

Stigma & Nihilism

The social stigma and nihilism that surround lung cancer can affect a patient's decision to be screened and can be a reason some patients do not seek treatment. With recent treatment advances, survival has improved at all stages.

Providers should keep stigma and nihilism in mind when discussing risk, screening, a diagnosis, or treatment options with patients.

Ensure a compassionate treatment environment, with empathetic communication that provides encouragement to lung cancer survivors, their families, and caregivers.



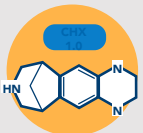
CTLS is Not an Alternative to Cessation

Providers should utilize cessation resources to assist patients including the Treating Tobacco Use & Dependence Clinical Practice Guideline, Tobacco Treatment Specialists for in-depth counseling, 1-800-QUIT-NOW, BecomeAnEx.org, Smokefree.gov, LiveHelp.cancer.gov, and QuitterinYou.org.

7 FDA-Approved Tobacco Cessation Medications



Bupropion SR



Varenicline



Gum



Lozenge



Inhaler



Nasal Spray



Patch

Lung Cancer Screening

The first and only screening test recommended for early detection of lung cancer is computed tomography lung cancer screening, or CTLS.

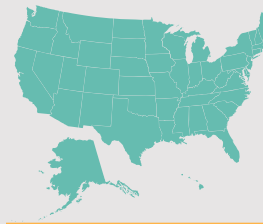
- Effective for diagnosing lung cancer at early stages
- CTLS reduces lung cancer deaths by 20-33%
- Covered by insurance for eligible¹ individuals (see coverage panel for details)
- Should be repeated annually while eligible for greatest benefit
- Recommended only for those who are "high-risk"
- New Lung Cancer Screening permanent CPT code is 71271 (replaced G0297)



85% Early diagnosis can be achieved up to 85% of the time in screen-detected lung cancers.

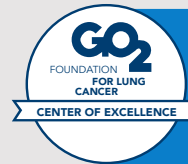
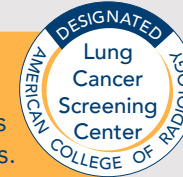
Among those early-stage cancers, the cure rate approaches **80%**.

Where To Refer Patients Who Agree To Be Screened



CTLS should be performed at a facility with special expertise in lung cancer screening, diagnosis, and treatment.

The American College of Radiology (ACR) website lists imaging centers designated as Lung Cancer Screening Centers.



The GO2 Foundation for Lung Cancer also accredits facilities as Screening and Care Continuum Centers of Excellence.

What Should You Do After Abnormal CTLS Results?

Review ACR Lung-RADS™ for follow-up of abnormal results

Manage Incidental Findings
Find tools at lucatraining.org.

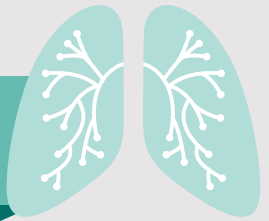
Refer all patients for treatment evaluation after diagnosis, regardless of stage.
Most lung cancers at Stage I can be treated with surgery alone, and some at Stage III and IV can have 5-year survival with combination therapy.

Provide Survivorship Care
Collaborate with oncology specialists regarding comorbidities, side effects, and other cancer screenings during and after cancer treatment.

Visit www.lucatraining.org for information about a free CME/CE online course, webinar series, and other resources.

WHAT EVERY PRIMARY CARE PROVIDER SHOULD KNOW ABOUT

LUNG CANCER



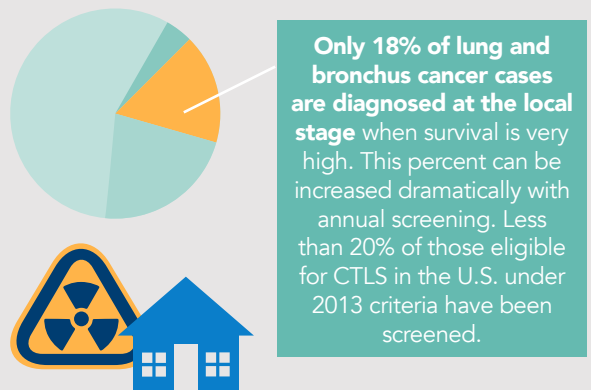
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Lung Cancer is the Leading Cause of All Cancer Deaths

Low-dose computed tomography lung cancer screening (CTLS) scans can vastly improve survival rates. Use of CTLS was first recommended by the U.S. Preventive Services Task Force (USPSTF) in December 2013, and CMS coverage for the procedure began in February 2015.

Lung & Bronchus	131,880
Colorectal	52,980
Breast	44,130
Prostate	34,130

More deaths than colorectal, breast, and prostate cancers combined = 131,240



Radon Exposure: #2 Cause

Radon is a naturally occurring radioactive gas that results from the breakdown of uranium in the ground and can accumulate to high levels of concentration in homes and other buildings.

- 20,000+ LC deaths per year related to radon
- #1 cause of lung cancer among nonsmokers
- Radon is only detected with testing and high levels can be mitigated
- Approx. 1 in 15 homes has a high radon level
- Elevated radon + smoking = exponential risk
- Providers should recommend that patients test their homes (free test kits available)

New Lung Cancer Screening Recommendation & Coverage

On March 9, 2021, the USPSTF updated its lung cancer screening recommendation to lower age and pack-year requirements. Private insurance and Medicaid expansion plans must reflect this change in plan years that begin one year after the new recommendation was published.

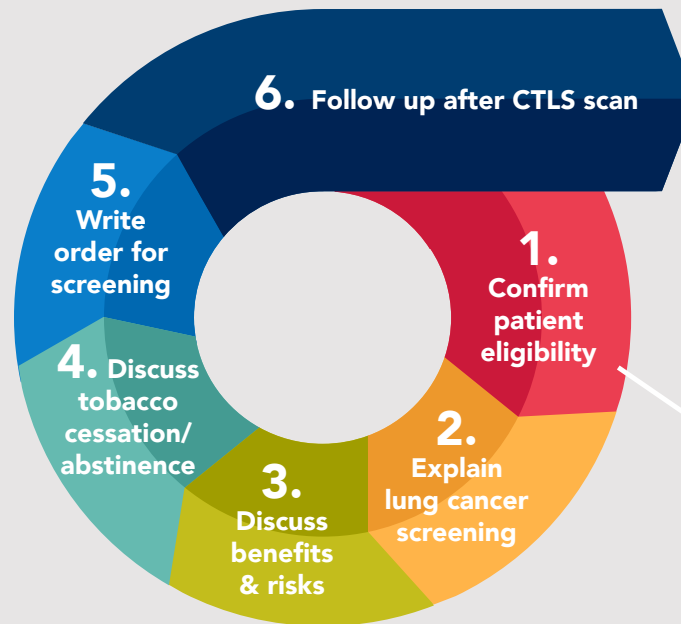
It is important to check with the insurer to verify the patient's coverage before ordering CTLS, as some patients may not be covered until 2022-2023. See table for details.



	2021 USPSTF Criteria ¹	2013 USPSTF Criteria ²	CMS Coverage Criteria ³
Age	50-80 years old	55-80 years old	55-77 years old
Smoking History	Currently smoking or quit smoking within the last 15 years		
Pack Years⁴	20 Pack Years	30 Pack Years	30 Pack Years

- ¹ The expanded population may not be covered until 2022-2023 depending on their insurer.
- ² Private insurance coverage for annual CTLS based on 2013 USPSTF Recommendation.
- ³ Centers for Medicare & Medicaid Services (CMS) coverage eligibility criteria to be documented in a written order for lung cancer screening. The patient must also be asymptomatic for lung cancer.
- ⁴ Pack year = # of years smoking x # of packs per day.

Manageable Steps for Primary Care Providers⁵



Negative / Benign Scans (80-90%)

- Write order for repeat scan 12 months from exam, if still eligible

Positive Findings (10-15%)

- Write order for a nodule CT 3-6 months after screening CT

Suspicious Findings (~5%)

- Discuss findings with patient and provide referral to specialist

Significant Incidental Findings

- Follow-up as necessary

Only 75 patients

out of a typical 2500 patient load will be eligible for CTLS⁶

3%

⁵ Information provided by Rescue Lung Rescue Life
⁶ Based on initial 2013 USPSTF screening criteria and related coverage

Lung Cancer Screening Shared Decision Making

Patients with Medicare or Medicare replacement plans are required to have a shared decision making (SDM) and counseling visit prior to the baseline screening study, which should also include tobacco cessation if the patient is currently smoking. **SDM is reimbursed (G0296)** and can be billed on the same day as a sick person or well person visit with the 25 modifier.

BENEFITS

- **Effective for LC diagnosis at early stages** when there are more treatment options & greater chance for cure
- **Scan is non-invasive, painless, and performed during a single breath-hold**
- **Covered by insurance if eligible¹**
- **Low-dose CTLS requires 1/4 the radiation of a conventional chest CT scan**
- **<10% chance nodule is found that is not cancer** (managed mainly with imaging follow up)
- **May detect other significant medical conditions** (including non-lung cancers)

RISKS & LIMITATIONS

- **False positives** (similar to mammography)
- **Possible biopsy or surgery** (<2%)
- **Possible procedure complications** (0.06% if not diagnosed with lung cancer)
- **Potential overdiagnosis** (3%)
- **Cumulative radiation exposure** (relative risk is low given age and smoking history of those screened and other underlying conditions, such as COPD and cardiovascular disease)