

Lung Cancer Screening with Low-dose Computed Tomography

Shared Decision-making Visit: A Guide for Clinicians



Lung Cancer Screening Guidelines and Eligibility Criteria

The American Cancer Society released updated lung cancer screening guidelines in 2023. We recommend yearly screening with a low-dose CT (LDCT) scan for people at increased risk of lung cancer. This includes adults who meet each of the following criteria:

- **Age:** 50 to 80 years old and in fairly good health (Medicare covers screening up to age 77. Most private insurance covers screening up to age 80.)
- **Smoking status:** People who currently smoke or have smoked in the past
- **Tobacco smoking history of at least 20 pack-years:** One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes

How many pack years have I smoked?

	<input type="text"/>	Number of years smoked
X	<input type="text"/>	Average number of packs* smoked per day
=	<input type="text"/>	Pack years

*1 pack = 20 cigarettes

- **Asymptomatic:** no signs or symptoms of lung cancer

People should not be screened if they have serious health problems that will likely limit how long they will live, or if they won't be able to or won't want to get treatment if lung cancer is found.

Required elements of the shared decision-making visit (in addition to determination of eligibility)

A shared decision-making visit between the patient and health care provider is not required, but strongly encouraged.

Explain to the patient what they should expect from LDCT screening. Include:

- **Follow-up diagnostic testing:** Lung nodules are common in people who currently smoke or did previously and may be found during the exam. Although most nodules are not cancerous, additional observation and

testing may be necessary. Most patients who are called back will not be determined to have lung cancer. A small number of people will need a biopsy, but this is not common. A small number of people who have a biopsy may have a complication, but this is rare.

- **Overtreatment:** Although it is estimated to be rare, lung cancer screening may find a lung cancer that may not cause symptoms or require treatment during the patient's lifetime. Patients may ask questions about overtreatment. It's important for clinicians to counsel patients that while there is considerable uncertainty about the amount of overtreatment, we do know the large majority of lung cancers can be lethal if not treated.
- **Radiation exposure:** LDCT exposes patients to a small amount of radiation. The dose is equal to the normal amount of environmental radiation people typically experience over a 6-month period. Experts have judged the benefits of screening to substantially outweigh the very small, theoretical chance that annual LDCT exams (over many years) could cause cancer to develop.
- **Adherence to annual lung cancer LDCT screening:** Counseling on the importance of adherence to annual lung cancer LDCT screening, and the patient's ability or willingness to undergo diagnosis and treatment
- **Smoking abstinence or intervention:** Counseling on the importance of continuing to abstain from cigarette smoking if the person smoked previously, or the importance of smoking cessation if the person currently smokes, and appropriately providing information about tobacco cessation interventions

If the patient meets eligibility criteria and agrees to be screened, a written order for LDCT lung cancer screening must be obtained.

For more information, visit:

Screening for Lung Cancer: 2023 Guideline Update from the American Cancer Society

Source: Wolf, AMD, Oeffinger, KC, Shih, YCT, et al. Screening for lung cancer: 2023 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2023. doi:10.3322/caac.21811.