

# Lung Cancer Screening

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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 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 image 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 smokers between the ages of 55-77 are considered to have high risk to develop lung cancer. Others may be at risk but for people outside this range it is best to discuss screening with a physician before considering this test.

## **What is the definition of “heavy” smoker?**

A heavy smoker is someone who used the equivalent of 30 pack-years. This means that the person smoked one pack of cigarettes every day for 30 years.

## **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 for 10-15 years 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 smoking, 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 radiologic 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 we 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 5% of these are lung cancer.

### **How do we prove 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 two 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 nodules appearance.

### **Does insurance cover the cost of lung cancer screening?**

For now, most insurance plans do offer coverage for lung cancer screening in properly selected 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](mailto:Lung-Cancer-Screening@umich.edu).

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