

# Annual Screening for Lung Cancer: Is it right for me?

Your risk of lung cancer is increased by smoking more cigarettes a day and for more years.

**SCREENING IS LOOKING FOR A DISEASE** before a person has any symptoms. Screening helps find lung cancer in an early, more treatable stage.

**PACK-YEAR CALCULATION**

<b>YEARS SMOKED</b>	10 >	5	10	15	20
	15 >	8	15	23	30
	20 >	10	20	30	40
	25 >	13	25	38	50
	30 >	15	30	45	60
	35 >	18	35	53	70
	40 >	20	40	60	80
	45 >	23	45	68	90
	50 >	25	50	75	100
		>	>	>	>
	½ Pack (10 cigs)	1 Pack (20 cigs)	1-½ Packs (30 cigs)	2 Packs (40 cigs)	
	<b>CIGARETTES SMOKED/DAY</b>				

20+ Persons may be eligible for lung cancer screening.

## WHO IS ELIGIBLE FOR LUNG CANCER SCREENING?

You may be eligible for lung cancer screening if:

- ✓ You are between 50-80 years old, **and**;
- ✓ You currently smoke cigarettes or quit smoking within 15 years, **and**;
- ✓ You have a smoking history of at least 20 pack-years (this means 1 pack per day for 20 years or 2 packs a day for 10 years, etc.).

**YOU HAVE A DECISION TO MAKE.** A low-dose CT scan (LDCT) can find lung cancer at an early stage when the chance for cure is greater. LDCT is the only recommended screening test for lung cancer. However, screening and treatment can lead to harms. You should consider the benefits and harms of lung cancer screening in making a decision.

## YOU SHOULD KNOW:

- The goal of screening is to find a cancer that can be treated with surgery or radiation
- Screening may not be right for you if you are in poor health or do not want to be treated
- **There is no cost to you for annual LDCT scans.** There may be copays to evaluate abnormal LDCT findings.

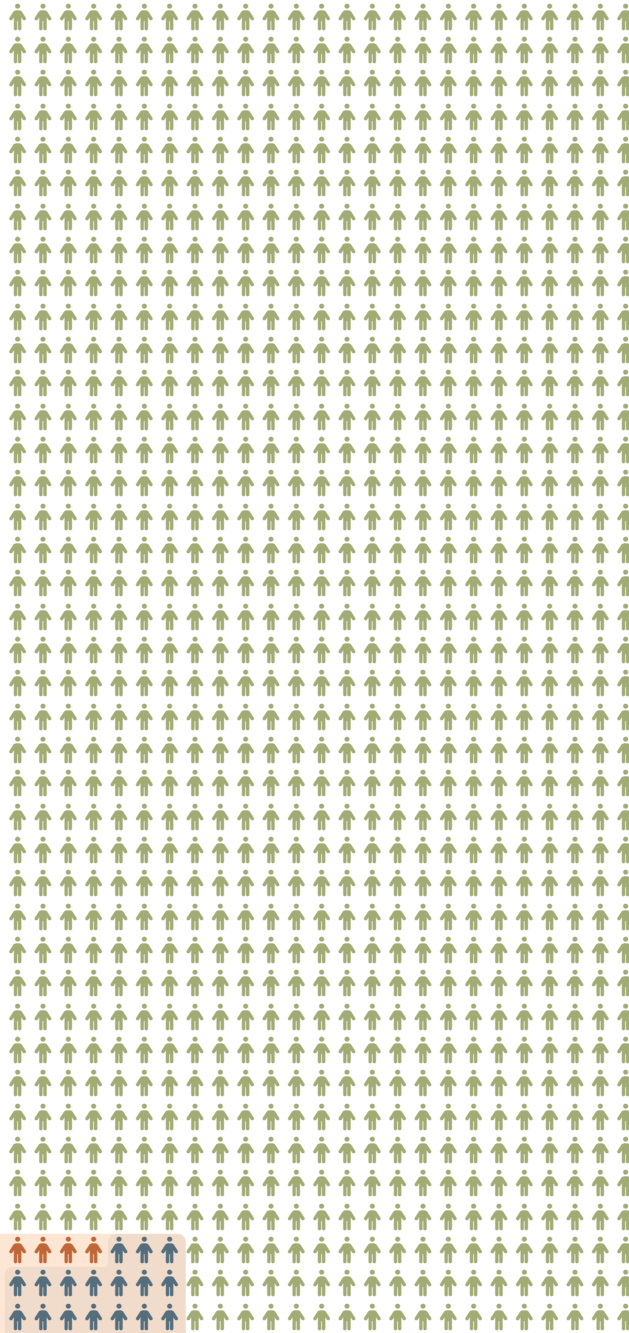


U.S. Department  
of Veterans Affairs

# What are the benefits of lung cancer screening?

**Benefits experienced by people ages 55-74 years who were screened for lung cancer with low-dose CT**

Data represent outcomes after seven years<sup>1</sup>



## You Should Know...

- People who have well above 20 pack-year smoking histories are at even higher risk for lung cancer death and may benefit much more from screening
- Screening does not prevent most lung cancer deaths
- The most important way to lower the chance of developing and dying from lung cancer is to quit smoking

1. Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med.* 2011;365(5):395-409.

**Lung cancer screening should be done every year for maximum benefit**

You may need additional testing if something abnormal is found during screening.

Remember, the best way to prevent lung cancer is to

**STOP SMOKING**

If you currently smoke, talk to your health care team about different ways to quit or call one of the numbers below.

**1-855-QUIT VET**  
(1-855-784-8838)

**OR**

**1-800-QUIT NOW**  
(1-800-784-8669)



- Screening for lung cancer uses a low-dose CT (LDCT) scan
- The scan gives a detailed picture of your lungs
- The scanner is shaped like a doughnut, unlike the tube shape of an MRI machine
- You lie on a table and raise your arms above your head. The table slides into the scanner. You hold your breath for a few seconds during the scan.
  - Done during a single visit
  - No injections, IVs, or dyes
  - Radiology (X-Ray) department does the scan

## What else should I consider in making a decision about screening?

**You should plan on having an LDCT scan every year** until you are no longer eligible.

**Screening is a process.** If the LDCT scan is abnormal, more testing may be needed.

**False alarms are common.** False alarms occur when the LDCT scan shows an abnormality that turns out to not be lung cancer. **About 1 in 4 people have an abnormality on their first LDCT scan.** These are generally less common for repeat screenings than for initial screening. Almost all of those abnormalities will be false alarms.<sup>2</sup>

**When the LDCT scan shows an abnormality,** you might need more imaging or a referral to a lung doctor for additional tests (about 13 in 1000 people screened for lung cancer).<sup>1</sup>

**You may need a tissue sample** to determine if cancer is present. There is a small chance of a significant harm resulting from a biopsy, such as bleeding, infections, or rarely, a collapsed lung (less than 1 in 1000 people screened for lung cancer).<sup>1</sup>

**Incidental findings.** The LDCT scan may also find abnormalities in the lungs, heart, or other body parts unrelated to lung cancer. Your clinician may want to do further testing to evaluate them.

**Radiation exposure.** Your chance of getting cancer from radiation is very low because we use a “low-dose” CT with much less radiation than a standard CT.

**Finding a harmless cancer.** You have a small chance of being treated unnecessarily for a cancer that would never have caused symptoms or become life threatening.

**Some people experience distress.** Feeling stressed or anxious while waiting for your results – or if the results are suspicious for cancer – is normal. Your health care team wants to hear from you if you have concerns about your results so that we can help.

## The Bottom Line on screening for lung cancer

### PROS

Lung cancer screening reduces the risk of dying from lung cancer.  
Finding lung cancers at an early stage when they are more treatable.

### CONS

Many people have false alarms which can be distressing and may lead to extra tests which can have complications.

The goal of screening is to find and treat cancer early with surgery or radiation. Early treatment lowers the chance of dying from lung cancer. If you don't think you would want treatment, it may not make sense to get screened.

Overall, VA experts and others have decided that the pros from screening outweigh the cons for many patients eligible for screening.<sup>3,4</sup> Clinicians and patients should consider each individual's lung cancer risk and general health before deciding on screening.

You should weigh these pros and cons before you decide about screening.

2. Núñez ER, Caverly TJ, Zhang S, et al. Adherence to Follow-up Testing Recommendations in US Veterans Screened for Lung Cancer, 2015-2019. *JAMA Netw Open.* 2021;4(7):e2116233.

3. [https://www.prevention.va.gov/preventing\\_diseases/screening\\_for\\_lung\\_cancer.asp](https://www.prevention.va.gov/preventing_diseases/screening_for_lung_cancer.asp)

4. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

## OTHER QUESTIONS YOU MAY HAVE

### Why not screen everyone who has ever smoked cigarettes?

Screening people who are not at high risk or who are in poor health may cause more harm than good.

### What about exposure to second-hand smoke, burn pits, Agent Orange, asbestos, and other risks?

Current guidelines only take into account a person's age and history of cigarette smoking when deciding whether a person is eligible for lung cancer screening. But other exposures or a history of lung cancer in your family could also affect your personal risk of lung cancer. Talk to your clinician if you are worried about exposures or other risk factors.

## Are there any symptoms of lung cancer that I should watch for?

Lung cancer screening is only for patients without symptoms. If you notice any of the following, you should contact your health care team:

- Have a new cough that doesn't go away
- Notice a change in a chronic cough
- Cough up blood, even a small amount
- Develop shortness of breath or chest pain
- Lose weight without trying

## What is important to you when deciding about screening for lung cancer?

There are many things to think about when considering 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 it to:	Very Important			Not Important	
Lower the chance of dying from lung cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find lung cancer early when it can be treated more effectively?	<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 an abnormal screening test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling stressed or anxious about screening results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being exposed to radiation from screening and other testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being treated for lung cancer that would never have harmed you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You should weigh these pros and cons before you decide on screening. Every person is different; some people will choose to be screened hearing this information, but not everyone will. You should think about how you feel about the pros and cons and talk to your health care team before deciding.