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# Lung Cancer Screening with Low Dose Computed Tomography in the Veterans Health Administration

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# BACKGROUND

- In the Veterans Health Administration (VHA) population, there are an estimated **8,216 lung cancer cases** and **6,674 lung cancer deaths** per year
- The prognosis after lung cancer diagnosis is poor, leading to death in close to 90% of affected patients
- Lung cancer screening with low-dose computed tomography shown to have lung cancer specific mortality and all cause mortality reduction in the **National Lung Screening Trial**
- VHA conducted a **lung cancer screening demonstration project** from 2013-2015 to identify key considerations for implementation of lung cancer screening in VA.



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# BACKGROUND

- In August 2016, VA's National Leadership Council (NLC) approved recommendations for **lung cancer screening (LCS)** with **low-dose computed tomography (LDCT)**
- From March-September 2017, a Lung Cancer Screening **Interdisciplinary Project Team** developed implementation recommendations and guidance for VA health care systems and facilities
- **VHA Memo** issued in Nov 2017 containing NLC recommendations and implementation guidance for facilities and health care systems

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# VA LUNG CANCER SCREENING RECOMMENDATIONS

- Lung cancer screening with LDCT will be made available to Veterans on a voluntary basis.
- If a patient and provider in a process of shared decision making desire screening, VHA should provide access to it using VA or Care in the Community resources.

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# VA LUNG CANCER SCREENING CLINICAL PREVENTIVE SERVICES GUIDANCE

- VHA recommends offering annual screening for lung cancer with low-dose computed tomography to adults aged 55 to 80 years who have a 30 or more pack-year history *and* currently smoke or have quit within the past 15 years *and* have a life expectancy of more than 5 years.
  - Reviewed and approved by VA’s Preventive Medicine Field Advisory Committee
  - Consistent with recommendations of U.S. Preventive Services Task Force



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# LDCT GUIDELINES

VA facilities with well-developed programs wishing to pursue broad screening or some screening only at Veteran's request should meet the criteria set forth in the LDCT guidelines.

**LDCT Guidelines:** Facilities can elect to pursue screening patients for lung cancer with LDCT using VA resources only when all the following criteria for components of a comprehensive lung cancer screening program are met:

- Systematic way to identify high-risk patients who meet screening criteria (for facilities with broad screening programs only)
- **Patient education materials** for shared decision making
- **Clinical coordinators** to coordinate care of patients in program
- Effective **smoking cessation program**
- Multidisciplinary committee
- Standardized screening guidelines (evidence based)
- **Standardized radiology codes**, procedure names and nodule management guidelines
- Develop or use an existing **registry** to track patients

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# LCS TOOLKIT

An toolkit of resources to assist with implementation is available to VHA staff. Resources include:

- A **checklist** of lung cancer screening program elements recommended by the NLC
- **Evidence-based criteria** for lung cancer screening
- **Workload estimator**
- Patient education materials
- Smoking cessation program elements
- Information on clinical reminders
- **Radiology guidance**
- Information on a VA-developed **tracking tool** that can be used for tracking lung cancer screening patients.

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# TOBACCO PACK YEAR CLINICAL REMINDER

Tobacco Pack Yr Clinical Reminder Screenshots [Read-Only] - Microsoft Word

File Home Insert Page Layout References Mailings Review View

Clipboard: Paste, Cut, Copy, Format Painter

Font: Calibri (Body), 11, Bold, Italic, Underline, Text Color, Background Color

Paragraph: Bullets, Numbering, Indentation, Paragraph Spacing, Text Wrapping

Styles: Normal, No Spacing, Heading 1, Heading 2, Title, Subtitle

Find, Replace, Select, Change Styles, Editing

Reminder Dialog Template: Tobacco Pack Year History

\*\*Please document regarding CIGARETTES ONLY - NOT other forms of tobacco or e-cigarettes.\*\*

- Lifetime non-cigarette smoker or smoked FEWER THAN 100 cigarettes/lifetime
- Current cigarette smoker
- Former cigarette smoker but now quit
  - Quit smoking LESS THAN 15 years.
  - Quit smoking GREATER THAN OR EQUAL to 15 years ago.
- Patient declines/unable to give complete smoking history.

Visit Info Finish Cancel

Former cigarette smoker but now quit:  
Quit smoking GREATER THAN OR EQUAL to 15 years ago.

Health Factors: LCS FORMER SMOKER, LCS QUIT SMOKING >= 15 YEARS

Reminder Dialog Template: Tobacco Pack Year History

\*\*Please document regarding CIGARETTES ONLY - NOT other forms of tobacco or e-cigarettes.\*\*

- Lifetime non-cigarette smoker or smoked FEWER THAN 100 cigarettes/lifetime
- Current cigarette smoker
- Former cigarette smoker but now quit
- Patient declines/unable to give complete smoking history.

Visit Info Finish Cancel

Patient declines/unable to give complete smoking history.

Health Factors: LCS PT DECLINES/UNABLE TO GIVE PK YR HX

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# PATIENT EDUCATION MATERIALS


Browser tabs: https://vawww.infoshare.va.gov/sites/preventic, vawww.infoshare.va.gov, BioMed Central My BioM..., BRFSS- CDC's Behavioral..., Clinical Preventive Serv..., Emergency Medicine at N..., Free Hotmail, Healthy People 2010 Hom..., http--notes.mc.duke.edu

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## Screening for Lung Cancer



**REMEMBER:** The best way to prevent lung cancer is to **STOP SMOKING**. If you are still smoking, talk with your VA health care team and call 1-855-QUIT VET (1-855-784-8838). WE CAN HELP!



Lung cancer is the leading cause of cancer death in the United States. Lung cancer begins when abnormal cells in the lung grow out of control. Unfortunately, many times lung cancer does not cause symptoms until it has spread to other parts of the body. However, the most common type—non-small cell lung cancer—can sometimes be cured if it is found early enough.

### Should I be screened for lung cancer?

You should consider being screened if you have all three of these risk factors:

- 55–80 years old **and**
- A current smoker or a former smoker who quit less than 15 years ago **and**
- In 1000 would die of lung cancer after 6 years. This means that, instead of 21 people, 18 people per 1000 would die of lung cancer.

### Why not screen everyone?

- There is no proof from research that it is best to screen everyone.
- Screening people who are not at high risk or who are very ill may cause more harm than good. False alarms can lead to more testing and risk of harm.

### Are there any symptoms of lung cancer that I should watch for?

If you notice any of the following, you should contact your health care team:

- Have a new cough that doesn't go away
- Notice a change in a chronic cough



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# NEXT STEPS

- Implementation support for VA facilities and networks
- Dissemination of VA-developed lung cancer screening tracking system
- Evaluation and research partnerships
- Exploring partnerships or use of non-VA resources to provide lung cancer screening where appropriate

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