation, other tests to look at the lungs, and taking samples of lung tissue.

WHAT IS IMPORTANT TO YOU WHEN DECIDING ABOUT SCREENING FOR LUNG CANCER?

There are many things to think about when deciding whether lung cancer screening is right for you. Below is a list of questions that may help you decide.

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How concerned are you about:	Not Concerned			Very Concerned	
Having a false alarm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having other tests if you have a positive screening test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being exposed to radiation from lung cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being treated for lung cancer that never would have harmed you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being harmed by the treatments you receive for lung cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TALKING WITH YOUR HEALTH CARE PROFESSIONAL ABOUT LUNG CANCER SCREENING

Making the decision to be screened for lung cancer is a personal decision. You should talk with your health care professional and make the decision based on what is right for you.

Below are some questions to think about at your visit with your health care professional. Keep in mind the possible benefits and harms that are most important to you.

- ☐ Am I eligible for lung cancer screening?
- ☐ What happens if I decide not to be screened for lung cancer?
- ☐ Does my insurance cover lung cancer screening?
- ☐ Where should I go for lung cancer screening?
- ☐ Do I have to do anything to prepare for screening?
- ☐ How soon will I know the results of screening?
- ☐ What happens if the lung cancer screening shows something of concern?

WHAT OTHER QUESTIONS DO YOU HAVE?

WHAT IS YOUR DECISION ABOUT LUNG CANCER SCREENING?

- ☐ Screening is right for me.
- ☐ Screening is not right for me.
- ☐ I am unsure about screening.

WHAT ABOUT INSURANCE COVERAGE FOR LUNG CANCER SCREENING?

Private insurance plans cover lung cancer screening for people age 55 through 80, with no out-of-pocket costs.

Medicare pays for lung cancer screening with no out-of-pocket costs for people up to age 77 if you meet the following criteria:

- » You must have a written order from your health care professional (your doctor, nurse practitioner, or physician assistant).
- » Your visit with your health care professional must be a “shared decisionmaking visit.” In this visit your health care professional must use one or more decision aids and must discuss benefits and harms. Your health care professional must also talk about followup diagnostic testing, overdiagnosis, false alarms, and total radiation exposure from screening.
- » You must go to a screening facility that participates in the lung cancer screening registry set up for Medicare patients.

Ask your health care professional about the criteria if you have Medicare coverage.

There may be additional costs for followup tests and/or treatments after the initial screening exam. Contact your insurance company to see if the procedures are covered and what the cost to you would be.

INFORMATION FOR CONSUMERS

» Understanding Lung Cancer

www.cancer.gov/types/lung

» Screening for Lung Cancer: Consumer Guide

www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening

» Find an Approved Screening Facility

www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Lung-Cancer-Screening-Registries.html



Patient Label

MUST FAX ORDER FORM TO LUNG BUS COORDINATOR @ 704-446-3940

Mobile Lung Screening: LDCT Order Form

IMPORTANT: Verify ☐ Uninsured ☐ Medicaid

Patient Name: _____ DOB: ____/____/____

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

Currently smoking? Y N If no, how many years quit? _____ Height: _____ Weight: _____

*<http://smokingpackyears.com/calculate> _____

Patients must be 55 -77 years of age, have a 30+ pack year history of smoking, and be a current smoker OR have quit within the past 15 years.

Ordering provider (print name): _____

National Provider Identifier (NPI): _____

Office Contact: _____ Phone: _____

☒ CT Lung Screening Exam – Baseline or Annual

By signing this order, you are certifying that patient:

- has had a shared & documented decision-making session during which potential risks and benefits of CT lung screening were discussed. **(Must be physician, NP, PA, CNS)**
- is informed of importance of adherence to annual screening, impact of comorbidities, & ability/willingness to undergo diagnosis & treatment
- was informed of smoking cessation importance &/or maintaining smoking abstinence, including offering tobacco cessation counseling services, if applicable
- 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)

☐ **SHARED DECISION MAKING VISIT COMPLETE on**

Date: ____/____/____

- ☐ G0297: Low-dose CT scan for lung cancer screening.
- ☐ ICD-10 – Z12.2: Encounter for malignant neoplasms of respiratory organs
- ICD- 10 – Z87.891: Personal history of tobacco use/nicotine dependence.

Ordering Provider Signature: _____ Date: ____/____/____

How you should prepare:

Wear comfortable clothes
without metal fasteners,
including zippers, buttons and
snaps.

Arrive 15 minutes early to
complete registration.

Bring with you:
your appointment form
insurance card
valid photo ID

Helpful web links:

Lung Cancer and Screening
Information:
www.shouldiscreen.com

Help with Quitting Tobacco
Tobacco Cessation
www.quitlinenc.com

If you have any questions
about the CT Lung Cancer
Screening please call
910-291-7244

www.ScotlandHealth.org

Your scheduled appointment

Date: _____

Time: _____

Special instructions:

Location:

Scotland Memorial Hospital
Outpatient Entrance
500 Lauchwood Drive
Laurinburg, NC 28352

Please enter at the
Outpatient Entrance
to register. The patient will then
be directed to Imaging Services
for test.



What you should know CT Lung Cancer Screening



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ScotlandHealth.org



What is a Lung Cancer Screening?

A lung cancer screening (test) checks your lungs for early signs of cancer before you have symptoms.

Like a mammogram, the reason for this test is to find cancer early, when it can still be cured with treatment. This scan is usually done every 12 months.

Does my insurance pay for this test?

Medicare, Medicaid and most insurances pay for this test. We will check on this for you prior to your test.

What happens during the low dose CT scan (test)?

When you have a low-dose CT scan, you lay on a table that slides. The machine is shaped like a giant donut and you slide through the large hole in the center. As you slide through, the machine takes pictures of the inside of your body. The test takes several minutes, and it does not hurt.

What happens after the test is done?

This is up to your doctor. You could get a phone call from your doctor OR you could have a follow-up appointment scheduled. If you do not hear back about your results within a week, call your doctor's office.

What if my CT scan (test) is not normal?

Abnormal screening results does not always mean you have cancer. You may need more frequent follow-up scans (e.g. every 3 to 6 months.) You may also need to have more testing done, including possible biopsy.

If you check ALL of the boxes below you can have the test done. Your doctor **MUST** order this test for you.



Are you are 55 to 77 years old



Have you smoked at least 1 pack a day for 30 years



Do you still smoke OR have you quit smoking in the past 15 years

Patient: Lung Cancer Screening 2019

Q1 What is the name of the hospital where you filled out the survey?

☐ Other

Q2 Lung cancer is puzzling to me.

☐ True (1)

☐ False (2)

Q3 If a person gets lung cancer, he or she will live with it for the rest of his/her life.

☐ True (1)

☐ False (2)

Q4 If a person gets lung cancer, they will get very sick quickly.

☐ True (1)

☐ False (2)

Q5 If a person gets lung cancer, they will die from it.

☐

True (1)

☐

False (2)

Q6 Cigarettes cause lung cancer.

☐

True (1)

☐

False (2)

Q7 Microwave ovens cause lung cancer.

☐

True (1)

☐

False (2)

Q8 My mental attitude/thinking negatively causes lung cancer.

☐

True (1)

☐

False (2)

Q9 I am worried about getting/having lung cancer.

☐

True (1)

☐

False (2)

Q10 Lung cancer spreads so quickly, a CT screen would not help.

☐

True (1)

☐

False (2)

Q11 A CT scan will not decrease the risk of dying from lung cancer.

☐

True (1)

☐

False (2)

Q12 If I have lung cancer, it was meant to be.

☐

True (1)

☐

False (2)

Q13 If I have lung cancer, I will just accept it.

☐

True (1)

☐

False (2)

Q14 If I have lung cancer, it is better to not know.

☐

True (1)

☐

False (2)

Q15 If my doctor tells me that I do not have lung cancer after being screened, I will not worry about getting lung cancer anymore.

☐

True (1)

☐

False (2)

Q16 If my doctor says I need lung cancer screening, I can arrange transportation for the screening.

☐

True (1)

☐

False (2)

Q17 If my doctor says I need lung cancer screening and I had to pay for it myself, I would still get screened.

☐

True (1)

☐

False (2)

Q18 I can talk with my doctor about CT scans.

☐

True (1)

☐

False (2)

Q19 I am afraid of CT scans.

☐ True (1)

☐ False (2)

Q20 What is your age?

Q21 What is your sex?

☐ Male (1)

☐ Female (2)

☐ Other (3)

Q22 Are you of Hispanic, Latino or Spanish origin?

☐ No, I am not of Hispanic, Latino, or Spanish origin (1)

☐ Yes, I am of Hispanic, Latino or Spanish origin (2)

Q23 What is your race?

☐ White (1) _____

☐ Black or African American (2)

☐ American Indian (4) _____

☐ Alaska Native (5) _____

☐ Asian (6) _____

☐ Other, what is your race? (7)

Q24 What is the main language spoken at your home?

☐ English (1) _____

☐ Spanish (2) _____

☐ Other, what language? (3) _____

Q25 What type of health insurance do you have?

☐ Insurance through your job or the job of your spouse (1)

☐ Insurance bought straight from an insurance company (2)

☐ Medicare (for people 65 and older or people with certain disabilities) (3)

☐ Medicaid or any kind of government assistance (4)

☐ Military health care (5) _____

☐ Other, what insurance? (6) _____

☐ None, I do not have insurance (7)

Q26 What is the highest degree or level of school that you have completed?

☐ Junior High (1)

☐ High School (2)

☐ College (3)

☐ Graduate (4)

☐ None of the above (5)

Q27 Do you have a job that pays you?

☐ Yes, what is your job? (1) _____

☐ No, I do not have a job that pays me. (2)

Q28 What kind of doctor do you usually see? Check the best answer.

☐ Family medicine doctor (1) _____

☐ Primary care doctor (2) _____

☐ My oncologist (3) _____

☐ If I get sick, I go to the Emergency Room (ER) to see the doctor. (4)

☐ I do not have a doctor that I see on a regular basis. (5)

☐ Other (6) _____

Q29 What is the reason for your visit today?

Q30 Do you smoke cigarettes?

☐ Yes: For most of your life, how many cigarettes have you smoked per day? (1)

☐ No (2) _____

Q31 If you smoke, how much do you want to quit smoking?

- ☐ I do not have a plan to quit smoking. (1)
 - ☐ I want to quit smoking but I have not made any plans to quit. (2)
 - ☐ I am making plans to quit smoking. (3)
 - ☐ I want to quit smoking and have tried to quit, but I still smoke. (4)
 - ☐ I do not smoke (5)
-

Q32 Does the person closest to you smoke cigarettes?

- ☐ Yes (1)
 - ☐ No (2)
-

Q33 Have you ever been told by your doctor that you have:

- ☐ COPD (1)
 - ☐ pulmonary fibrosis (2)
-

Q34 Within the past 12 months, has lack of transportation kept you from medical appointments, getting your medicines, non-medical meetings or appointments, work, or from getting things that you need?

- ☐ Yes (5)
 - ☐ No (6)
-

Q35 Within the past 12 months, have you needed to see a doctor but could not because of cost?

☐ Yes (5)

☐ No (6)

Q36 How do you normally get to this doctors office?

☐ Walk (1) _____

☐ My own car (2) _____

☐ Someone else takes me in a car (3)

☐ Bus (4) _____

☐ Taxi/uber (5) _____

☐ Other (6) _____

Q37 How many minutes does it take you to get to this doctors office from home?

Q38 Has your doctor talked to you about screening for lung cancer?

☐ Yes (5)

☐ No (6)

Q39 Have you been referred by your doctor for lung cancer screening?

☐ Yes (4)

☐ No (5)

Q40 If your doctor told you that you should be screened for lung cancer, did you go?

☐ Yes, why? (1)

☐ No, why not? (2)

☐ My doctor has not told me that I need lung cancer screening. (3)

Lung Cancer Screening

Making the Right Decision for You



A majority of lung cancers are advanced or have spread beyond the lungs at the time of diagnosis, which makes the disease more difficult to treat. Fortunately, new screening technology is now available, making early detection—and effective treatment—possible. To learn more, take a look at the answers to these commonly asked questions about lung cancer screening below.

What is lung cancer screening?

Lung cancer screening is a noninvasive evaluation of the lungs to look for signs of disease before symptoms arise. Radiologists use a specialized computed tomography (CT or “cat scan”) imaging device to take pictures of your lungs, which are then reviewed to determine if there are any signs of lung cancer. This is the only proven method for identifying the disease.

Who should be screened for lung cancer?

Lung cancer screening is recommended for those who are at high risk for the disease, but are not yet experiencing symptoms. If you meet the criteria below, you may be at high risk and should talk to your doctor about annual screening.

Current guidelines recommend CT lung cancer screening for patients who meet the following criteria:

CRITERIA ONE

- Ages 55 to 80
- 30 pack-years of smoking history
- Current smokers or individuals who quit less than 15 years ago

CRITERIA TWO

- Ages 50 or older
- 20 pack-years of smoking history
- Have one additional risk factor for lung cancer:
 - Exposure to radon, asbestos, silica, or other carcinogen
 - Personal history of lymphoma or a smoking related cancer, including head and neck cancer or bladder cancer
 - Family history of lung cancer

Why should I be screened for lung cancer?

Lung cancer is the leading cause of cancer deaths in the United States. Annual screening with CT scans can find lung cancers in their earliest stage, when the cancer is easier to treat. Results from the National Lung Screening Trial (NLST) showed that screening with low-dose CT scans can reduce the risk of death from lung cancer by 20 percent in current and former heavy smokers, compared to those who were screened using a chest X-ray.

Why should I be screened at Duke?

Accredited by the American College of Radiology, the Duke Lung Cancer Screening program provides access to the most advanced diagnostic screening tool available: low-dose CT scans, which are highly accurate and minimize the amount of radiation exposure to patients. If lung cancer is detected, you will have direct access to a multidisciplinary team of lung cancer specialists experienced in caring for patients at every stage of disease, from diagnosis to treatment and beyond. They are committed to providing the most advanced services, as well as comprehensive support and education for both patients and survivors.

What happens if the test is positive?

About 1 out of 10 screening CT scans will be “positive,” meaning there is an abnormal finding that *could* represent a cancer. Approximately 4 out of 100 patients *with a positive screening study* are found to have lung cancer. For those patients, screening is the first step in the comprehensive care provided by the Duke Cancer Center’s team of lung cancer specialists. If you are diagnosed with lung cancer, a personalized treatment plan will be developed by our experts to offer you the best course of care.

How can I reduce my risk of developing lung cancer?

Stop smoking. This is the most important step toward reducing your risk for lung cancer. Duke Cancer Center offers smoking cessation evaluation and counseling, so you’ll have the support you need to quit for life.

CONTINUED ON BACK

PACK-YEARS

How to find your pack-years of smoking



What are the risks of CT lung cancer screening?

CT screening for lung cancer is safe and noninvasive; however, there are some risks associated with the screening. As with every medical procedure, it's important to weigh the risks and benefits prior to making a decision.

What is the cost of a CT lung screening?

Lung cancer screening is covered by private insurance for eligible patients age 55 -80 years, and by Medicare for patients age 55 - 77 years. Please contact our providers to discuss your eligibility.

RISKS	BENEFITS
Radiation exposure CT screening uses a low dose of radiation in order to produce images of the lungs. Cumulative radiation exposure, even in low doses, can damage cells, which may result in cancer later in life. However, the risk of developing a radiation-induced cancer is extremely low. To minimize the amount of radiation exposure to patients, Duke radiologists use a special low-dose protocol.	Finding lung cancer in its earliest stage Patients who received low-dose CT screening were diagnosed earlier in the course of disease than those who had a chest x-ray.
False positives The National Lung Screening Trial (NLST) found that approximately 25 percent of patients who have CT screening have a positive screen, meaning that a nodule is found in the lung. The vast majority of these nodules are benign (not cancer), which means that most positive screening studies will be a "false positive." Additional testing is often necessary to determine which nodules represent lung cancer. Nine out of 10 of those with a "false positive" require follow-up imaging studies only; invasive procedures are rare but can lead to complications.	Better chance of survival The NLST showed a 20 percent reduction in lung cancer deaths after CT screening. Because lung cancer is caught earlier with CT screening, chances are higher for a complete cure. In contrast, advanced lung cancers are often inoperable and may only be treated with chemotherapy and/or radiation.
False negatives Occasionally, the signs of lung cancer are unclear or get overlooked. However, in the NLST, the false negative rate was less than 1 in 100.	



Smoking Cessation Resources:

www.BecomeAnEx.org

www.cdc.gov/tobacco/quit_smoking

www.smokefree.gov

www.lung.org/stop-smoking/join-freedom-from-smoking/

www.dukehealth.org/treatments/cancer/cancer-support-services/quit-duke



Please call 919-613-4318 for more information or to schedule your appointment.





What should I expect on the day of screening?



Please arrive 30 minutes prior to your scheduled appointment. When you register, you will be asked to verify your physician and personal information.



You initially will be seen by a member of the Lung Cancer Screening Team to discuss the CT screening exam and, if you are a current smoker, receive information on smoking cessation.

The CT exam will be performed by a radiologist. The exam does not require blood work or I.V. placement. The screening takes about 10 seconds. During the scan, you will be asked to hold your breath to limit motion of the lungs.



After the exam is completed, you will meet with a specialist in the Lung Cancer Screening Clinic to review the results of your scan and any next steps, before you leave the clinic. Your physician will also be notified of the screening exam results and any recommendations.

Duke Lung Cancer Screening Locations

Duke Cancer Center

20 Duke Medicine Circle
Durham, NC 27710
919-613-4318

Duke Raleigh Cancer Center

3404 Wake Forest Road
Raleigh, NC 27609
919-862-5400

For more information:

Call **919-613-4318**
or **888-275-DUKE**

or visit

[dukehealth.org/
lungscreening](http://dukehealth.org/lungscreening)



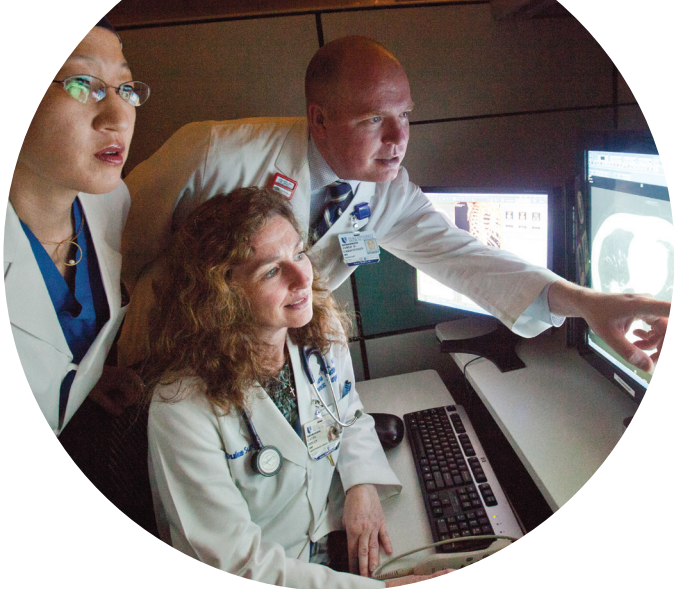
DukeHealth

Duke Lung Cancer Screening Program

Duke offers low-dose computed tomography (CT) screening for lung cancer—the most advanced diagnostic tool for high-risk patients

Early detection saves lives.





Duke Lung Cancer Screening Program

Annual screening with low-dose computed tomography (CT) can find lung cancers in their earliest stage, when treatments are more effective. A large national study involving more than 50,000 participants showed that annual screenings using a low-dose CT can **reduce the risk of death from lung cancer** by 20 percent in current and former heavy smokers, compared to those who were screened using a chest X-ray.

At the Duke Cancer Institute's Lung Cancer Screening Clinic—with locations in Durham and Raleigh—individuals at high risk for developing lung cancer can participate in a lung cancer screening program that provides access to the most advanced diagnostic screening tool: low-dose CT scans. In addition, smoking cessation evaluation and counseling is provided as well as follow-up treatment, if needed.

A multidisciplinary team of lung cancer specialists in the Duke Cancer Institute is committed to offering the most advanced services to patients—from screening and diagnosis to treatment and beyond—with comprehensive support and education services for patients and survivors.

Ask your physician for a CT lung screening referral.

Frequently Asked Questions

Why should I get screened for lung cancer?

Lung cancer is the most common cause of cancer-related death in the United States. Annual screening with computed tomography (CT) scans can find lung cancers in their earliest stage, when the cancer is easier to treat. Results from the National Lung Screening Trial showed that among people at high risk for developing lung cancer, *those screened with low-dose CT scans were 20% less likely to die from lung cancer, compared to people screened with standard chest x-rays.*

What is a CT lung screening study?

CT screening is a noninvasive medical test that helps physicians diagnose and treat medical conditions. Scans offer quick and accurate visualization of internal organs. A CT scan is able to detect small nodules that cannot be detected by a chest X-ray.

Who can get a CT lung screening?

Current guidelines recommend low-dose CT lung cancer screening for patients who meet the following criteria:

- Age 55 to 80
 - 30 pack-years* smoking history
 - Current smokers or individuals who quit less than 15 years ago
- or
- Age 50 or older
 - 20 pack-years* smoking history
 - Have one additional risk factor for lung cancer:
 - Exposure to radon, asbestos, silica, or other carcinogen
 - Personal history of lymphoma or a smoking related cancer (i.e., head and neck cancer, bladder cancer, etc.)
 - Family history of lung cancer
 - COPD or pulmonary fibrosis

**Pack-years, as defined by the National Cancer Institute, are calculated by multiplying the average number of packs of cigarettes smoked per day by the number of years an individual has smoked. The following are all equivalent to a 30 pack-year smoking history:*

- 1 pack per day for 30 years
- ½ pack a day for 60 years
- 2 packs a day for 15 years

** Patients with symptoms of lung cancer should not get a screening CT. Talk with your health care provider if you have any of these problems.*

What are the risks of CT screening?

CT screening for lung cancer is safe and noninvasive; however, there are some risks associated with the screening:

Radiation Dose: CT screening uses a low dose of radiation in order to produce images of the lungs. Cumulative radiation exposure, even in low doses, can damage cells, which may result in cancer later in life. However, the risk of developing a radiation-induced cancer is extremely low. To minimize the amount of radiation exposure to patients, Duke radiologists use a special low-dose protocol.

False Positives: The National Lung Screening Trial found that approximately 1 out of 4 patients who have CT screening have a positive screen, meaning that a nodule is found in the lung. The *vast majority* of these nodules are benign (not cancer). More tests are often needed to determine which nodules might be cancerous. Most of the time, this involves a follow-up scan. Sometimes, however, an invasive procedure such as a biopsy, is recommended.

What happens if the screening shows I might have lung cancer?

Of every 100 patients with a *positive* screen, approximately 4 will be diagnosed with lung cancer. For such patients, the screening study is the first step in the comprehensive care provided by our team of lung cancer specialists. If you are diagnosed with lung cancer, a personalized treatment plan will be developed by experts at the Duke Cancer Institute to offer the best course of care.

What is the cost of a CT lung screening?

Lung cancer screening is covered by private insurance for eligible patients age 55 -80 years, and by Medicare for patients age 55 - 77 years. Please contact our providers to discuss your eligibility.

Is CT lung screening right for me?

There are both risks and benefits of CT lung screening. Before getting the CT scan, you should discuss these with your health care provider to make the right decision for you.

Call (919) 613-4318 or 888-275-DUKE for more information or visit dukehealth.org/lungscreening