



Lung Cancer Screening with Low-dose Computed Tomography

Shared Decision-making Visit: A Guide for Clinicians



Lung Cancer Screening Eligibility Criteria

While the American Cancer Society reviews new scientific evidence to update their annual lung cancer screening guideline, health care providers and people at increased risk for lung cancer are advised to follow the recently updated recommendations of the US Preventive Services Task Force, the American Academy of Family Physicians, or the American College of Chest Physicians. These organizations recommend yearly low-dose CT (LDCT) lung cancer screening only for adults who meet each of the following criteria:

How many pack years have I smoked?

	Number of years smoked
X	Average number of packs* smoked per day
=	Pack years

*1 pack = 20 cigarettes

- **Age:** 50 to 80 years old and in fairly good health (Medicare covers screening up to age 77. Private insurance covers screening up to age 80.)
- **Smoking status:** People who currently smoke or have quit smoking within the past 15 years
- **Tobacco smoking history of at least 20 pack-years:** One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes
- **Asymptomatic:** no signs or symptoms of lung cancer
- **Have completed a shared decision-making visit with their health care provider.** The patient received information about lung cancer screening and has decided to be screened.
- **Have received a written order.** For the initial LDCT lung cancer screening service, the patient must have received a written order for LDCT during a lung cancer screening counseling and shared decision-making visit, furnished by a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Social Security Act).

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

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/or 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.

- **Over-treatment:** 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 over-treatment. It's important for clinicians to counsel patients that while there is considerable uncertainty about the amount of over-treatment, 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, impact of comorbidities, 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 treatment interventions.

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

For more information, visit:

[American Cancer Society Lung Cancer Screening Guidelines](#)

[US Preventive Services Task Force \(USPSTF\)](#)

[American Academy of Family Physicians \(AAFP\)](#)

*Source: <https://www.cancer.gov/about-cancer/diagnosis-staging/ct-scans-fact-sheet> and <https://www.radiologyinfo.org/en/info.cfm?pg=safety-xray>