

Lung cancer is the #1 cancer killer in the United States. In Illinois, the American Cancer Society estimated that in 2015 there would be 8,920 new cases of lung cancer and 6,550 lung cancer deaths. Currently at Elmhurst Memorial Hospital, our cancer registry data indicates that lung cancer is the second most common cancer seen with 65% of those patients diagnosed with late stage disease. While the incidence rate has been decreasing for both men and women, more people die annually of lung cancer than from colon, breast, and prostate cancer combined.

Smoking is the primary risk factor for developing lung cancer, and there are more than 94 million current and former smokers in the United States. Other risk factors for lung cancer include exposure to second hand smoke, radon, asbestos, other carcinogens found in some workplaces or the environment, and a personal or family history of lung cancer.

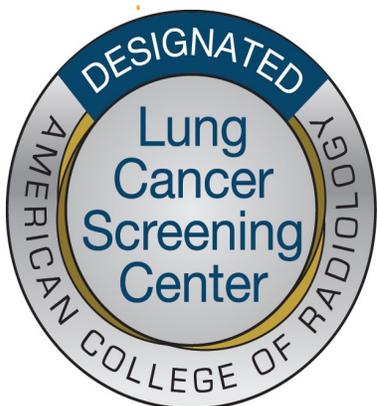
Unfortunately, symptoms of lung cancer do not present until the cancer is advanced. Only 15% of lung cancers are diagnosed at an early stage, whereas over 70% are diagnosed at a more advanced stage. Advanced stage disease is more challenging to treat. Earlier stage lung cancer is more likely to be cured. Studies show lung cancer screening reduces the risk of dying of lung cancer by 20%. Early detection can increase the five-year survival rate of stage I lung cancer to nearly 90%.

Lung cancer screening came to the forefront after a major multicenter study sponsored by the National Cancer Institute, called the National Lung Screening Trial (NLST) was performed. The NLST compared the use of annual chest x-rays to low-dose computerized tomography (LDCT) scans as a way to screen for lung cancer. The study showed that annual LDCT scans reduced lung cancer deaths by identifying patients with earlier stage I and II disease 70% of the time. With the trial showing this benefit, interest rapidly grew across the country for institutions to implement lung cancer screening programs, using annual LDCT scans. Medicare has evaluated the results of the study and will be providing coverage for this screening exam. Private insurance companies are covering this exam through the Affordable Care Act. Patients must meet certain high-risk criteria in order for the exam to be covered. With knowledge of the NLST findings and Elmhurst's high percentage of advanced stage lung cancer cases, development of a lung cancer screening program was deemed a priority for our cancer program.

A high-quality CT Lung Screening program was initiated at Elmhurst by a multidisciplinary team of specialists that included a radiologist, thoracic surgeon, pulmonologist, medical oncologist, radiation oncologist, radiology administrative staff, and nurse navigator. The team convened to outline the essential elements of the comprehensive, high-quality CT Lung Screening program. After 5 months of development and planning, our hospital's program began screening patients on March 11, 2014. In addition to screening, key components of our program includes offering smoking cessation resources to applicable individuals, and multidisciplinary review of screened patients. The overall objective is to provide a screening program that is consistent with evidence-based national guidelines and interventions. Our program has a formal process to ensure that positive findings receive the appropriate follow-up. Any positive finding is reviewed with the individual's primary care provider and/or at our weekly multidisciplinary lung conference where a team of specialists determine the next best steps.

In November 2015, Elmhurst Memorial Hospital's lung screening program was granted accreditation from the American College of Radiology (ACR). When you choose an ACR-accredited facility, you know that:

- The program has voluntarily gone through a rigorous review process to insure that it meets nationally-accepted standards.
- The personnel are well qualified, through education and certification, to perform and interpret your medical images.
- The equipment is appropriate for the test or treatment you will receive, and the facility meets or exceeds quality assurance and safety guidelines.



4 Good Reasons to Quit Smoking

Every smoker has his or her own personal motivation for quitting. Here are some common reasons. Think about what is most important to you.

Your Health

According to the Surgeon General, quitting smoking is the single most important step a smoker can take to improve the length and quality of his or her life. As soon as you quit, your body begins to repair damage caused by smoking. Of course it's best to quit early in life, but even someone who quits later in life will have a health benefit.

Convenience

Smoking is a hassle. More and more states and cities have passed clean indoor air laws that make bars, restaurants, and other public places smoke-free. Are you tired of having to go outside many times a day to have a cigarette? Is standing in the cold and the rain really worth having that cigarette? Wouldn't it be easier if you could choose to go outside only when you want to and not to accommodate your smoking habit?

Your Wallet

It's expensive to smoke cigarettes. In some places, a pack of cigarettes costs more than \$10.00—and prices continue to rise. Even if a pack costs "only" \$5.00 where you live, smoking one pack per day adds up to \$1,825.00 each year.

Your Friends and Family

Cigarette smoke harms everyone who inhales it, not just you.

American Lung Association

The Cancer Committee of Elmhurst Memorial Hospital (EMH) reviews various data sources to determine how best to serve our patient population in providing an annual screening program that is directly targeted to decreasing the number of patients diagnosed with late-stage cancers. Information from our community needs assessment, as well as statistics from our cancer registry database are used in this analysis. Lung cancer continues to be the second most common cancer diagnosed each year at EMH with 65% of the cases found to be at an advanced stage (stage III or IV) at initial presentation. In addition, approximately 37% of the adult population in the EMH service area are either current or former smokers*. Based on these factors, the hospital cancer committee identified our Low-Dose CT Lung Screening Program as our 2015 screening program.

*2012 Community Health Needs Assessment—EMH Service Area

Results of 2015 Elmhurst Memorial Hospital Lung Screening Program

From January through November 2015, 92 patients were screened. Four early stage lung cancers were identified, and all four of these individuals underwent successful surgical resection of their tumors.

Additionally, an important element of our program is to assist patients who are current smokers to stop smoking, and to work with former smokers to maintain their cessation. Of the 92 people screened, 60% (55 patients) were current smokers. Of those 55 patients, 28 were referred to smoking cessation resources. Currently, our most utilized smoking cessation resource is the American Lung Associations' Tobacco Quitline. This is a free online support program which connects patients to a tobacco cessation specialist. This specialist works with individuals until they reach their quit goal. Our program discusses smoking cessation with participants before the initial screen, and with each subsequent exam as needed.

The best way to prevent lung cancer is to have never smoked or to stop smoking now.



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Frequently Asked Questions

What is the goal of LDCT lung screening? The goal of LDCT lung screening is to detect lung cancer earlier. Without screening, lung cancer may not be found until a person develops symptoms, at which time it may be harder to treat, and less likely to be cured.

How is Lung Cancer Screening Done? LDCT lung screening is one of the easiest screening exams you can have. The exam takes less than 10 minutes. You must be able to hold your breath for at least six seconds while the chest scan is performed. No medications are given, and no needles are used. You can eat before and after the exam.

Do I need to have a LDCT lung screening exam every year? Yes, if you are considered high-risk, a LDCT lung screening exam is recommended annually until you are 77 years old, or until your doctor feels it will no longer be of benefit to you.

What type of results may be found? A radiologist analyzes your CT scan images and sends the results to your ordering doctor. The radiologist looks for abnormalities that might indicate lung cancer.

The following, are examples of possible findings:

- **Nothing is found** - If no abnormalities are discovered on your lung CT scan, your doctor may recommend that you undergo another scan in a year. You will continue annual scans until you and your doctor determine they no longer benefit you or until you reach the age of 77.
- **Lung nodules** - Lung cancer may appear as one or more small spots in your lungs. This scan can show nodules as small as a grain of rice. Lung nodules are very common and at least 50% of people have them by the time they are 50 years old. The challenge is to determine which ones will become cancer. While all lung cancer starts with a nodule, 95% of nodules are benign (non-cancerous). Nodules that are not cancer may be the result of an infection or trauma that leaves inflammation or scarring in the lungs. If a nodule is more suspicious, further testing may be recommended. If you are screened and found to have lung cancer, it is often found at an earlier and more treatable stage.
- **Other health problems** - Your lung CT scan may detect other lung and heart problems, such as emphysema, infection, and hardening of the arteries in the heart. Your doctor may recommend additional testing depending on the finding.

Does insurance cover the cost of this test? Medicare covers your low-dose CT lung cancer screening if you meet the eligibility criteria, and the Affordable Care Act requires that private insurers cover CT lung screening for those at high risk.

If you, a family member, or a friend, are at risk for developing lung cancer, consider entering our CT Lung Screening Program. Talk to your doctor to discuss your eligibility, as well as the risks, harms, and benefits of screening.

You are eligible for LDCT lung screening if you meet all of the following:

- **You are between the ages of 55-77**
- **You are currently a smoker or have quit within the past 15 years**
- **You have smoked at least a pack of cigarettes a day for 30+ years**
- **You have no new respiratory symptoms**
- **You have met with your primary care physician to discuss this type of test and have obtained an order for the scan**

You may also contact the Elmhurst Memorial Hospital Lung Nurse Navigator at (331) 221-2172 if you are interested in smoking cessation resources.

You can learn more about Low-Dose CT Screening, Lung Cancer, or Smoking Cessation Resources on the following links:

<http://www.lungcanceralliance.org>

<http://www.lung.org>

<http://www.cancer.org>