

Lung Cancer Screening: Should I get screened?

What is lung cancer screening?

Lung cancer screening is a test that looks for cancer before you have symptoms. It helps detect lung cancer in an early stage when it's more likely to be curable.

How is cancer lung screening done?

The only recommended screening test for lung cancer is low-dose computed tomography (also called a low-dose CT scan, or LDCT). The amount of radiation used is lower than a regular CT scan, but higher than a chest X-ray. During the scan, you lie on a table and an X-ray machine uses a low amount of radiation to make detailed images of your lungs. The scan only takes a few minutes and is not painful.

Should I get this screening?

Lung cancer screening is only recommended for people who are at the highest risk for lung cancer.

If you have **all** of the following risk factors, you should think about screening:

- Currently smoke or quit smoking within the last 15 years.
- Have a smoking history of at least 20 pack-years. This means smoking one pack a day for 20 years, or 2 packs a day for 10 years, or any combination that equals smoking a pack a day for 20 years.
- You are between 50 and 80 years old.

Even if you have all of these risk factors, lung cancer screening still might not be right for you. If you have other medical conditions, like heart problems or severe lung disease, that will make lung surgery dangerous for you, you might decide not to be screened.

What are the benefits of screening?

Screening helps find lung cancer early when it's easier to treat. This could lower your chance of dying from lung cancer. Studies show that in 1,000 people who have screening every year for 6 years, about 3 lives are saved.

Are there harms from this screening?

LDCT screening has some possible harms that are important to consider when you think about whether it's right for you.

- **Radiation exposure:**

The amount of radiation from a single LDCT scan is very low, but you would need to have a scan every year (even if your scans are normal) until you reach the age of 80 or have gone 15 years without smoking, whichever comes first.

- **False positive results:**

The screening CT scan results may suggest that you have cancer when you don't. This is called a false positive. Around 1 in 4 people who get screened will have a false positive result that needs further testing to rule out cancer. This can cause anxiety, unnecessary follow-up tests, and possibly surgery. Two out of 100 people with false positive results might need a biopsy. This is when a piece of lung tissue is removed by inserting a needle through the chest wall or through a scope into the lungs.

- **False negative results:**

The screening CT scan results may sometimes appear to be normal even when there is a lung cancer. This is called a false negative. About 1 in 6 lung cancer scans will miss finding cancer. This could mean that you miss getting lung cancer treatment early when it's smaller and easier to treat.

- **Incidental findings:**

The screening CT scan sees other parts of the body, not just the lungs. Sometimes this can show abnormalities that may need follow-up testing or treatment. These are called incidental findings. About 6 out of 100 initial screening CT scans show an incidental finding.

How do I decide whether to have lung cancer screening?

Think about the advantages and disadvantages of screening. Talk to your doctor about your complete medical history. Together, you can decide if lung cancer screening is right for you.

What can I expect after screening?

If your screening CT scan is normal, you will receive a letter in the mail within two weeks. If an abnormality is found, you will be contacted with more information and next steps. Most abnormal findings won't be cancer, but still need follow-up. This might be having another CT scan in 3 to 12 months. Sometimes people need a biopsy or other procedure. A lung specialist will talk with you to help decide what's right for you.

Is screening a covered benefit?

Most people who meet the specific screening guidelines have coverage for lung cancer screening once every 12 months. This doesn't include follow-up tests or diagnostic exams that might follow screening.

Check your coverage agreement or call Member Services at 1-888-901-4636 to find out what your benefit plan covers for lung cancer screening and any additional diagnostic testing that might be needed.

What's the bottom line on screening?

It's important that you weigh the benefits and harms before you decide on screening. Every person is different. Many people will choose to be screened with this information, but some won't. Think about how you feel and talk with your doctor before deciding.

No matter what you decide about screening, stopping smoking is the most important thing you can do to lower your chance of dying from many diseases, not just lung cancer. Quitting smoking helps lower risks of emphysema and asthma, as well as heart and vascular diseases.

If you need help quitting:

- Talk with your health care team
- Call our Quit for Life® Program at 1-800-462-5327.
- Check here for more support resources:
<https://healthy.kaiserpermanente.org/washington/health-wellness/addiction-and-recovery/tobacco-resources>

References

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American Lung Association: <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/resources/what-to-expect-from-lung-cancer-screening>