

OUR VISION

A world where no one dies of lung cancer

OUR MISSION

LUNgevity Foundation is firmly committed to having an immediate impact on improving quality of life and survivorship of people with lung cancer by accelerating research into early detection and more effective treatments, as well as by providing community, support, and education for all those affected by the disease.

We bring together world-class scientific minds, passionate advocates, and an efficient and effective organization.



THINGS YOU SHOULD KNOW...

- It is ok to ask for a second opinion
- Be sure to get your tumor tested for known biomarkers
- There may be a clinical trial available for you
- Ask about palliative care and pulmonary rehabilitation

Did you know LUNgevity has an array of resources for you or your caregiver to help you navigate your lung cancer journey?

Visit www.LUNgevity.org to learn more.



Find it. Treat it. Live.

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LUNG CANCER DETECTION



What you need to know about...

lung cancer screening and early detection



A number of factors determine the outlook for any lung cancer patient, including when the cancer is detected, the type of lung cancer, its responsiveness to treatment, and the patient's health in general. However, lung cancer is easiest and most effectively treated when it is found at an early stage. Those with lung cancer caught early on have a much higher likelihood of surviving at least five years after diagnosis than those diagnosed when the lung cancer is more advanced.

What has proven to be effective for lung cancer early-detection screening among high-risk individuals is a low-dose computed tomography (LDCT) scan. There are several sets of very similar guidelines for those considered to be at high risk for developing lung cancer. Patients should discuss these guidelines with their doctor and understand the risks and benefits before undergoing LDCT screening.



The guidelines from the U.S. Preventive Services Task Force (USPSTF) include annual screening with LDCT in adults who:

- are aged 55 to 80 years *and*
- have a 30 pack-year smoking history* *and*
- currently smoke or have quit within the past 15 years

*A pack-year is the equivalent of one pack (20 cigarettes) smoked daily for one year. To have a 30 pack-year smoking history, a person could have smoked one pack daily for 30 years, two packs daily for 15 years, or any other combination of daily packs x number of years that totals 30.

An LDCT can detect lung abnormalities with great accuracy. However, it does not indicate whether the abnormality is malignant or benign. Doctors use the term “pulmonary nodule” to describe a specific type of abnormality that may suggest that further testing is required. Most nodules detected by LDCT are benign.

If no nodule is detected at the initial, baseline screening, the next scan is typically in 12 months.

If one or more pulmonary nodules is detected, the patient's doctor will decide whether the patient requires additional tests or follow-up LDCTs, based on the patient's medical history, the characteristics of the nodule, and how fast the nodule grows.

If at a follow-up LDCT a nodule's characteristics make it of high concern for lung cancer, either a biopsy or surgical removal of the nodule will be done to confirm whether the nodule is cancerous and its stage. If the patient does have lung cancer, treatment will begin.

To learn more about:

- the benefits of early detection,
- who is eligible for lung cancer screening,
- how lung cancer screening is conducted, and
- what happens when lung cancer screening detects an abnormality,

visit <https://LUNGeivity.org> to download a copy of the LUNGeivity lung cancer screening and early detection booklet.

“Lung cancer screening is an important component of the early detection of lung cancer. This new LUNGeivity educational booklet offers individuals at risk relevant and up-to-date information on the latest guidelines for lung cancer screening and what to expect from the screening process.”

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