## The Decision: Should I Screen for Lung Cancer?



This decision aid is to help you think about the pros and cons of lung cancer screening, so you can make the right choice for you.

Lung cancer can occur without symptoms in the early stages and it can grow quickly.

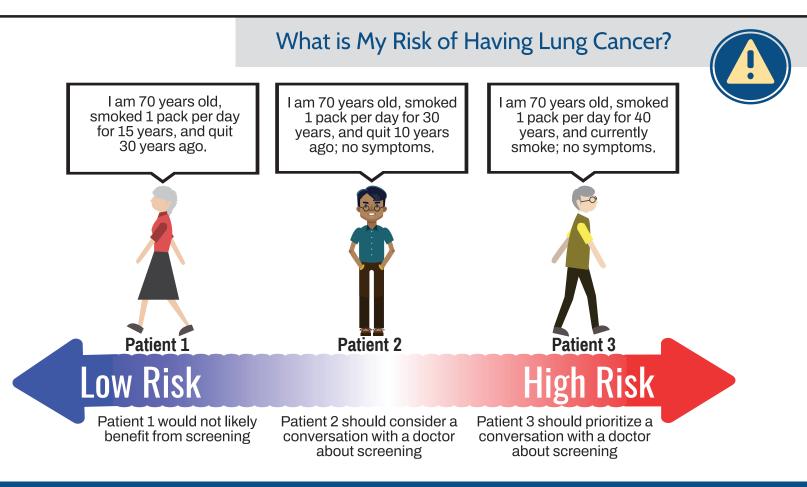
The goal of lung cancer screening is to find lung cancer early, so that it can be treated and cured.

Screening for lung cancer uses a low-dose CT or CAT scan to take pictures of your lungs. It takes about 10 minutes, it is painless, and you keep your clothes on during the process

## Am I Eligible for Lung Cancer Screening?

To be eligible you must meet all of the following:

- 1 You are 50 77 years old
- 2 You smoked at least a pack per day for a total of 20 or more years, or 2 packs per day for a total of 10 years (1 pack = 20 cigarettes)
- 3 You currently smoke or quit less than 15 years ago
- 4 You do not have symptoms of lung cancer (coughing up blood, unexplained weight loss people with these symptoms need different testing)



Free online risk calculator: <u>https://shouldiscreen.com</u> More in-depth information: <u>https://effectivehealthcare.ahrq.gov/decision-</u> <u>aids/lung-cancer-screening/patient.html</u>

## What Are the Pros and Cons of Screening?



While this can be stressful to think about, finding lung cancer early can **reduce the risk of dying**.

Screening can give you peace of mind

Screening is painless and requires no preparation

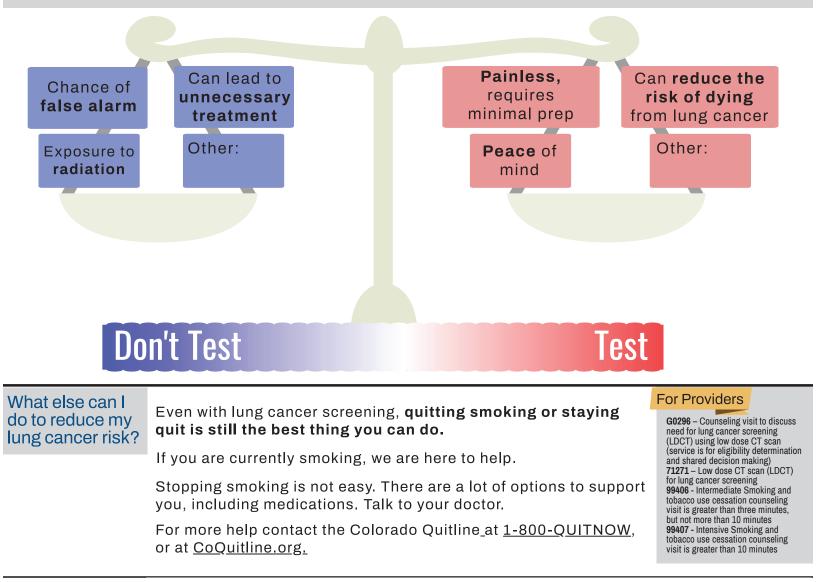
A low-dose screen uses more radiation than a chest x-ray, but less than a normal CT scan.



Screening sometimes finds things that look like cancer, but are not. This is called a **false positive**. Getting a false positive test can cause you to worry unnecessarily. Out of 100 people, about 40 will have a positive CT scan. Of those 40, about 5 actually have lung cancer.

More procedures might be needed to see if a positive result is a false alarm, which can be invasive and have their own harms.

## What Is the Right Choice For <u>YOU</u>?



Copyright @ 2021 by the Regents of the University of Colorado. This work was supported through the National Cancer Institute (P50CA244688 of the National Institutes of Health, the University of Colorado Cancer Center (P30CA046934), and the University of Colorado School of Medicine. Conflicts of Interest: None. Last update: 3/12/2024. Some rights reserved. No part of this publication may be used in any commercial development or effort without the express prior written permission of the publisher. No part of this publication may be used in any derivative work without first obtaining permission from the publisher and providing acknowledgement thereof. University of Colorado hereby disclaims all liability associated with the use or adoption of the information provided herein. User shall remain liable for any damages resulting from their reliance on this information. The content is solely the responsibility of the authors and does not necessarily represent the official views of funding agencies (NIH) or medical centers. This work is licensed under a Creative Commons Attribution, Non-Commercial, No-Derivatives 4.0 International License.