Helpful support resources for smoking cessation:

- **Online and phone support**
  - BecomingAnEx.org (EX) is a free, easy and confidential online quit smoking program that helps smokers “re-learn” life without cigarettes. Based on personal experiences from ex-smokers as well as the latest scientific research, it will show you a whole new way to think about quitting.
  - 1-800-QUIT-NOW www.smokefree.gov
  - 1-877-STOP www.becominganex.org

- **Classes**
  For more information on WellStar’s smoking cessation classes, call 770-956-STAR (7827).

- **Medication**
  Your physician may prescribe medications that can help reduce your nicotine cravings. You may also find over-the-counter gums and patches helpful. Medications are often more effective when combined with other treatment and behavior therapies.

For more information or a free Smoking Cessation Resource Kit, contact the lung screening coordinator at 470-793-4032 or email Vickie.Buckler@wellstar.org.

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1 Pack year is calculated by multiplying the amount of cigarette packs smoked per day by the number of years smoked. For example, someone who smokes 1.5 packs daily for 20 years would be a 30 pack year smoker (1.5 x 20 = 30).


4 Lung Cancer Alliance, 2014. Understanding Series: Lung Nodules


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**Lung Cancer Screening**

**Decision-Making Guide**

For questions, or to schedule a lung cancer screening, please call 470-793-4AIR (4247).

Is lung cancer screening right for me? Screening is recommended for people who are most likely to develop lung cancer. There are pros and cons to screening, so speak with your doctor about starting a screening program if either one of these groups describe you:

- **A)** Age 55-80 with a 30-pack year smoking history and currently smoke or quit less than 15 years ago; or
- **B)** Age 50 and over with a 20-pack year smoking history of smoking and one of the following additional risk factors:
  - Exposure to cancer-causing agents such as, but not limited to: silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes, nickel, coal smoke, soot or radon.
  - History of COPD or pulmonary fibrosis
  - History of cancer
  - Family history of lung cancer

The United States Preventive Services Task Force recommends screening stop once a person has not smoked for 15 years or develops a health problem that limits life expectancy or the ability to have curative lung surgery. You must be in general good health and willing to undergo a tissue biopsy and treatment if a lung cancer is suspected.

If you do not fall within these recommendations for screening, you may still be at high risk for developing lung cancer. You should discuss your risk factors with your healthcare provider to decide whether screening would be reasonable for you.

Screening for lung cancer uses a low-dose CT scan of the chest to help find cancerous lung nodules. Most people with early-stage lung cancer do not have any symptoms, which is why screening is important. Lung cancer is also highly curable if found early.

Screening is not a one-time test. It’s a process of repeat chest CT exams to look for suspicious lung nodules that develop or change over time. The exam uses a low-radiation dose chest CT or “CAT Scan” which is quick and painless and does not involve any needles or intravenous dye.

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4 Lung Cancer Alliance, 2014. Understanding Series: Lung Nodules


Is lung cancer screening covered by insurance?

For screening to be covered by insurance, you must not have any systems cancers (such as a chang ing cough, new shortness of breath, chest pain, fever, or unexplained weight loss and you must be eligible for screening based on your smoking history and either currently smoke or quit less than 15 years ago.

If you have Medicare, a Shared Decision-Making visit with your healthcare provider is required. Medicare also requires that during this visit, your clinician document and discuss with you:

• The benefits and harms of screening
• The importance of adherence to annual screening
• Your current health and willingness or ability to undergo a tissue biopsy and treatment if cancer is suspected
• The importance of not smoking

Your insurance provider will require a completed order form (found in this booklet). The order form must be complete and include your smoking status and pack years. Exams not covered by insurance are available through WellStar's self-pay program for $222.22.

What should I know about screening?

Like most medical procedures, the potential benefit from screening must be balanced with its inherent risks and limitations. Considering the lifetime probability of developing lung cancer is 1 in 14 people, and the 5-year fatal stage survival rate is 1-5%, the risks of screening high-risk people through an organized program are generally considered to be minimal compared to the benefits of early detection.

Benefits

CT screening has now been proven to find lung cancer when it is smaller and more curable. In the absence of screening, the large majority of cancers found are advanced-stage, while for those found with screening, the large majority are early-stage, and early-stage cancers are highly curable.

Risks and limitations

• False alarms
• Screening may find something suspicious, leading to further testing that ultimately turns out not to be cancer. This is called a “false positive.”
• Complications of further testing

Most of the time, the additional tests are repeat CT scans, however, occasionally more invasive procedures such as a bronchoscopy or biopsy may become necessary. Some invasive procedures can lead to complications like a collapsed lung or, rarely, even death.

How do I prepare for the exam?

This test uses a low-dose of radiation and will expose you to less than 1.5 millisieverts (mSv). This is much less radiation than a conventional chest CT scan, which would expose you to about 7—10 mSv. To put this in perspective, the average person in the U.S. is exposed to about 1 millisievert (mSv) per year. By comparison, natural background radiation every year exposes you to about 7–10 mSv. This is much less radiation than a conventional chest CT scan, which would expose you to about 7–10 mSv. To put this in perspective, the average person in the U.S. is exposed to about 1 millisievert (mSv) per year.

Stress/anxiety

It is normal to feel anxious while waiting for your results. Most patients with findings on their scan that require additional testing are reassured when they learn that most of the findings turn out to be benign and of no concern. If you experience stress or anxiety over your results, you should talk with your doctor or the lung cancer screening coordinator, who can help.

Over-diagnosis

Sometimes screening tests find cancers that are very slow-growing and would have caused no problems. This is called over-diagnosis. There is a small chance someone may be treated for a cancer of this type, which had it been left alone, would not have harmed them.

• No guarantee early detection will avoid death

This screening cannot detect all lung cancers and cannot guarantee early detection will avoid dying from lung cancer. In lung cancer found early, death rates from lung cancer can be as high as 15% after 5 years, much lower than after 5 years, much lower than 5 years.

How will it take to get the results?

Results will be mailed to you and your physician within one week. If you use our active WellStar MyChart app, results will be posted within 3–5 days. If a lung cancer is suspected, you will be contacted by telephone and immediate arrangements will be made for your physician to specialize in lung cancer treatment to meet with you. Ask your WellStar physician’s office or call 470-793-4414 to sign up for MyChart.

My screening shows I have a lung nodule. Should I be concerned?

You should not be overly concerned if your report indicates you may have a lung nodule. Who is most eligible for screening will have some. Nodules are very common — about 50% of people have them by age 50, and 30% of people by age 70.

Although a large majority of these nodules are benign, they will need to be followed over time and monitored for changes or growth.

How often should I have a lung cancer screening?

For those at risk, screening should be done once a year. Depending on the findings, some patients may have more or less exams.

I’ve never smoked, or quit years ago. Am I at risk for lung cancer?

Smoking is the leading cause of lung cancer, however, it is not the only cause. Statistics show one in five women and one in 10 men diagnosed with lung cancer never smoked. The longer you have stopped smoking, the lower your risk of lung cancer is. Smoking does not damage to the lungs, so the increased risk of lung cancer never totally resolves. In addition, exposure to other people who are smoking (second-hand exposure) is also a risk factor.

I currently smoke and want to quit. Quitting smoking is the single best thing you can do to improve your health. In addition to lowering your risk of lung cancer; however, smoking does permanent damage to the lungs, so the increased risk of lung cancer never totally resolves. In addition, exposure to other people who are smoking (second-hand exposure) is also a risk factor.

By signing this order, you are certifying that:

1) Smoking status: ____ Current ___ Former, quit year: __________ ___ *Never
2) Smoking pack years: 29 pack years or less 29 pack years or less
2) 3) ___ * If never smoker, patient must be willing to enroll in a lung screening research study through the lung screening program.

Indication for Exam: Lung Cancer Screening

ICD10: Z87.891

Lung Cancer Screening

ICD10: Z87.891

To be completed by a physician. Please fax order to 470-793-4045.

M.D. Signature: __________________________

M.D. Printed Name: ______________________

M.D. Office Phone: ________________________

Radiation

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