

## 20% of lung cancer deaths are preventable: Here's what you can do

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Well-informed lung cancer screening recommendations for high-risk patients offer them the best hope to catch the disease early, providing the best chance for effective treatment.

Primary care physicians have a major role to play in preventing lung cancer deaths. At very early stages, the disease is typically asymptomatic and only discernable by imaging, with patient history as the decisive factor in a screening recommendation.

CME created by the American College of Radiology, the first specialty society content collaborator of the AMA Ed Hub™, addresses screening with low-dose computed tomography (LDCT)—the only recommended method—that can provide very early detection.

The CME module, “Lung Cancer Screening: From Science to Practice,” is available for a maximum of 15 AMA PRA Category 1 Credit™.

The AMA Ed Hub, an online platform, brings together high-quality CME, maintenance of certification, and educational content—in one place—with engaging learning activities. Learners can read, listen, or watch activities in one place, on any device. The platform also offers consolidated credit tracking and automatic reporting of CME and maintenance of certification to some state and specialty boards.

### Know the numbers on lung cancer

The statistical evidence on the disease is striking, particularly the importance of diagnosing it at the earliest stage possible. LDCT screening is key and, in high-risk patients, reduces lung cancer-specific mortality by 20%. Here are some other notable statistics.

Lung cancer causes about 160,000 U.S. deaths a year. That's greater than the toll of the next three most common cancers—colon, breast and prostate—combined.

Only about 30% of lung cancer cases are diagnosed early. The five-year survival rate for the lowest stage—1A—is 73%.

Most patients are diagnosed at a far less treatable, later stage of the disease. The five-year survival rate for patients at advanced-stage lung cancer is less than 10%.

Smoking is responsible in about 90% of cases. Radon exposure causes most of the others.

## Understand who should be screened

While tobacco smoking is clearly the main cause, not every past or present smoker should be screened. Here are criteria from the CME's highlighted recommendations.

The module starts with guidance from the U.S. Preventive Services Task Force. Annual LDCT screening is recommended for “asymptomatic adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit smoking in the past 15 years.” A pack-year is pack-a-day smoking over that period. Screening stops after the patient has not smoked for 15 years.

Medicare coverage rules are somewhat more limited than the USPSTF recommendations. Annual LDCT screening is covered for current smokers or those who quit within the past 15 years, 55 to 77 years of age, with a history of at least 30 pack years.

The National Comprehensive Cancer Network factors in nonsmoking risks. The NCCN calls for annual LDCT screening for those 50 to 74 with a 30 pack-year history, at fewer than 15 years of smoking cessation. Alternately, annual screening at 50 years or older with a 20 pack-year history and one additional risk factor, for example, occupational or radon exposure.

The module covers when it may not be appropriate to screen. That applies to patients with substantial comorbid conditions, especially at the high end of the age range for screening; or patients unlikely to complete curative treatment either due to limited life expectancy due to medical conditions or those unwilling to undergo curative surgery.

## Be ready with answers for patients

Shared decision-making with patients is fundamental. Among well-selected patients who are at high risk, screening benefits outweigh the risks.

The module includes concise lists of potential risks and benefits of screening.

In addition to screening insights and recommendations, the CME covers how to recognize nodule characteristics that lead to suspicion of lung cancer or benignity; implementation of management strategies of indeterminate nodular findings; and how to provide a structured report for lung cancer screening.