



## Lung Cancer Screening

Lung cancer is the leading cause of cancer-related deaths among both men and women. Survival in lung cancer is directly related to stage at the time of diagnosis. Unfortunately, three-fourths of patients with lung cancer present with advanced local disease or metastasis.

Screening has the potential to detect earlier cancers and therefore increase the cure rate, as well as allow more limited surgical resections. Through the National Lung Screening Trial, low dose computerized tomography (LDCT) has emerged as the most effective tool in high risk populations. These studies are done without contrast and generate high resolution images with a fraction of the radiation exposure compared to standard chest CT scans.

### Who should we screen?

- Age 55-77
- Tobacco smoking of at least 30 pack-years
- Current cigarette smoker or one who has quit within the past 15 years
- Asymptomatic (i.e. if there are symptoms or physical findings suggestive of lung cancer then a standard CT chest would be more appropriate)
- Annual screening recommended until no longer meets these eligibility criteria

### What do I do with the results?

All LDCTs are interpreted by standards established by the American College of Radiology and placed in to specific categories (Lung-RADS). Recommendations based on these categories are listed below.

Category	Descriptor	Probability of Malignancy	Recommended Follow Up
1-Negative	No nodules or only benign calcified or fat-containing nodules	<1%	Continue annual screening

2-Benign appearing	Nodules with very low likelihood of becoming a clinically active cancer due to size or lack of growth	<1%	Continue annual screening
3-Probably benign	Also has low likelihood of becoming clinically active cancer, probably benign. Shorter term follow up suggested	1-2%	Diagnostic CT of the chest in 6 months
4A, 4B, 4X Suspicious	Findings for which additional diagnostic testing or tissue sampling is recommended	4A: 5-15% 4B or 4X: >15%	Referral to pulmonologist for evaluation and testing
Other findings	Non-lung cancer related findings that may be clinically significant	N/A	Incidental findings that may require follow up or treatment or referral to other services

## Reminders

- Patients need to be aware that LDCT may detect not only cancers but benign nodules that lead to further testing, imaging and possibly surgery
- Lung cancer screening requires an ongoing commitment from both patient and practitioner to adhere to annual screening
- Prevention, rather than screening, is the most effective strategy for reducing the burden of lung cancer. Continue to counsel your patients in regard to smoking cessation!

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## Contact Us

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