

Lung Cancer Screening with Low Dose Chest CT scan



Lung Cancer: The number one cause of mortality from cancer worldwide.

Lung Cancer is the leading cause of **cancer death** among men and women worldwide. In 2013, the United States Preventative Services Task Force (USPSTF) gave lung cancer screening a grade B recommendation based on the results of the National Lung Screening Trial. AAMC's Lung cancer screening program began in 2012. To date the program has screened over 6600 patients and diagnosed 100 lung cancers.

Population	Recommendation	Grade
Adults Ages 50-80 years who have a 20 pack-year smoking history and currently smoke or quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B

Lung Cancer in the US:

- Estimated 235,760 new cases will be diagnosed in 2021
- Estimated 131,880 deaths will occur in 2021
- Overall 5-year relative survival rate is 21%



Lung Cancer Screening is underutilized.

Although lung cancer screening is the standard of care, it is underutilized. It is estimated that in the US, only 10% of eligible patients are screened. Lack of screening or delays in screening can lead to poor outcomes and lower survival rates for patients. The 5-year survival rate is 63% when diagnosed in a localized stage but drops to 7% in distant stages (American Cancer Society). After a review of AAMC's internal data over a 5-year period, more than 45% of patients diagnosed with Stage 3 and 4 cancers would have been eligible for lung cancer screening and likely diagnosed at an earlier stage.

Who is eligible for Lung Cancer Screening?

The USPSTF recently updated the guidelines (3/9/21) for Low Dose Chest CT scan (LDCT) for Lung Cancer Screening for anyone who meets **all** of the following criteria: between the ages of 50-80, at least a 20 pack year history (# of packs per day x # of years) and either is a current smoker or has quit within the last 15 years. Patients should be asymptomatic at time of screening and be healthy enough to undergo treatment. If there is any question about whether someone meets the eligibility criteria, you can contact AAMC's lung cancer screening program coordinator at 443-481-5838.

Criteria for lung cancer screening with LDCT:

- Age 50-80
- 20 pack year history
- Current smoker or has quit within the last 15 years

*Because lung cancer can develop at any time screening must be done **yearly** for **current smokers** and **until reaching 15 years of abstinence** in **former smokers**.



How much radiation is the patient exposed to with LDCT?

The average radiation exposure from LDCT is around **1.5 millisieverts**. This can be up to 90% less than a regular CT scan and is the equivalent of about 15 chest x-rays.

Learn more about Radiation and Sieverts:

<https://www.youtube.com/watch?v=vRYwUPBZ-J4>



Shared Decision Making to screen for lung cancer is important.

Prior to a baseline scan, providers should have a shared decision-making conversation with patients covering the risks and benefits of screening. We recommend www.shouldiscreen.com as a resource to help you talk to your patients.



Is it covered by insurance?

Currently, Medicare and many private insurance companies cover the cost of screening for the majority of eligible patients (however, only up to the age of 77). Patients should always check with their insurance prior to the scan to verify coverage, deductibles, and eligibility. Call 443-481-5838 if you identify a patient who needs screening but has insurance coverage issues or financial strain.



What billing codes should I use?

- G0296 – Counseling visit to discuss need for LDCT using LDCT scan (service is for eligibility determination and shared decision making)
- 71250 – LDCT for lung cancer screening



What documentation is needed in my notes and on the order?

Be sure to include: Age/Date of Birth, Pack years, Current smoking status, and how many years since quitting for former smokers. In addition, document that the patient is asymptomatic of lung cancer and for baseline scans be sure to include that shared decision-making conversation occurred.



What is the Rapid Access Chest and Lung Assessment Program (RACLAP)? How can it help?

RACLAP is a multidisciplinary, rapid assessment team that can assist you in consultation and care coordination for patients with abnormal chest findings including those identified by lung screening.

Call **443-481-5881** and AAMC's thoracic nurse navigator will assist you with your needs.



Smoking Cessation resources. "It is important to your health that you quit now; I can help"

Smoking is the leading cause of preventable mortality and morbidity. Luminis Health offers a variety of programs and resources to help individuals quit tobacco through our Nicotine Dependence Program. Your patients can call our experienced specialists at 443-481-5366 (AAMC) or 301-552-7915 (DCMC).

Patients can also call **1-800-QUIT NOW** (1-800-784-8669) to access the Maryland Quitline.

These resources provide access to free counseling and nicotine replacement treatment if needed.



Additional Resources: https://www.cdc.gov/cancer/lung/basic_info/screening.htm

Luminis Health Lung Screening Program **443-481-5838**

Rapid Access Chest and Lung Assessment Program (RACLAP) **443-481-5881**

One Call Care Management **443-481-5652**