

**Lung Cancer Screening Guidelines with low-dose computed tomography (LDCT): USPSTF and CMS Executive summary**

February 11, 2015

Kentucky Cancer Consortium and Kentucky LEADS Component 3

Jennifer Redmond Knight, DrPH, [jredknight@kycancerc.org](mailto:jredknight@kycancerc.org)

USPSTF: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lung-cancer-screening>

CMS: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>

Criteria	USPSTF	CMS
Age	55-80	55-77
Smoking History	30 pack year smoking history	At least 30 pack years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
Smoking Status	Current or quit within the past 15 years	Current or one who has quit within the last 15 years
Frequency	Annual screening	Annual screening
Asymptomatic		No signs or symptoms of lung cancer
Discontinue	Once a person has not smoked for 15 years OR Develops a health problem that substantially limits life expectancy or the ability/willingness for surgery	
Provider Recommendation		<p>Written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a <u>physician or qualified non-physician practitioner</u> (meaning a physician assistant, nurse practitioner, or clinical nurse specialist)</p> <p>Written order must contain the following in the medical record:</p> <ul style="list-style-type: none"> <li>• Beneficiary date of birth;</li> <li>• Actual pack - year smoking history (number);</li> <li>• Current smoking status, and for former smokers, the number of years since quitting smoking;</li> <li>• Statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer); and</li> <li>• National Provider Identifier (NPI) of the ordering practitioner.</li> </ul>

Shared Decision Making	Shared decision making is important for persons within the population for whom screening is recommended. The decision to begin screening should be the result of a thorough discussion of the possible benefits, limitations, and known and uncertain harms.	<p><u>Required for the first screening</u> and may elect to do in subsequent screenings.  <u>Must include the following:</u></p> <ul style="list-style-type: none"> <li>• Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;</li> <li>• Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;</li> <li>• Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;</li> <li>• Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions; and</li> <li>• If appropriate, the furnishing of a written order for lung cancer screening with LDCT</li> </ul>
Smoking Cessation	<p>Current smokers should be informed of their continuing risk for lung cancer and offered cessation treatments.</p> <p>Screening with LDCT should be viewed as an adjunct to tobacco cessation interventions.  Combination therapy with counseling and medications is more effective at increasing cessation rates than either component alone.</p>	<p>Incorporated into shared decision making visit: Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions</p>
Insurance Coverage	ACA (includes all kynect plans, Medicaid Expansion, private health insurance plans that are not grandfathered)	Medicare