Where there’s smoke, there could be cancer.

Talk to your doctor about a lung scan.

VCU Health™
What is lung cancer and how common is it?

Cancer begins when cells in a part of the body start to grow out of control, in turn creating abnormal cells. Cancer cell growth is different than normal cell growth. Instead of dying, cancer cells continue to grow and form new, abnormal cells. Lung cancer is one of the most common cancers in the world. It is the leading cause of cancer death in both men and women in the United States. Lung cancer is expected to claim more than 158,000 lives in 2015 in this country alone.

How do I know if I am at risk for lung cancer?

Persons with a history of cigarette smoking have an increased risk for lung cancer. The more cigarettes smoked per day, and the earlier a person started smoking, the greater their risk for lung cancer. This level of risk increases with exposure to pollution, radiation and asbestos.

How do I know if I should undergo a lung cancer screening?

High-risk persons eligible for a lung cancer screening CT include current or former cigarette smokers between the ages of 55-77 years who smoked at least one pack of cigarettes per day for 30 years or the equivalent thereof or who have stopped smoking within the past 15 years.

What is lung cancer screening? What is the benefit?

This screening chest CT scan is used to detect underlying medical conditions and assist in diagnosing at an earlier stage, improving the treatment effectiveness and options. The images will be reviewed for the presence of lung nodules, masses or other abnormalities suspicious for lung cancer as well as other findings of potential clinical importance.

Is there any clinical support for the use of lung cancer screening with chest CT?

The National Cancer Institute (NCI) announced in November 2011 the results of the National Lung Screening Trial (NLST)—the largest randomized study of lung cancer screening in high-risk persons to date—that low-dose lung cancer screening chest CT has the potential to positively impact hundreds of thousands of individuals’ lives. The trial, sponsored by the NCI and conducted by the American College of Radiology Imaging Network (ACRIN), showed that high-risk persons who received annual (one per year) low-dose CT screens had a 20 percent lower risk of dying from lung cancer than participants who received standard chest x-rays. Since the release of that report, at least 40 major medical societies and organizations have endorsed LDCT (low-dose CT) for the early detection of lung cancer. Notable societies and organizations include the American Lung Association, American College of Chest Physicians, American Society of Clinical Oncology,
National Comprehensive Cancer Network, American Cancer Society, Lung Cancer Alliance and the American Association of Thoracic Surgery. More recently, the United States Preventive Services Task Force and the Centers for Medicare and Medicaid Services have also recommended the use of low-dose CT for the early detection of lung cancer in high-risk individuals.

How is the lung cancer screening test performed?
The screening test is performed with a low-dose spiral (helical) CT. The CT scanner rotates around your body, while you lie still on a table that passes through the center of the scanner. The CT scan provides detailed images of the inside of your body, made by a computer that combines the x-ray images taken from different angles. The screening CT can be performed with a single, short breath-holding and takes less than 7-15 seconds.

How much radiation will I receive during the screening chest CT?
The amount of radiation associated with the low-dose screening chest CT is a fraction of that used with a standard chest CT. The amount of radiation used with current CT scanners is very small and poses a negligible risk for causing cancer. Exposure to high doses of radiation can create a small increased risk of developing some forms of cancer.

How good is the screening chest CT in detecting possible lung cancer?
Oftentimes the screening study detects spots (nodules) in the lungs. Spots are very common and in 96% of cases these are not cancer. No test or screening is 100% accurate, and there are limitations within the screening study. It is possible that this screening chest CT exam may reveal findings that mimic or are suspicious for lung cancer when indeed you do not have lung cancer. This is called a false positive. In such cases, you may have to undergo additional imaging tests and/or a biopsy. It is also possible that you may have an underlying medical condition, including lung cancer, that goes undetected on this screening chest CT. This is called a false negative.

Who will be interpreting the results of the lung cancer screening chest CT?
A thoracic radiologist, a radiologist with advanced training who specializes in the diagnosis of diseases of the chest cavity (thorax and lungs). Radiologists are physicians who performs and interprets diagnostic imaging tests and interventional procedures or treatments that involve the use of X-ray, ultrasound, and magnetic resonance imaging equipment.

How will I and my referring health care provider learn of my results?
After the radiologist reviews and interprets your screening chest CT, these results will be shared with your referring health care provider, and be available for you to review via myVCUhealth (patient portal). The thoracic radiologist will then work with your referring provider to determine the best course of action for you.

Will my insurance plan, Medicare or Medicaid pay for the cost of the screening CT?
Screening LDCT is covered under traditional Medicare. For commercial insurance, some carriers are covering LDCT. With individual commercial insurance and coverage, you should personally contact your insurance carrier. If your insurance does not cover this screening, payment arrangements will need to be made prior to having the screening CT scheduled to be performed.
Can anyone help me stop smoking?

We know it can be very difficult to “kick the habit.” We have a dedicated team of smoking cessation experts available for consultation upon request.

Additional information and resources to quit smoking:

Patricia Cafaro, Nurse Practitioner
Clinical Director & Cessation Counselor
patricia.cafaro@vcuhealth.org
(804) 828-4968

Quit Now Virginia: 1-800-784-8669
quitnow.net/virginia
Free phone assistance

National organizations:

The National Cancer Institute
1-800-4-CANCER
nci.nih.gov

The American Lung Association
1-800-LUNG-USA
lung.org

The American Heart Association
1-800-242-8721
heart.org