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## **New lung cancer screening guidelines will save lives by shifting diagnoses to early stage**

*Informing eligible patients and encouraging participation is key to improving survival rates*

DENVER — Lung cancer is the deadliest type of cancer, [killing more than 130,000 Americans](#) each year. It also has much lower survival rates than most cancers because it is so commonly diagnosed in an advanced stage. Now, new lung cancer screening guidelines from the U.S. Preventive Services Task Force provide an opportunity to target asymptomatic patients at high risk for lung cancer and identify their cancer much earlier. [National Jewish Health](#) has developed a multidisciplinary approach to screen patients for eligibility and guide them through the process from referral to CT scan and, if necessary, cancer treatment.

“These new guidelines are rewriting patients’ stories who otherwise might not be diagnosed until their cancer is at a later stage with fewer treatment options and much poorer survival rates,” said [Debra Dyer, MD](#), chair of the department of radiology and director of the lung cancer screening program at National Jewish Health. “At least 80 to 85 percent of our patients who are diagnosed through our lung cancer screening program have stage 1 lung cancer, which is curable.”

Since the guidelines originated in 2013, they have required a patient to be at least 55 years old with 30 “pack years” of smoking. Pack years refer to the number of cigarettes a patient has smoked in their life. For example, if someone smokes a pack of cigarettes every day for a year, that’s one pack year, and if they smoke half a pack per day for two years, that’s also one pack year. In March, the U.S. Preventive Services Task Force updated its guidelines, lowering the age for eligibility to 50 and reducing pack years to 20. This prompted a push by National Jewish Health and other major lung cancer treatment centers to encourage newly eligible patients to participate in this potentially life-saving test.

“Unfortunately, screening rates are not where we’d like them to be, with just 4 to 5 percent of eligible patients coming in for lung cancer screening CT scans,” Dr. Dyer said. “If you wait until you have symptoms like unexplained weight loss or coughing up blood, your disease is likely already at a later stage. By catching it in stage 1, we can eradicate their cancer much more easily with surgery or radiation, but we have to get them in the door first”

Dr. Dyer created a simple [online quiz](#) to help patients determine if they are eligible for a lung cancer screening CT scan with a few simple questions and encourage them to make an appointment to begin the process. At National Jewish Health, this includes calling one of their patient navigators to connect

them with an advanced care provider. During this shared decision-making appointment, which can be virtual or in-person, the provider addresses any concerns the patient has, discusses the risks and benefits of the low-dose CT scan and often schedules their screening for the same day.

“These advanced care providers call the patient within a day of their scan to discuss the results and next steps. And if the test is normal, they also ensure they make an appointment for a CT scan every year thereafter until they are no longer eligible, which is 15 years after they quit smoking,” Dr. Dyer said. “If a patient is currently smoking, these providers also offer smoking cessation resources and celebrate patients’ success when they quit.”

Every abnormal lung cancer screening CT scan completed at National Jewish Health is reviewed by a multidisciplinary committee that includes the referring physician, radiologists, pulmonologists and, if necessary, oncologists and surgeons.

“Bringing together experts with diverse areas of expertise helps the committee to consider all the options and provide a thoughtful and thorough recommendation for next steps and treatment, so it’s not just one person’s opinion,” Dr. Dyer said.

Part of the need for new guidelines was brought to light by healthcare disparities and research showing that certain subsets of patients, such as African Americans and women, develop lung cancer at a younger age. National Jewish Health is also working to address disparities through their partnership with [St. Joseph Hospital](#), which has two federally accredited clinics to assist those who are uninsured or underinsured and face barriers to receiving recommended cancer screenings.

“There are some who say the new guidelines do not go far enough to address disparities; and while they are certainly a step forward, more research is needed to determine if they should be expanded further, perhaps even to some who have never smoked,” Dr. Dyer said. “We are currently collecting data on patients of different ethnicities, genders, racial groups, geographical areas and lifestyle or occupational factors to determine who is at a greater risk of developing lung cancer and who should routinely receive this screening.”

If you believe you may be eligible for lung cancer screening, you can enter your ZIP code on [The American College of Radiology](#)’s website to see a list of designated lung cancer centers that offer lung cancer screenings near you.

**National Jewish Health** is the leading respiratory hospital in the nation. Founded 120 years ago as a nonprofit hospital, National Jewish Health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory, cardiac, immune and related disorders. Patients and families come to National Jewish Health from around the world to receive cutting-edge, comprehensive and coordinated care. To learn more, visit [njhealth.org](http://njhealth.org).