

How do I refer my patient and get them scheduled?

Providers within the UW system can refer patients using the order in EpicCare: CLUNGCA or the Epic SmartSet: UWM Lung Cancer Screening. Community providers can fax their referral to 206.606.6729. A coordinator will call the patient to do screening intake and schedule the patient at one of our 5 locations. Patients can usually be seen the same week.

We offer 5 convenient locations throughout Puget Sound:

- Fred Hutch Sloan Clinic
- UW Medical Center – Roosevelt
- UW Medicine Primary Care at Outpatient Medical Center
- Harborview Medical Center
- UW Medicine Eastside Specialty Center

Fred Hutchinson Cancer Center is an independent organization that also serves as UW Medicine’s cancer program.

UW Medicine

Lung Cancer Screening Program

Phone: 206.606.1434

Fax: 206.606.6729



Lung Cancer Screening for Referring Providers

Together, Fred Hutchinson Cancer Center and UW Medicine provide lung cancer screening (LCS) at 5 convenient locations across Puget Sound. This handout provides details about the services offered, how to order LCS and how to help your patients know what to expect.

Requirements for lung cancer screening:

- Currently smoke or have quit within the past 15 years
- Between 50 and 80 years old
- Smoked an average of at least 1 pack a day for 20 years or 2 packs a day for 10 years

Why should patients be screened for lung cancer?

With early detection, lung cancer can be treated with surgery and survival rates can dramatically improve. In fact, five-year survival rates for people with non-small cell lung cancer can increase from 15 percent to 84 percent when caught early.

CT screening for lung cancer is at least as effective in preventing lung cancer deaths in high-risk individuals as mammography is in preventing breast cancer deaths and colonoscopy is in preventing colon cancer deaths.

Does insurance cover lung cancer screening?

Most private health plans and Washington State Medicaid (Washington Apple Health) will cover lung cancer screening for eligible individuals ages 50–80 while Medicare covers lung cancer screening for eligible individuals ages 50–77. Follow-up care

required after the exam will likely be covered by insurance or Medicare or Medicaid; however, patients can contact their insurance carrier to check coverage or call Patient Financial Services at 206.606.6226 with any questions regarding authorization.

What is “shared decision-making” (SDM) and is it required?

SDM is a counseling discussion between the patient and provider outlining the risks and benefits associated with screening, while also taking into consideration the patient’s personal beliefs and values, to make a joint decision on whether or not to screen.

Patients with Medicare coverage require face-to-face SDM and it is billable. For Medicaid and private insurance patients, SDM is recommended but it is not required. Due to this, it is common for an SDM discussion counseling session to occur as part of a routine clinic visit at the point of care with the referring provider before LCS is initiated. SDM counseling can be scheduled by our program coordinator to coincide with the CT imaging appointment if appropriate to the patient’s insurance coverage and/or as requested by the patient or ordering provider.



How are results and follow-up managed?

Patients who have a normal screening result will receive a letter from our program. The ordering provider will receive a copy of the CT report; if an abnormal result is found, recommendations for further testing will be included. For results with higher degrees of severity (such as LungRADS4 or significant incidentals), the radiologist will contact the ordering provider.

Our program is overseen by a team that includes a physician and nurse practitioner who value the importance of tracking and monitoring patients. All patients will be entered into a database with scheduled flags for future screenings. Patients and their providers will be notified for follow-up exams (if a patient doesn’t follow up after two reminder letters).

Patient Commitment

As with mammography, lung cancer screening is not a one-time test. Patients should be willing to undergo yearly screening if they continue to meet the eligibility requirements. In addition, they should be willing to undergo further diagnostic testing and treatment for an early-stage lung cancer detected by screening.

What are the potential risks of screening?

Patients and their doctors should consider these risks:

- **Radiation:** The CT scan will expose the patient to a low level of radiation, equivalent to six months of background radiation exposure or 50 coast-to-coast round-trip flights in a commercial airplane
This risk is considered very low.
- **Anxiety:** One in 4 patients may have a lung nodule or “spot” found on a scan. The number of false positives outnumber cancers by 25 to 1. About 1 in 7 patients will have a lung nodule considered to be a positive finding on a scan. The majority (>90%) of these nodules will not be lung cancer. Additionally, 1 in 10 patients may have an abnormality other than a lung nodule found on the scan that is not causing any symptoms but may require evaluation.
- **Complication:** Sometimes a finding on the scan leads to the need for additional testing, such as a biopsy or surgery that can cause harm in individuals who do not have cancer. The risk for a major complication from invasive procedures is 3 in every 1,000 individuals undergoing such additional testing.
- **Over-diagnosis:** There is a possibility that a lung cancer could be diagnosed by screening but is so slow-growing that it would never cause a problem. One in 10 lung cancers found by CT screening will never cause a problem for the patient.

Smoking Cessation

All patients enrolled in the Fred Hutch/UW Lung Cancer Screening Program have access to free tobacco treatment. For additional information regarding our Living Tobacco-Free Services, call 206.606.7517.

Phone: 206.606.1434

Fax: 206.606.6729

Requirements for Lung Cancer Screening

Covered by insurance with no co-pay

	Medicare	Medicaid	Private Insurance
Age	50-77	50-80	50-80
Tobacco history	≥ 20 pack years	≥ 20 pack years	≥ 20 pack years
Smoking status	Smoked within the last 15 years	Smoked within the last 15 years	Smoked within the last 15 years
Symptoms of lung cancer	Asymptomatic	Asymptomatic	Asymptomatic
Shared decision making (initial scan only)	<ul style="list-style-type: none">● Required (face to face)● Code: G0296 Additional ICD 10 codes: F 17.21	<ul style="list-style-type: none">● Recommended (phone or visit)● Code: G0296 (ICD 10 Z87.891)	<ul style="list-style-type: none">● Recommended (phone or visit)

Symptoms of Lung Cancer

- Persistent cough
- Coughing up blood
- Persistent hoarseness
- Worsening of chronic cough
- Constant chest pain
- Unintentional weight loss >10% of baseline weight

Commonly Asked Scenarios

My patient says they don’t want any procedures or treatment related to lung cancer	We don’t recommend screening this patient as the benefits of early detection with cancer screening will require biopsies, procedures and treatment.
My patient has a history of lung cancer	National guidelines recommend ongoing annual surveillance with a diagnostic chest CT (rather than low dose CT) for patients with a lung cancer history. Reach out to the patient’s oncologist to discuss annual surveillance.
My patient already has a cancer diagnosis	Consider reaching out to our oncology provider to determine if screening is appropriate as they still may be eligible for screening.
My patient is on long-term oxygen therapy	We do not recommend screening for this individual. They are unlikely to benefit from screening and were purposely excluded from trials.
My patient has advanced lung disease or other advanced comorbidities	Consider the risks and benefits of screening in the context of their other illnesses during SDM. In general, most patients with <5 years of life expectancy are more likely to experience harm and less likely to benefit from screening.
My patient does not qualify for screening, but is interested based on other risk factors and/or family history	In general, we do not recommend lung cancer screening for those who do not meet USPSTF criteria as these patient groups have not been well-studied and are less likely to benefit from screening, and may experience net harm from screening. If patients have a strong family history and are interested in genetic counseling to discuss their risk, consider a referral to Fred Hutch Genetic Counseling Services at 206.606.6990.
My patient needs additional support in the lung cancer screening process	Some patients benefit from more in-depth discussions on the risks and benefits of screening or help through the screening care process. We offer centralized shared decision making and management of screening through our lung cancer screening nurse practitioner. You can refer to this service through the LCS EPIC SmartSet.