

Lung cancer is the leading cause of cancer death among men and women in the western world. More people die of lung cancer than of breast, colon, and prostate cancers **combined**. Until recently there was no proven screening method that could reduce your chances of dying from lung cancer.

Recent research demonstrated that screening with low dose Computed Tomography (CT) scans in people with high risk can reduce the risk of dying from lung cancer by 20%. The scans are done once a year using a low dose of radiation to take images of your lungs. This makes low dose CT one of the most effective screening tests available when used in the proper way.

More information is available in a special web page designed to help you determine if screening is right for you. <http://www.ShouldIScreen.com>

Who is considered to have high risk for developing lung cancer?

Current or former **heavy tobacco users** (smoked the equivalent of a pack per day for more than 20 years) between the ages of 50-77 are considered to be highest risk eligible for lung cancer screening. People outside this range may be at risk, but it is best to discuss screening with a doctor before considering this test.

What is the definition of “heavy” tobacco use?

For the purpose of lung cancer screening this is defined as someone who used the equivalent of 20 “pack-years”. This means that the person smoked 1 pack of cigarettes every day for 20 years (or a half pack-per-day for 40 years etc.).

I quit smoking, am I still at risk?

If you have quit, congratulations! You have already taken **the most important, and most effective step** toward reducing your chances of dying from lung cancer. Your risk to develop lung cancer remains elevated, **but decreases significantly**, after you stop smoking. If you quit more than 15 years ago, we do not recommend screening for lung cancer. If you have not quit using

tobacco, your doctor can help you quit for good. Our screening program is tightly coordinated with our smoking cessation program. We will help you develop and follow up on a plan to quit. Stopping smoking is the most effective way to reduce your chances of dying from lung cancer.

Why not screen everybody?

Screening people who don't have symptoms for any disease has risk. Most of the risk from lung cancer screening comes from finding abnormalities that are not cancer but require further testing to prove that. Medical tests such as more scans, biopsies, and even surgery and radiation exposure from imaging may have side-effects or complications. For people with high risk, these tests are necessary, but for those with a lower risk of lung cancer, the risks of screening may not be justified.

What abnormalities do you look for?

The CT scan identifies Lung "nodules". These are very common. Up to 50% of people will have a lung nodule, and less than 4% of these are lung cancer.

How do you determine if a nodule is not cancer?

In the vast majority of people with a lung nodule, the most appropriate test is simply to repeat the CT scan every 4-6 months for at least 2 years to show it has not grown. The time interval for the scans and the length of follow-up period may change depending upon the nodule's appearance.

Does insurance cover the cost of lung cancer screening?

For now, most insurance plans do offer coverage for lung cancer screening in eligible individuals. People who want to undergo screening should check with their health insurance provider if they are concerned about this.

What do I do if I am interested in being screened?

Your doctor can give you a referral, or you can contact the University of Michigan Lung Cancer Screening Clinic directly by phone at (248) 305-4400, or by e-mail Lung-Cancer-Screening@umich.edu.

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan

Author: Douglas Arenberg MD

Patient Education by [University of Michigan Health](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 02/2022