Lung cancer is the leading cause of cancer death in the United States. Lung cancer begins when abnormal cells in the lung grow out of control. Unfortunately, many times lung cancer does not cause symptoms until it has spread to other parts of the body. However, the most common type—non-small cell lung cancer—can sometimes be cured if it is found early enough.

**Should I be screened for lung cancer?**

You should consider being screened if you have all three of these risk factors:

- 55–80 years old and
- A current smoker or a former smoker who quit less than 15 years ago and
- A smoking history of at least 30 pack-years (this means 1 pack per day for 30 years or 2 packs a day for 15 years, etc.). The more you smoke and the longer you smoke, the higher your risk for lung cancer.

**What is screening?**

- Screening is looking for a disease before a person has any symptoms. Screening helps find lung cancer in an early, more treatable stage.
- Based on research, if a group of 1000 people were screened once a year for 3 years, 3 fewer people in 1000 would die of lung cancer after 6 years. This means that, instead of 21 people, 18 people per 1000 would die of lung cancer.

**Why not screen everyone?**

- There is no proof from research that it is best to screen everyone.
- Screening people who are not at high risk or who are very ill may cause more harm than good. False alarms can lead to more testing and risk of harm.

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

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

**Is there a cost for the screening?**

If you are charged co-pays for your VA visits, you will be charged a $50.00 co-pay for the day you have the low-dose chest Computed Tomography scan (LDCT). Talk with the Lung Cancer Screening coordinator if you are charged co-pays. Scheduling the scan on the same day as another visit may decrease the total charges.
How is screening for lung cancer done?
- We screen for lung cancer using a LDCT scan. This LDCT scan gives a detailed picture of your lungs.
- You will go to the Radiology (X-Ray) department for your LDCT scan. You will lie on a table and raise your arms above your head. Then the table will slide into the scanner. We will ask you to hold your breath for about 20 seconds during the scan.

How often should screening be done?
Based on current research, screening should be done once a year for as long as recommended by your provider.

Is there a down side to screening?
Yes, all screening tests have both pros and cons.

False alarms
- Screening for lung cancer by LDCT scan may find something that is suspicious but, after further testing, turns out not to be cancer. This is called a “false positive.”
- Based on research, in a group of 1000 people screened once a year for 3 years:
  - 365 people would get a false positive result (they didn’t have lung cancer). Most false positive results are resolved with further LDCT testing.
  - 26 people would get a true positive (they did have lung cancer).

Complications of further testing
About 25 of the 365 people who got a false positive result needed to have extra testing that involved putting a tube in the body or having surgery (these are called “invasive procedures”).
- About 3 people out of the 25 people who had an extra test had at least one major complication from the testing or surgery.
- Complications can include bleeding, infections, or rarely, a collapsed lung.

Radiation
Exposure to radiation from LDCT scans increases your risk of cancer by a very small amount. We want to keep your chances of getting cancer from radiation very low. We do that by using “low-dose” CTs that use much less radiation than a standard CT.

Stress/Anxiety
It is normal to feel stressed or anxious while waiting for your results or if you have something that is suspicious for lung cancer. Most patients with suspicious findings are reassured when they learn that most of these are false positives. Your health care team wants to hear from you if you have stress and anxiety about your results so that we can help.

Over-diagnosis
Sometimes screening tests find cancers that would have never caused problems. This is called over-diagnosis. Unfortunately, it is often impossible to tell which cancers fall into this category. So there is a very small chance someone may be treated unnecessarily for a cancer that would not have harmed them.

What is the bottom line on screening?
Overall, there are both pros and cons to lung cancer screening.
- **Pros:** Research shows lung cancer screening reduces the risk of dying from lung cancer.
- **Cons:** This benefit comes at some cost in terms of false positive results, extra tests, and possible complications of these tests.
- It is important that you weigh these pros and cons before you decide on screening. Every person is different; many people will choose to be screened with this information, but not everyone will. You should think about how you feel about the pros and cons and talk to your provider before deciding.

Regardless of your decision about screening, avoiding cigarettes is the most important thing you can do to lower your chance of dying from a variety of diseases, not just lung cancer. Quitting smoking helps with emphysema and heart and vascular diseases as well.

If you are still smoking and need help to quit, talk with your VA health care team and call 1-855-QUIT VET (1-855-784-8838).
Benefits and Harms Experienced by People Ages 55–74 Who Were Screened for Lung Cancer With Low-Dose CT Scans Once a Year for 3 Years as Compared to Those Who Were Not Screened*

**SCREENED** (1000 PEOPLE)

**BENEFITS ADDED by Screening**

18 PEOPLE DIED from lung cancer in a group of 1000 people who are screened. This was 3 FEWER DEATHS from lung cancer compared to the NOT SCREENED group.

**HARMS ADDED by Screening**

365 IN 1000 PEOPLE SCREENED experienced a FALSE POSITIVE result.

25 of those false positive results led to an INVASIVE PROCEDURE.

3 PEOPLE developed a MAJOR COMPLICATION from the invasive procedure.

**NOT SCREENED** (1000 PEOPLE)

21 PEOPLE DIED from lung cancer in a group of 1000 people who were not screened. This was 3 ADDITIONAL DEATHS from lung cancer compared to the group that was screened.

*The benefits and harms were measured after an average of 6.5 years.


Not everyone places the same amount of value on these benefits and harms. Think about how you value the benefits and harms described in this picture.
Making a Personal Decision about Whether to Be Screened for Lung Cancer

Now that you know the pros and cons of lung cancer screening, you may be clear about your decision to be screened, or you may still have questions or concerns. If so, the following two steps can help you to make a decision that is right for you.

1. Explore your options

   • List the reasons to be screened and not to be screened for lung cancer, and think about how much each of these reasons matters to you. Then rate how important each reason is to you.

   **Reasons to be screened or not to be screened**

   **Yes — Be screened for lung cancer:**
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________

   **No — Don’t be screened for lung cancer:**
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________

   **How important is this reason? (0–10 scale)**
   0 = not at all  10 = VERY important

   • Review your ratings and choose one of the following options:
     - Yes — Decide to be screened for lung cancer (*Tell your health care provider*).
     - No — Decide not to be screened for lung cancer (*Tell your health care provider*).
     - Unsure (*Continue to Step 2*)
2. If you checked “Unsure,” think about what you need to reach a decision.

- I need **more information about the risks and benefits of screening**.
  - Review the information provided in this document.
  - List your questions.
  - Talk with your health care team.

- I need to think more about **the reasons to be screened and not to be screened for lung cancer**.
  - Think about the importance you gave to the pros and cons, and the reasons behind your ratings.
  - Talk with Veterans who have been screened for lung cancer.
  - Read stories about others who have made a decision.
  - Talk with others about what matters most to you.

- I need **support** from others to make a decision.
  - Discuss your thinking with a trusted person (for example, friends, family, professionals).
  - Find help to support your choice (for example, transportation, someone to come with me).

- I am **not sure** about the best choice for me.
  - List anything else you need to make your decision.

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**REMEMBER:** The best way to prevent lung cancer is to **STOP SMOKING**. If you are still smoking, talk with your VA health care team and call 1-855-QUIT VET (1-855-784-8838). **WE CAN HELP!**
REFERENCES


2. The Prostate, Lung, Colorectal and Ovarian Screening Trial (PLCO): http://prevention.cancer.gov/plco

For more information, please contact your local VA Medical Center or Health Clinic.

My notes or questions: