

evidence based guidelines

LUNG CANCER SCREENING

Patient selection (all must be true)

1. Age 50-80 years old
2. No symptoms or personal history of lung cancer
3. Smoking history of at least 20 pack-years
4. Current smoker or quit smoking in the last 15 years
5. Is healthy enough for lung surgery
6. Is willing to undergo curative treatments if recommended

Document a “shared decision making” meeting

1. Review and document the above elements in the chart
2. Discuss Pros: **Reduce (but not eliminate) mortality** from lung cancer
1. Discuss Cons: **False positive results** – “We may stress you out with a false alarm”
Possible need for further testing – “You may need follow-up tests, scans, or biopsies”
Overdiagnosis – “We may find and treat a cancer that would not have been deadly”
Cumulative radiation – The annual scan and follow-up testing all increase exposure
2. Be sure patient understands that smoking cessation is still beneficial, even if screening is normal

Management of results

Category	Descriptor	Explanation	Management
0	Incomplete		Additional CT images and/or comparison to prior studies is required
1	Negative	No nodules or nodules that are definitely benign	Continue annual screening with LDCT in 12 months
2	Benign appearance or behavior	Nodules with a <u>very low</u> likelihood of active CA	Continue annual screening with LDCT in 12 months
3	Probably benign	Nodules with a <u>low</u> likelihood of active CA	6-month LDCT
4a	Suspicious	Findings for which additional testing is recommended	3-month LDCT *
4b			Diagnostic Chest CT and/or biopsy (depending on probability of malignancy and patient comorbidities). *
S	Significant other	Findings vary	Based on specific findings
C	Prior lung cancer		Patient is not appropriate for program

* PET/CT may be used when there is a ≥ 8 mm solid component