

Is Lung Cancer Screening Right For You?

Here's what you should know about this life-saving screening.

1 in 5

of all cancer deaths are lung cancer related.

1 in 16

Americans in their lifetime will be diagnosed with lung cancer.



Learn More About
Lung Cancer Screening



What is lung cancer screening?

Much like a mammogram or a colonoscopy, lung cancer screening is a regular preventive health check. If screening detects lung cancer at an early stage when it is small and before it has spread, it is more likely to be treated successfully, significantly increasing the patient 5-year survival rate.

A low-dose CT (LDCT) scan is the only screening method recommended for at-risk patients. The LDCT machine takes a 3D picture of your lungs and shows more detail than a standard chest X-ray. LDCT scan uses 75% less radiation than a regular CT scan and does not require any needles.



Screening with annual LDCT can prevent one death for every 250 at-risk adults who are screened.

Who should be screened for lung cancer?

LDCT screening is only recommended for individuals who are at-risk for lung cancer. You're considered at-risk and eligible for screening if you:

- Are 50 to 77 years old*
- Are currently smoking or have quit within the last 15 years
- Have a smoking history of ≥ 20 pack-years**

PACK YEARS = **average # of packs per day** X **# of years smoked**

If you meet the eligibility criteria, you should have a conversation with your doctor or healthcare provider about lung cancer screening.


Common risk factors for lung cancer include:

- Smoking
- Exposure to secondhand smoke
- Exposure to radon gas
- Exposure to asbestos, arsenic, and other carcinogens
- Having a personal or family history of lung cancer

If you have any of these risk factors, have a conversation with your doctor or healthcare provider about your concerns for lung cancer.

*Lung cancer screening with LDCT is covered by Medicare for patients 50–77 and by most commercial insurance plans for patients 50–80 at high risk for lung cancer.

**Number of cigarette packs smoked per day multiplied by the number of years a person has smoked.



Common misconceptions about lung cancer screening:

MYTH: The scans used in lung cancer screening expose you to dangerous radiation

FACT: LDCT scans for lung cancer screening have about 75% less radiation than conventional CT scans. A regular CT scan is associated with a very small risk of developing cancer—about 0.05%, or about 1 in 2,000.



If you have additional questions about lung cancer screening, be sure to talk to your provider.

MYTH: Lung cancer screening is time consuming

FACT: The actual screening process takes around 15 minutes, and the results are usually available within 24 hours. Screening may require two appointments: the first appointment is a shared decision making visit to ensure you are eligible and to answer your questions, and the second appointment is for the screening itself. However, some locations only require one visit.

MYTH: Lung cancer screening is still considered experimental and is not the standard of care

FACT: Screening experts agree that LDCT is beneficial for the at-risk population of current and former smokers. Screening is recommended for these patients and is covered by Medicare, Medicaid, and most insurance companies.

MYTH: If I quit smoking, I am no longer at risk and don't need to be screened

FACT: Current recommendations suggest lung cancer screening for not only current smokers, but also for former smokers who have quit less than 15 years ago.

MYTH: Lung cancer screening has a high rate of false positives, which can lead to unnecessary procedures

FACT: All cancer screenings carry a risk of false positives, but having a false positive doesn't mean you'll necessarily need to have other, more invasive procedures.

What happens before, during, and after a lung cancer screening?

1 BEFORE YOUR SCREENING

You will meet with your provider to discuss the benefits and risks of screening. If you decide on screening, your provider will order the screening and refer you to a location that offers LDCT. Your provider's office may make an appointment for you, or you may need to contact the screening location to set up your appointment.

2 DURING YOUR SCREENING

You lie on your back on a table while pictures are taken of your lungs. You shouldn't need to change your clothes as long as they don't contain metal, and there are no medicines or needles required for the procedure.

3 AFTER YOUR SCREENING

A specialist will read your scan and someone from the screening location or your healthcare team will call you to discuss the result. If you have a negative result, you will continue with yearly screening. If you have a positive result, you may need additional scans or tests. Your healthcare provider will talk to you about the findings and what needs to happen next.

LDCT is quick, painless, and can save your life.



What should I ask my healthcare provider about lung cancer screening?

Here are a few questions you can ask your provider when you discuss yearly lung cancer screening:

- Is lung cancer screening recommended for me?
- How do I know if my insurance covers LDCT screening?
- What are the benefits and risks of LDCT screening?
- How will I get the results of my LDCT scan?
- What tools are available to help me quit smoking?