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WHAT IS LUNG CANCER SCREENING?

- Yearly low dose lung CT scan for those who are eligible.
- LDCT may be done more often to follow up on concerns seen on a screening exam
- Covered by Medicare/insurance companies under "screening"

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HISTORY OF LUNG CANCER SCREENING

NLST 2011

	LDCT	CXR
Positive screening test	24.2 % Nodule >=4 mm	6.9 % Any non calcified nodule
False positive	96.4 %	94.5 %
Incidence of LC per 100,000 person years	645	572
Number of deaths from LC per 100,000 person years	247	309

1960s: Chest Xray:

No mortality difference

• 1970s: Chest Xray + Sputum

No benefit by adding sputum cytology

1990s: Low Dose Lung CT

better than CXR at detecting cancer

· Limitations- mortality benefit not determined

2011-National Lung Screening Trial-

Low Dose Lung CT scan

showed a 20% reduction in mortality over CXR

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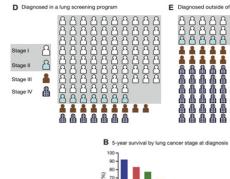
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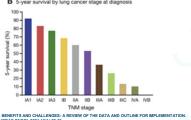
IMPORTANCE OF ADDRESSING LUNG CANCER & SCREENING

Lung Cancer is 3rd most diagnosed cancer in US.

More people die of lung cancer each year than colon, breast, and prostate cancers combined.

80% of detected cancers from the lung cancer screening program are Stage 1 and 2. Only 26% of lung cancers diagnosed otherwise are Stage 1 and 2.





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ELIGIBILITY FOR LUNG CANCER SCREENING

Allina Eligibility Guidelines In accordance with 2021 USPSTF guidelines:

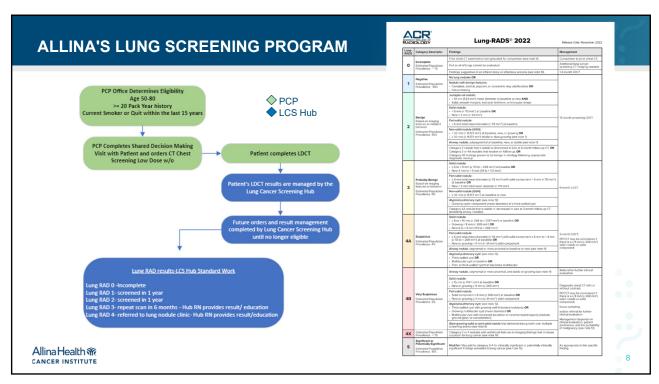
- Age 50-80 years and
- 20 pack year history of smoking (example: 1ppd x 20yrs or 0.5ppd x 40 years) and
- Currently smoke or have quit within the past 15 years
- Other considerations- would this patient be a good candidate for curative lung surgery?

Barriers to LCS

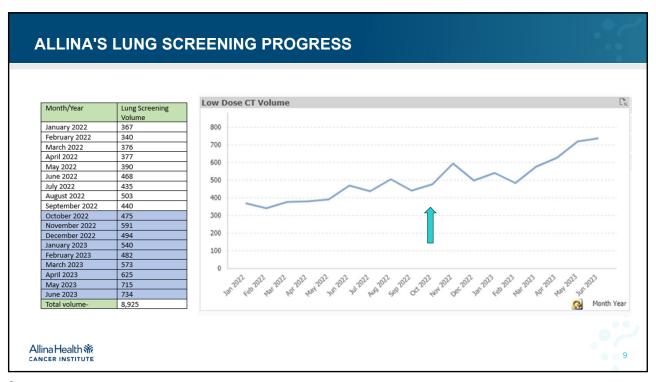
Lack of awareness of mortality benefits Concern for radiation exposure Stigma and nihilism Sex and socioeconomic status Race Awareness, perception, cost, access

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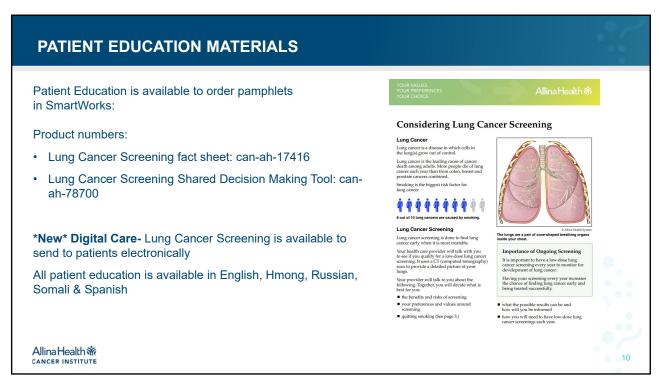
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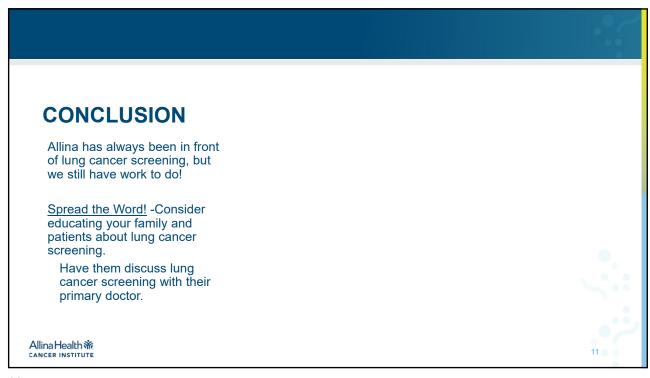
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