



Lung Cancer Screening: Is It Right for Me?

Lung cancer screening is used to find lung cancer before there are any symptoms. When lung cancer is found early, you may have a lower chance of dying from it. But lung cancer screening is not recommended for everyone. Lung cancer screening has both pros and cons. Know your options and talk to your physician or health care team and family.

To make a decision, it is important for you to know:

- Your risk for lung cancer
- The pros and cons of lung cancer screening
- Your options

This will help you decide what is right for you.

What should I know about lung cancer?

- Lung cancer is a serious disease. It happens when abnormal cells in the lung grow out of control. Cancer cells can spread to other parts of the body. This can lead to death.
- Lung cancer is treated with surgery, radiation, and/or chemotherapy.

Lung cancer occurs most often in people who smoke or used to smoke. **If you smoke, the most powerful way to avoid lung cancer is to become tobacco free.** Ten years after you quit smoking, your chance of dying from lung cancer drops by half (50 percent).*

Smoking greatly increases your risk of developing lung cancer, so much so that only people who smoke or have smoked are considered for lung cancer screening (more details follow).



Thinking about becoming tobacco free?

We know quitting can be hard. Kaiser Permanente offers proven strategies to help you become tobacco free, including programs and medication. With the right support, you can double your chance of quitting and staying quit.

Talk to a wellness coach. Call Wellness Coaching by Phone at **1-866-862-4295** to see if an appointment is right for you. Available Monday through Friday, 7 a.m. to 7 p.m. PT.

Take a tobacco cessation class. Be part of a supportive group environment in our Freedom from Tobacco program. **Call your local Health Education Department or visit kp.org/classes** for more information.

Visit kp.org/quitsmoking. Become tobacco free with the online program HealthMedia® Breathe®. Also learn more about taking medication to quit smoking, or use our online tool to see if medication is a good option for you.

*U.S. Department of Health and Human Services. *A Report of the Surgeon General. How Tobacco Smoke Causes Disease: What It Means to You.* Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2010.

What is lung cancer screening and how is it done?

Lung cancer screening is a process that involves the screening test, follow-up testing, and treatment. This sequence of tests and treatments can reduce the risk of dying from lung cancer. Screening is done with a low-dose computerized tomography (CT) scan that creates a detailed picture of your lungs. The CT scan machine is large with a short tunnel. During the scan, you lie on a narrow table that moves in and out of the short tunnel. The amount of radiation from the scan is more than the amount of radiation from a mammogram but less than a regular CT scan.

Who should be screened for lung cancer?

Not everyone should be screened for lung cancer. People at the highest risk of developing lung cancer are the most likely to benefit from screening.

Am I at high risk for lung cancer?

It is important to know your own risk for lung cancer. If you are at high risk for lung cancer, screening may be an option. Your age and smoking history can help you understand if lung cancer screening is for you.

Please answer these questions by circling “yes” or “no”:

1. Do you smoke, or have you quit smoking within the past 15 years? **Yes No**
2. Are you between 55 and 80 years old?
Yes No

3. Do you have a history of at least 30 “pack years”? **Yes No**

– This means you smoke or smoked:

- 1 pack of cigarettes a day for 30 years, or
- 2 packs a day for 15 years, or
- 3 packs a day for 10 years, or
- 4 packs a day for 7.5 years

If you **did not** answer yes to all three questions, screening would most likely not benefit you. If you still smoke, talk to your physician or health care team about quitting smoking.

If you answered yes to **all** three questions, lung cancer screening may be for you. Talk to your physician or health care team about deciding whether screening is right for you. Lung cancer screening may not be right for you, especially if you have other medical problems such as heart problems or severe lung disease, or if you place a high value on avoiding false alarms.

If I am at high risk and I choose to screen, is the test accurate?

Scans are not always accurate in finding lung cancer. A negative test result means there is no cancer in the majority of cases, but “false positives” and “false negatives” can occur.

A **false positive** means the test showed an abnormal (positive) test, when there is no cancer.

- A false positive can lead to unnecessary follow-up tests, worry about the possibility of having cancer, or sometimes unnecessary biopsy or surgery.

A **false negative** means the test showed a normal (negative) test result but there is cancer. The test missed the cancer.

What are the pros and cons of lung cancer screening?

If you are at high risk for lung cancer, it is important to understand the pros and cons of screening before you make a decision with your physician or health care team and family.

Pros

- Screening may help find lung cancer early and can prevent some lung cancer deaths through early diagnosis and treatment.
- Cancer is more likely to be cured if it's diagnosed before symptoms develop.
- If you are healthy, screening is more likely to prevent death from cancer than to cause cancer or other major harms.
- There is a low (1 percent) chance that a positive screening test result will lead to a medical complication as a result of further testing.

Cons

- False positives are common (about 1 of every 5 scans performed).
- False positive tests often require more testing over a period of 1 to 2 years. Most often, this involves having 1 or more repeat scans to make sure that the abnormal finding isn't cancer.
- Very rarely, screening can lead to unnecessary treatment of cancers that would not have caused problems if they had never been found (called over-diagnosis). This can cause anxiety, confusion, and more testing.
- CT scan exposes you to radiation, and there is a low risk of developing cancer from radiation exposure.

What will happen if the test comes back abnormal?

- If the CT scan shows an abnormal (positive) test, this could lead to a repeat CT scan again in 3, 6, or 12 months.
- You may need to visit a lung doctor. If necessary, a physician may need to take a sample of the lung tissue, called a biopsy, to look at it more closely. You may be responsible for your share of the cost.

What does my physician recommend?

If you are at high risk for lung cancer, talk to your physician about your level of risk and whether screening makes sense for you. **Shared decision making** means you and your physician make a decision, together, while considering the best medical evidence and your values and preferences.

Now that you know about lung cancer and the pros and cons of lung cancer screening, the questions on the next page can help you decide whether lung cancer screening is right for you.

How much does lung cancer screening cost?

You may be responsible for your share of the cost. Please call Member Services at 1-800-464-4000 (toll free) for information.

Is screening right for me?

Your values and personal feelings are very important in this decision. Think about what matters most to you, and decide how you feel about the following statements.

I am leaning toward screening because:		I am leaning against screening because:	
<input type="checkbox"/> AGREE	I think I am healthy enough to have aggressive treatment for lung cancer, including surgery and chemotherapy, if I do have lung cancer.	<input type="checkbox"/> AGREE	I do not think I am healthy enough to have treatment to cure lung cancer, including surgery, chemotherapy, or radiation, if cancer is found.
<input type="checkbox"/> AGREE	I accept that I will be exposed to radiation and there is a low risk of developing cancer from radiation exposure.	<input type="checkbox"/> AGREE	I do not want to be exposed to radiation because there is a risk of later developing cancer from radiation exposure, even if it's a low risk.
<input type="checkbox"/> AGREE	I accept that false positives are common, meaning the scan says I may have cancer but I do not. This may result in needless worrying for me and/or my family.	<input type="checkbox"/> AGREE	False positives are common, meaning the scan says I have cancer but I do not. This may result in needless worrying for me and/or my family.
<input type="checkbox"/> AGREE	I want to do all I can to detect lung cancer early.	<input type="checkbox"/> AGREE	Screening may result in needless harm and cost to me.

What is my action plan?

Deciding whether lung cancer screening is right for you can be a hard decision. Having an action plan will help you get one step closer to making a decision. One or all of these may be included in your action plan:

- I will talk to my physician or other health care professional about quitting smoking.
- I will quit smoking.
- I will talk to my physician or other health care professional about lung cancer screening.

Where am I with my decision?

Whether you decide that lung cancer screening is for you or not for you, it is important to talk to your physician or health care team to help you make a decision. Circle the sentence that best describes where you are with your decision.

I do not want screening

I am leaning away from getting screened

I am undecided

I am leaning toward getting screened

I want lung cancer screening