

The Importance of Screening for Lung Cancer

Lung cancer is the deadliest form of cancer. Early detection through screening may help improve your patients' chances of survival¹

The Importance of Detecting Lung Cancer Early

PREVALENCE IN THE UNITED STATES¹

~25%

of all cancer deaths are attributed to **lung cancer**, making it the **leading cause of cancer death** among men and women

The American Cancer Society's estimates for lung cancer in the United States for 2021 are¹:

235,760

new cases of lung cancer (119,100 men and 116,660 women)



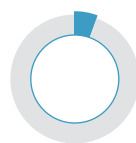
131,880

deaths from lung cancer (69,410 men and 62,470 women)

THE SIGNIFICANCE OF APPROPRIATE SCREENING FOR LUNG CANCER

High-risk patients who receive low-dose computed tomography (LDCT) screening may be **20% less likely to die from lung cancer when compared with chest radiography alone.**²

Because survival is directly related to the stage of cancer at diagnosis, annual LDCT screening is recommended for patients with high-risk factors.^{2,3} See Patient Eligibility Determination on the next page.



5.7%

of eligible high-risk lung cancer patients received LDCT screening in 2019⁴



compared with **63%**

of average-risk breast cancer patients in 2018⁵

Encourage Your Patients to Get Screened^{6,7}

1 DETERMINE THE PATIENT'S ELIGIBILITY

- In 2021, the US Preventive Services Task Force updated lung cancer screening recommendations. These recommendations nearly doubled the pool of eligible high-risk patients by:
 - **Lowering the age** to begin screening from 55 years of age to 50 years of age
 - **Reducing the length** of smoking history from 30-pack years to 20-pack years
- Encourage eligible patients to get screened for lung cancer with LDCT every year

2 DISCUSS ALL RELATED ISSUES WITH PATIENT

- Describe the pros and cons of screening
- Stress the importance of quitting smoking and getting annual scans

3 DETERMINE THE NEXT STEPS

- If the patient agrees to the screening, document the discussion and the patient's decision in the patient's medical record and provide a written order for the LDCT scan
- If the patient declines, document the discussion and the patient's decision in the patient's medical record
- Schedule a follow-up visit if the patient is unsure

Early detection of lung cancer is vital. Once symptoms develop, the cancer has likely reached an advanced stage^{2,3}

Patient Eligibility Determination

HIGH-RISK PATIENTS⁶



Are **50 to 80 years of age**



Currently smoke or **have quit** in the past 15 years



Have at least a **20-pack-year** history of smoking (patients who have smoked 1 pack a day for 20 years or 2 packs a day for 10 years)

HOW TO CALCULATE PACK-YEARS^{8,a}

$$\boxed{} \times \boxed{} = \boxed{}$$

Average number of packs smoked per day Number of years smoked Pack-years

^a20 cigarettes =1 pack.

AAFP APPROVES NEW USPSTF GUIDELINES⁹

Less than a month after the **USPSTF** issued its final recommendation statement, the **AAFP** announced that **all practices** should recommend that patients who meet the updated criteria be screened for lung cancer with LDCT yearly.

Patient Engagement: Encourage Shared Decision-Making

Be sure to involve and engage your patient in any decisions regarding screening and surgery. Here are a few important points to discuss^{1,8}:



BENEFITS OF SCREENING

- Screening can lead to **early diagnosis**, which improves the chances of survival

POTENTIAL RISKS OF SCREENING



- **False-positive** readings may lead to unnecessary follow-up tests or procedures
- **Overdiagnosis**, where screenings lead to treatment for lung cancer that would never have caused symptoms or harmed the patient
- **Cumulative radiation exposure** (from screening and testing)



USE THE TEACH-BACK METHOD

After discussing options with your patients, ask them to share their thoughts or ask questions to ensure they have understood what has been discussed.¹⁰ Remind patients that quitting smoking remains the best way to reduce the risk for lung cancer.⁸

Shared decision-making may be the best approach when deciding on screening or treatment⁸

AAFP = American Academy of Family Physicians; USPSTF = US Preventive Services Task Force.

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