What about smoking?
Regardless of your decision to be part of the lung cancer screening program, avoiding tobacco products is the most powerful way to lower your chance of suffering or dying from lung cancer, emphysema, or a heart attack.

If you have already quit smoking, please understand that it takes 15 years to reduce your risk of lung cancer death to that of a non-smoker.

Why stop smoking?
Quitting smoking decreases your risk of:
- High blood pressure
- Lung infections
- Heart attack
- Coughing, sinus infection, fatigue, and shortness of breath
- High carbon monoxide levels in the blood
- Cancer of the lung, mouth, throat, bladder, esophagus, kidney, pancreas, and colon

For more information
If you have questions about Carteret Health Care’s Lung Cancer Screening Program talk with your doctor to determine if lung cancer screening is right for you.

You can also search ‘lung cancer screening’ in the Mayo Clinic Health Library on the Carteret Health Care’s website: carterethehealth.org/health-library

Resources
QuitlineNC.com
1-800-QUIT-NOW

American Cancer Society
1-800-ACS-2345
www.cancer.org

American Lung Association
1-800-LUNG USA
www.lung.org

American Heart Association
1-800-AHA-USA1
www.heart.org
Why screen for lung cancer?
The goal of Low-Dose CT lung cancer screening is to detect cancer when it is very small, before it has spread to other sites in the body.

Lung cancer is most treatable when identified in its earliest stages. Lung cancer is the leading cause of cancer death in the U.S., with more people dying of lung cancer than breast, colon, and prostate cancers combined.

Who should be screened?
Nationally, it has been determined that lung cancer screening should be offered annually to adults who meet the following four criteria:
- Between the ages of 55-74
- Asymptomatic - No Signs or symptoms of lung cancer. No major medical problems that would prevent cancer work-up and treatments if discovered during screening.
- Current smoker OR Quit smoking within past 15 years
- Tobacco smoking history of 30+ pack years. How to determine your pack years:

| Number of years you have smoked | Average number packs per day | = Pack years |

What if my exam is abnormal?
You should not undergo screening unless you are willing to allow for lung cancer work-up and treatment. This may include additional tests and potentially invasive procedures.

What is lung cancer screening?
Lung cancer screening looks for signs of this disease before there are any symptoms in patients who are at high risk. Modeled after mammography, which has been successful in detecting breast cancer, Low-Dose lung cancer screening uses a state-of-the-art CT (computed tomography) scanner to take pictures of the lungs to detect potentially treatable lung cancers.

Annual screening by Low-Dose CT has been proven to provide a 20% reduction in lung cancer deaths in high-risk patients.

Once begun, you should continue annual screening exams until age 77, or until 15 years have passed since you stopped smoking, for the best chance of early lung cancer diagnosis and treatment.

A CT Low-Dose Lung Cancer Screening only takes a few minutes and requires no preparation. You will be asked to lie on the CT table and hold your breath a couple of times. Your provider will get a report in 24 to 48 hours after your scan.

What are the benefits?
1. You may be less likely to die from cancer. Studies show a 20% reduction in lung cancer deaths in high-risk patients.
2. Lung cancer may be identified early before symptoms. Studies show 9 out of 10 lung cancers can be detected by screening before symptoms appear, such as trouble breathing, bleeding or pain.
3. Earlier diagnosis may mean more successful treatment options. Early lung cancer may be removable with surgery; advanced lung cancers are often inoperable. Studies show early treatment allows some patients to live a longer life.

Are there any harms?
There is a chance of a false positive, which is a result that looks like cancer but is not. Studies show that 365 in 1000 patients screened may have a false alarm, with 25 of those requiring an invasive procedure (such as a biopsy or surgery), and three of those having a major complication.

4 in 1000 screened are diagnosed with a slow-growing cancer that wouldn’t have led to illness or death.

Some people may worry about radiation exposure from lung cancer screening. SRMC’s Low-Dose lung cancer screening uses the most advanced CT technology, which means the radiation used is very low. The radiation dose (less than 3 mGy) is less than half of the average annual radiation received by those living in the U.S.

Although studies have shown that high-dose or repeated radiation exposures may cause cancer or other health problems; for smokers, the benefits of low-dose screening is much greater than the potential risks from radiation.

Those who smoke are 25 times more likely to develop lung cancer than non-smokers.