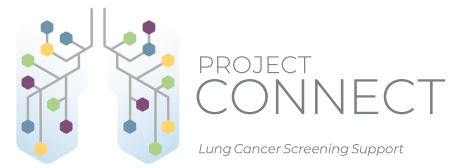


Lung Cancer Screening

A Checklist for Clinicians



POINTS TO DISCUSS WITH YOUR PATIENTS

- Low-dose computed tomography (LDCT) is the only recommended screening approach for lung cancer.
- Screening is not a substitute for quitting smoking.
- Screening should be done annually until the patient no longer needs to be screened or no longer meets the screening criteria.
- Screening is a process. An abnormal LDCT scan does not necessarily mean cancer. Additional testing may be needed to determine a diagnosis.

Reinforce the importance of smoking cessation and abstinence.

BEFORE THE CLINICAL ENCOUNTER

Determine your patient's eligibility.

This checklist may be completed with the assistance of a nurse, physician assistant, or other medical assistant.

Is the patient 55 to 77 years old? (55 to 80 years old for patients with private insurance)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the patient a current smoker or former smoker who has quit within the past 15 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the patient have at least a 30 pack-year smoking history? (See the <i>Pack-year Calculator</i> below.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the patient asymptomatic for lung cancer with no personal history of lung cancer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the patient healthy enough to have lung surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the patient willing to receive potentially curative treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PACK-YEAR CALCULATOR

(20 cigarettes = 1 pack)

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Number of years smoked		Average number of packs smoked per day		Pack-years

DURING THE CLINICAL ENCOUNTER

Use the *Discussion Guide* (see reverse)

Confirm the following points with the patient:

<input type="checkbox"/> Discuss the potential benefits and harms of screening
<input type="checkbox"/> Discuss the impact of comorbidities on appropriateness of screening
<input type="checkbox"/> Confirm that the patient is willing and able to undergo diagnostic procedures and treatment for lung cancer
<input type="checkbox"/> Discuss the importance of adherence to annual screening
<input type="checkbox"/> Discuss the importance of smoking cessation and abstinence
<input type="checkbox"/> Provide tobacco cessation interventions if appropriate
<input type="checkbox"/> Document the discussion in the patient's medical record, note that a patient decision aid (the <i>Discussion Guide</i> on the reverse) was used

AFTER THE CLINICAL ENCOUNTER

Establish the next steps.

If the patient wants screening, provide a written order with the following elements included:

<input type="checkbox"/> Patient's date of birth
<input type="checkbox"/> Actual pack-year smoking history
<input type="checkbox"/> Current smoking status; for former smokers, the number of years since quitting
<input type="checkbox"/> Statement that the patient is asymptomatic
<input type="checkbox"/> National Provider Identifier (NPI) of the ordering practitioner

If patient declines screening, document decision in the medical record

If patient is unsure about screening or wants more time, consider scheduling a follow-up visit to discuss screening and provide additional educational resources.