

## **LUNG CANCER SCREENING PROGRAM**

### **Frequently Asked Questions**

#### **1) What is the Jefferson Lung Cancer Screening Program?**

The Lung Cancer Screening Program is a comprehensive evaluation offered by the Jefferson Department of Medicine, Division of Pulmonary and Critical Care Medicine. In addition to the low dose CT scan of the chest, it includes a physical examination by a pulmonologist (a lung doctor), a breathing test, review of the CT scan by a radiologist, smoking cessation counseling, and free parking. We will also ask you to return for two (2) follow-up CT scans, one each year for the next two years.

#### **2) Who is eligible for the program?**

To participate in the program, employees must be between the ages of 55 and 74, have a history of smoking at least 30 packs a year and do not have any symptoms of lung cancer. If you have already quit smoking, you must have done so in the past 15 years.

#### **3) How do I schedule my appointment?**

To schedule an appointment, call the Lung Cancer Screening Program at 1-800-JEFF-NOW.

#### **4) How much will the program cost?**

The cost for the program is being waived for all employees and is being covered by the Department of Human Resources as part of our LiveWell@Jeff wellness program. Co-pays may still apply for your office visit.

#### **5) How and why do you screen for lung cancer?**

The results of national and international trials have shown that screening people at high risk for lung cancer with computed tomography (CT) scans can detect a high percentage of lung cancers at early stage, when the disease is most curable. According to some reports, CT screening can find about 95% of lung cancers. This capability is the key to reducing lung cancer deaths. To date, no other method of screening for lung cancer has been found to be effective.

#### **6) How does a CT scan work?**

Unlike a chest x-ray which produces flat, 2-dimensional images of the lungs, a CT scanner can explore the entire volume of the lungs by taking a continuing series of x-rays in a spiral around the chest. The images taken by a CT scanner can be examined on a computer in "slices" and reconstructed in 3-dimensions giving information that is far more detailed.

**7) Am I at risk for lung cancer?**

Overall, one in fourteen adults will be diagnosed with lung cancer. Smoking is by far the biggest risk factor. The degree of risk increases with the number of years the person smoked and the number of packs a day.

An important consideration for screening is whether the level of individual risk is high enough for screening to be of benefit. If you are over 55 and smoked the equivalent of a pack a day for 30 years (or three packs a day for ten years), your risk for lung cancer is high enough to be screened.

**8) What is my risk of lung cancer if I used to smoke?**

Over half of lung cancers are being diagnosed in former smokers. The longer you have stopped smoking, the lower your risk of developing lung cancer. If you have not stopped by ages 45-50, you will remain at a level of risk high enough to benefit from screening for at least 15 years after you quit.

**9) Should everyone including non-smokers be screened for lung cancer?**

No. To date, we only know that CT screening for lung cancer can reduce lung cancer deaths in a high-risk population of current and former smokers over the age of 55.

**10) Will screening encourage smokers to continue to smoke?**

There is no scientific evidence to support this. In fact, screening may help people quit. There is good evidence that most smokers have tried several times to stop without success and that lung cancer screening is a good time to help them be more successful.

Getting a clear scan can give reassurance that it is not too late and become the moment when information on how to quit would be most meaningful. Thus, screening may help provide a teachable moment for those who still smoke.

**11) What if my CT scan is “abnormal”?**

The goal of screening is to diagnose a cancer at an early stage when it is most treatable and curable. CT scanners can “see” tiny lung abnormalities that may be concerning for lung cancer. That does not mean that the findings are definitely cancer.

Determining whether findings are cancer or not, may require further testing. Only a small percentage will prove to be cancer. Examples of abnormal findings are enlarged lymph nodes near the lung, a lesion in the airway or a pulmonary “nodule” (a spot on the lung).

Further testing may include a diagnostic CT scan, PET scan, bronchoscopy, lung biopsy, or thoracic surgery.

**12) Is CT screening covered by insurance?**

CT scans to diagnose lung cancer in a person with symptoms are covered by Medicare and most insurance companies. However, CT scans to screen a person without symptoms for lung cancer are not yet covered by Medicare or most insurance companies. The cost of the comprehensive program here at Jefferson is \$350 and is being covered by Jefferson's LiveWell@Jeff wellness program for all employees.

**13) Do I need a referral from my primary care physician?**

No, but we encourage you to speak to your primary care physician about our screening program. You do need an order from a physician to obtain a CT scan. This is why we have you register as a patient of Jefferson Pulmonary Associates before obtaining your CT scan.

**14) What can I expect during a low-dose CT scan?**

A low dose CT scan is a comfortable, painless procedure with no contrast dye. You will be asked to lay on a table for 5 minutes. If your clothing is free of buttons or zippers from the waist up, you won't even have to change clothes.

**15) What is the radiation exposure risk associated with CT scans?**

It is important to realize that the low dose CT (LDCT) used for screening delivers a much lower dose of radiation than a regular diagnostic CT scan. In addition, the benefit of finding a treatable cancer using a CT scan appears to outweigh the radiation exposure risk of the procedure. As a comparison, a chest x-ray delivers 0.1 milligrays (mGy), a mammogram 0.7 mGy and LDCT 1.5 – 2.0 mGy.

**16) Will a normal CT scan guarantee that you will never get lung cancer?**

No. A clear CT scan now will not guarantee that you will not get lung cancer in the future. This is why the Jefferson Lung Cancer Screening Program will ask you to have a CT scan annually for the next two years, in addition to your first scan. Even then, if all of imaging is normal, we encourage you to see your primary physician regularly for routine physicals.

**17) My husband has smoked 2 packs a day for 50 years. I am 72. May I participate in the screening program?**

No. To date, it is unclear whether the risk of second hand smoke exposure is high enough for screening to be of benefit. While you do not meet the requirements for the Lung Cancer Screening Program, you should discuss all of your risk factors and concerns with your primary physician. Or if you do not have a primary physician, the lung doctors at Jefferson would be happy to discuss your lung health with you.

**18) How afraid or anxious should I be?**

Participating in a screening process frequently increases anxiety in people undergoing the tests. After all, the reason for an individual enrolling in a screening program is anxiety about dying of cancer. However, the anxiety or fear experienced before and during cancer screening is generally considered a reasonable trade off for the benefit obtained from screening.

**19) Why should I choose Jefferson?**

Our Lung Cancer Screening Program is the first in the Delaware Valley to offer this unique service to individuals at high risk for lung cancer. We are conveniently located and offer easy access to experts in pulmonary medicine, oncology, thoracic surgery and radiology. If cancer is found, we have the ability to seamlessly refer you for appropriate follow-up.