FOR PROVIDERS

The Importance of Lung Cancer Screening for Veterans

Lung cancer is the leading cause of cancer-related deaths in the Veterans Health Administration (VHA).[1] The VHA cares for more than 7,700 veterans newly diagnosed with lung cancer annually. About 15 veterans die from lung cancer every day, most of whom are diagnosed with advanced stage III or stage IV lung cancer.[1] Approximately 33% of veterans enrolled in the VHA live in rural areas, which may result in barriers to screening and resulting delays in diagnosis.[2]

Veterans are at a uniquely high risk for lung cancer for several reasons[3-5]

- **OLDER AGE**
- **RESPIRATORY PROBLEMS** from cigarette smoking and chemical exposure
- **MULTIPLE CHRONIC CONDITIONS OR COMORBIDITIES**

Discuss screening with eligible patients

Eligible patients must agree to and receive screening in order to benefit from early detection. According to the VHA Lung Cancer Screening Demonstration Project,[3]

~900,000 veterans could be at high risk for lung cancer and should be screened

But only ~58% of eligible candidates agreed to screening

Determine lung cancer screening eligibility

The VHA recommends annual screening with low-dose computed tomography (LDCT) for veterans who meet the following criteria[6,a]:

- **55 to 80 years** of age
- Have a **30 or more pack-year** history and currently smoke or have quit within **the past 15 years**[b]
- Have a life expectancy of more than **5 years**

The VHA recommends lung cancer screening with LDCT for all eligible patients

[a]These guidelines are the latest available from the VHA, but may change based on updates to the United States Preventive Services Task Force guidelines.
[b]1 pack per day for 30 years or 2 packs per day for 15 years.

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Engage patients with shared decision-making to help personalize treatment

It is important to discuss the benefits as well as the risks of screening with patients.[3,7,8]

Potential benefits of screening[3,7]

- Better prognosis when detected at an early stage
- Identify incidental health problems
- Reduce all-cause mortality

Potential risks of screening[8]

- False positive results
- Overdiagnosis
- Exposure to radiation

Use the teach-back technique[9]

After discussing the options with your patients, ask them to repeat what was explained or ask questions to ensure they have understood what has been discussed.

Implement shared decision-making[10]

Adopting shared decision-making may be the best approach for patients with cancer.

Keep the unique traits of your veteran patients in mind when you decide on screening or treatment

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