Screening is a test used to detect lung cancer before any symptoms appear. Screening with low-dose CT (LDCT) scans can reduce deaths in those at high risk. Below are key points you may want to use in discussion with your patients who may be at risk for lung cancer or are worried about their risk for lung cancer.

Remember: The best way to prevent lung cancer is to never smoke or stop smoking now. If your patients are still smoking, talk to them about ways you can help them quit. Visit Lung.org/stop-smoking for helpful resources.

Q: Who is a good candidate for lung cancer screening?

A: If a patient meets the following criteria, they are considered to be at “high risk” for developing lung cancer and screening is recommended:

- 55-80 years of age
- Have a 30 pack-year history of smoking (this means 1 pack a day for 30 years, 2 packs a day for 15 years, etc.)
- AND, are a current smoker, or have quit within the last 15 years

There is insufficient evidence at this time that other groups benefit from screening, however your clinical judgment is always relevant.

A note on insurance coverage:

Many, but not all, private insurance plans will cover lung cancer screening for individuals who meet the high risk criteria above without cost-sharing, and Medicare will cover screening for individuals 55-77 who meet the high risk criteria. However, health plans may require prior authorization or charge patients if the facility or provider is “out of network.

Be sure to advise your patient to check with their insurance plan for screening coverage and for any additional procedures—there may be other costs associated even if the actual screening is free and to ask for any cost estimates in writing. Ask the referral facility doing the LDCT scan to carefully and clearly explain to your patient all the costs that they may incur and not just the cost of the LDCT scan alone. Recommend your patients use the Lung Cancer Screening Insurance Checklist as guidance.
A "positive" result means that the low-dose CT scan shows something abnormal. This is usually a nodule of a concerning size. Your patient may need to have additional scans or other procedures to find out exactly what it is. You and the team of experts should discuss all possible treatment options with the patient, including clinical trials.

A "negative" result means there were no abnormal findings at this time on this scan. You should discuss when and if your patient should be tested again.

There may also be an "indeterminate" result and you and the expert team will recommend watchful follow-up and further imaging at a later time.

Whatever the result, if your patient is still smoking, talk to them about ways to help them quit.
Q: Where can I get more information about lung cancer and lung cancer screening?

A: The American Lung Association has a variety of lung cancer screening resources for patients and healthcare professionals. Visit SavedByTheScan.org or call the Lung HelpLine at 1-844-ALA-LUNG for more information.