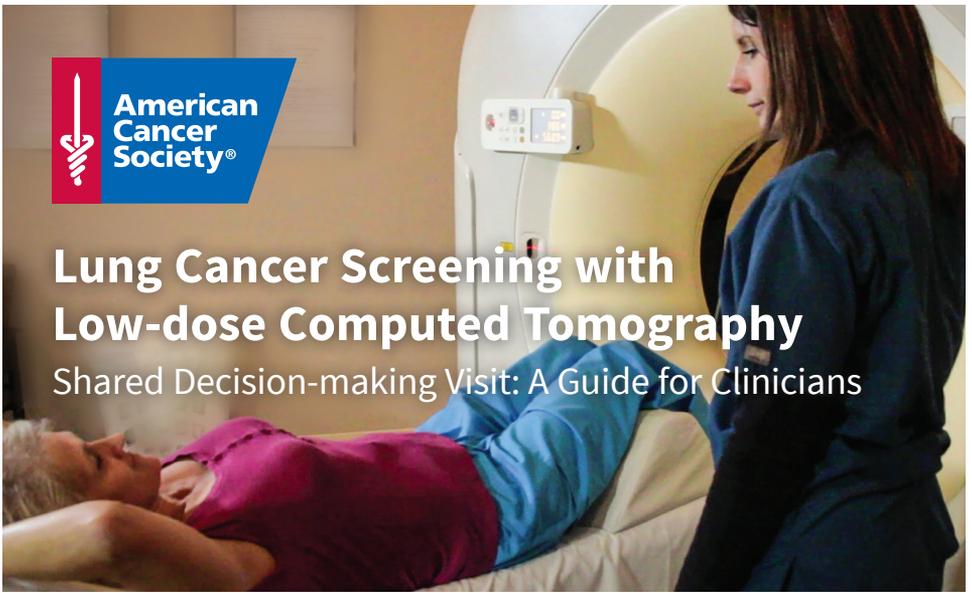




American  
Cancer  
Society®

# Lung Cancer Screening with Low-dose Computed Tomography

Shared Decision-making Visit: A Guide for Clinicians



## Lung Cancer Screening Eligibility Criteria

The American Cancer Society recommends yearly low-dose CT (LDCT) lung cancer screening only for adults at **higher risk of the disease who meet each of the following criteria:**

- **Age:** 55 to 74. Medicare covers screening up to age 77.
- **Smoking status:** current smoker or one who has quit smoking within the past 15 years
- **Tobacco smoking history of at least 30 pack-years** (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
- **Asymptomatic;** no signs or symptoms of lung cancer
- **Completed a shared decision-making visit** with their health care provider. The patient received information about lung cancer screening and has decided to be screened.
- **Receives a written order** *For the initial LDCT lung cancer screening service:* the beneficiary must receive a written order for LDCT during a lung cancer screening counseling and shared decision-making visit, furnished by a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Social Security Act).

### How many pack years have I smoked?

	<input type="text"/>	Number of years smoked
<b>X</b>	<input type="text"/>	Average number of packs* smoked per day
<hr/>		
<b>=</b>	<input type="text"/>	Pack years

\*1 pack = 20 cigarettes

## Required elements of the shared decision-making visit (in addition to determination of eligibility)

### Explain to patient what to expect from LDCT screening. Include:

- **Follow-up diagnostic testing:** Lung nodules are common in smokers and may be found during the exam. Additional observation and/or testing may be necessary, but most patients who are called back will not be determined to have lung cancer. A small number of people will need a biopsy, but this is not common. A small number of people who have a biopsy may have a complication, but this is rare.
- **Over-treatment:** Lung cancer screening may find a lung cancer that may not cause symptoms or require treatment during the patient's lifetime. Patients may ask questions about over-treatment. It's important for clinicians to counsel patients about lung cancers that can be lethal if not treated.
- **Radiation exposure:** LDCT exposes patients to a small amount of radiation. The dose is equal to the normal amount of environmental radiation people experience over a 6-month period. Experts have judged the benefits of screening to outweigh significantly the very small chance that annual CT exams (over many years) could cause cancer to develop.
- **Adherence to annual lung cancer LDCT screening:** Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment
- **Smoking abstinence or intervention:** Counseling on the importance of maintaining cigarette smoking abstinence if a former smoker or the importance of smoking cessation if a current smoker and, if appropriate, furnishing information about tobacco cessation interventions
- **Impact of comorbidities** and counseling on patient's ability or willingness to undergo diagnosis and treatment.

If patient meets eligibility criteria and agrees to be screened, a written order for LDCT lung cancer screening must be obtained.

### For more information, visit:

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>

American Cancer Society Lung Cancer Screening Guidelines

Overdiagnosis in low-dose computed tomography screening for lung cancer.

Patz EF Jr, Pinsky P, Gatsonis C, et al; NLST Overdiagnosis Manuscript Writing Team. JAMA Intern Med. 2014;174:269-274.