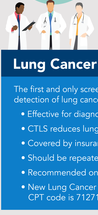
WHAT EVERY PRIMARY CARE PROVIDER SHOULD KNOW ABOUT

LUNG CANCER

It's the Leading Cause of All Cancer Deaths Nationally

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.



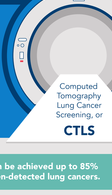
Source: American Cancer Society, Cancer Facts and Figures 2021

Only 18% of lung and bronchus cancer cases are diagnosed at the local stage when survival is very high. This percent can be increased dramatically with annual screening. Less than 20% of those eligible for CTLS in the U.S. under 2013 criteria have been screened.

Lung Cancer Screening

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

- Effective for diagnosing lung cancer at early stages
- CTLS reduces lung cancer deaths by 20-33%
- Covered by insurance for eligible individuals[1]
- Should be repeated annually while eligible
- 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%. **80%**

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.

	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 Years	20 Pack Years	30 Pack Years	30 Pack Years

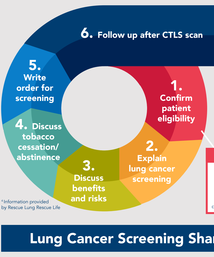
Pack Year = # of Years Smoked x # of Packs Per Day

Example: 10 years smoking x 2 packs/day = **20 pack years**

Example: 20 years smoking x ½ pack/day = **10 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.

Manageable Steps for Primary Care Providers[4]



[4]Information provided by Rescue Lung Rescue Life

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 CTLS[5]

3%

[5] based on CTLS criteria with current coverage by CMS & most private insurance

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	RISKS & LIMITATIONS
Effective for LC diagnosis at early stages when there are more treatment options & greater chance for cure	**False positives** (similar to mammography)
Scan is non-invasive, painless, and performed during a single breath-hold	**Possible biopsy or surgery** (<2%)
Covered by insurance if eligible[1]	**Possible procedure complications** (0.06% if not diagnosed with lung cancer)
Low-dose CTLS requires 1/4 the radiation of a conventional chest CT scan	**Potential overdiagnosis** (3%)
<10% chance nodule is found that is not cancer (managed mainly with imaging follow up)	**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)
May detect other significant medical conditions (including non-lung cancers)	

What Can You Do About Lung Cancer Stigma?

The social stigma that surrounds a lung cancer diagnosis can affect a patient's decision to be screened and can be a reason some patients do not seek treatment for lung cancer. Stigma is something providers should keep in mind when discussing risk, screening, a diagnosis, or treatment options with patients, because of its impact on many levels.

Individual Level - Survivors feel self-blame and distress.

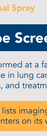
Interpersonal Level - Blame and conflict among families & social groups.

Organizational Level - Some providers may undertreat lung cancer or fail to refer survivors to resources.

Community Level - Survivors can feel isolated and judged as others try to disassociate themselves from the dreaded illness.

Policy Level - The shortage of lung cancer survivors to advocate for their unique interests leads to neglect, indifference, or lack of research funding.

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



Radon Exposure: #2 Leading Cause of Lung Cancer

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+
Lung cancer deaths per year related to radon

- Leading cause of lung cancer among nonsmokers
- Only detected with testing (kits at health departments, state radon programs, or home improvement stores)
- U.S. EPA action level = 4 pCi/L (picocuries per liter of air) - mitigation recommended at or above this level
- EPA estimates one in every 15 homes has a high radon level
- Elevated radon + smoking = exponential risk
- Providers should recommend to patients that they have their homes tested

CTLS is Not an Alternative to Cessation

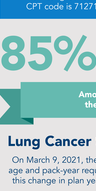
Providers should utilize cessation resources to assist patients including the Treating Tobacco Use & Dependence Clinical Practice Guideline, Tobacco Treatment Specialists for in-depth counseling, 1-800-QUIT-NOW, BecomeAnEx.org, Smokefree.gov, LiveHelp.cancer.gov, and QuitterinYou.org.

7 FDA-Approved Tobacco Cessation Medications

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) lists imaging centers designated as Lung Cancer Screening Centers on its website.



The GO2 Foundation for Lung Cancer also lists imaging centers accredited as lung cancer Screening Centers of Excellence on its website.

What to Do After Abnormal Results

1. **Review ACR Lung-RADS™ for follow up of abnormal results.**
2. **Incidental findings**
   Find tools at www.lucatraining.org.
3. **Refer to an Oncology Specialist**
   Refer all patients diagnosed with lung cancer to an oncology specialist regardless of stage. With many recent treatment advances survival has improved at all stages.
4. **Provide Survivorship Care**
   Collaborate with oncology specialists regarding comorbidities, side effects, and other cancer screenings during and after cancer treatment.

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