**Clinician FAQ**

**Lung Cancer Screening**

**Recommendations**

1. For adults aged 55–74 years with at least a 30 pack-year smoking history who currently smoke or quit less than 15 years ago, we recommend annual screening with low-dose computed tomography (LDCT) up to three consecutive times. *Weak recommendation*

2. For adults aged 18–54 and 75+, regardless of smoking history or other risk factors, we recommend not screening for lung cancer with LDCT. *Strong recommendation*

3. For adults aged 18 years and older, we recommend not screening for lung cancer with chest x-ray with or without sputum cytology. *Strong recommendation*

These recommendations apply to asymptomatic persons who meet the screening criteria; they do not apply to persons who have a history of lung cancer or are suspected of having lung cancer.

---

1. **How should I implement a weak recommendation to screen with LDCT?**
   - A weak recommendation implies that you should have a discussion with your patients about the benefits and harms of screening for lung cancer with LDCT (including false positives, side effects of invasive follow-up testing, and overdiagnosis).
   - Help them make a screening decision that is consistent with their values and preferences.

2. **Why should I not screen with LDCT in patients who do not meet the age or smoking history criteria specified above?**
   - There is no evidence showing that there are benefits of screening those who do not meet the recommended age range and smoking history criteria.

3. **Why should I not screen using chest x-ray?**
   - There is no evidence showing that screening for lung cancer with chest x-ray (with or without sputum cytology) improves patient-important outcomes, but there are known harms, including false positives, side effects of invasive follow-up testing (e.g., bronchoscopy, needle biopsy, thoracotomy, and thoracoscopy) and overdiagnosis.

---

4. **Why screen annually for three years in a row?**
   - It is possible that longer or more intensive screening might yield additional benefits, but there is not strong evidence (from an RCT) to support such a recommendation.

5. **What should I do if LDCT is not available in my area?**
   - Refer to a centre where LDCT scans and expertise in early diagnosis and treatment are available.
   - In all cases and at any age, smoking cessation is a recommended course of action.

---

**Screening 1000 eligible people with LDCT vs. chest x-ray**

- 231 more people receive a positive test result
- 4–5 fewer late-stage lung cancers are found
- 8–9 more early-stage lung cancers are found
- 3 more people are diagnosed with lung cancer
- 3 fewer people die from lung cancer

Because of the potential for screening-related harms, LDCT and subsequent management should ONLY be carried out in health care settings with expertise in early diagnosis and treatment of lung cancer.

---

To access our guidelines, tools, and resources, visit our website at [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca) or download the free CTFPHC mobile app on [iTunes](https://apps.apple.com) or [Google Play](https://play.google.com).