

Talking To Your Patients About Lung Screening

By EHAB YOUSSEF, MD, FRCR, MBA, PhD

As we race toward 2020, new challenges arise in the fight against lung disease. It's in the news, seemingly everywhere today: the problems with vaping products. But amongst the hue and cry about this new form of inhaled product, let's not forget that classic smoking still takes a terrible toll on our patient

smoker, it is imperative to start low-dose CT lung screening as soon as possible.

This is where you, as their primary physician, must take action. Yes, you will face difficult conversations, recalcitrant and non-compliant patients, and more. But unlike many other diseases we counsel our

patients about, lung cancer has a surprisingly high survival rate nearing 92 percent.

If caught early. If discovered later, when symptoms start, survivability drops to just 15 percent.

So, what are some strategies and key patient discussion points?

1. Persistence: Advise your patient each visit to quit, and if

eligible to get CT lung screening. The exam takes 30 seconds and is usually covered by insurance. Tools are widely available to ascertain eligibility for CT lung screening (see www.rimpic.net/ct-lung-screening) such as a pack-year calculator and lung cancer risk assessment tool.

2. Cost should not be a factor: lung cancer screening is a mandated preventative service under the Affordable Care Act. If your patient does not have insurance, out-of-pocket costs are usually reasonable (see RMI's Time-of-Service Pricing.)

3. Emphasize "early detection saves lives": In the case of pre-cancerous vs. cancerous lung

nodules it could not be truer. Even with cancerous nodules, the earlier they are found the less aggressive they tend to be – thus opening up the chance of complete cure, with early surgery followed by disease-free outcome, rather than palliative treatment options such as radiation and chemotherapy.

4. Haven't smoked in a decade? Good – get screened anyway:

There is a reason the protocol for CT lung screening eligibility is up to 15 years after smoking. Cessation does not mean the risk factor drops to zero. Although smoking cessation has immediate and near-term benefits, the risk does persist. A lack of symptoms does not mean the danger is past. Encourage your patient to know – for certain – what their status may be.

5. "Isn't it too late?" Your older patients may argue they know the odds, that they will die of other causes before lung cancer, or perform some other ill-informed arithmetic of their survivability. The answer to this idea is, "It is never too late to get screened." Don't

let patients take this easy excuse. Death by lung cancer is, by any measure, a terrible way to end life. Ignorance will not help anyone die in peace.

As a cardiothoracic imaging specialist, I am passionate about preventing and fighting lung disease. And in my practice, I am well aware of the difficulty in dealing with long-term smokers. But a lack of discussing preventative screening with them is part of the ongoing problem. It certainly is not a solution.

One side note: Regional Medical Imaging is a full outpatient imaging practice, we also specialize in mammography. I encourage you to have qualified female patients obtain a low-dose CT lung screening the same day as a mammogram. Both screenings are covered by insurance as preventative. This will allow you to receive a better picture for your patient's care.

Questions? Please reach out to me at my physician-only line: 810-720-7508.

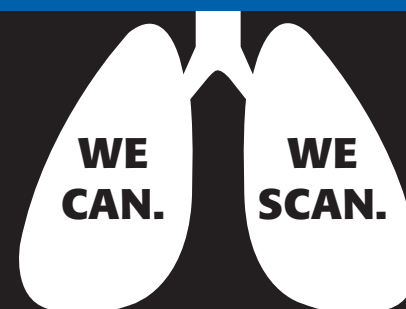


population.

According to the 28th Annual report by the Michigan Department of Health and Human Services, the county I work in – Genesee – has the third-highest smoking rate at 21.7 percent. Although the numbers date to 2015, I suspect that although they are trending downward and have been for some time, they are still high.

So, how to fight this terrible disease that claims more than 480,000 persons in the U.S. annually? Certainly, lung cancer via smoking is a preventable disease. Simply don't smoke, and if so doing, quit immediately. More to the point, if your patient has been a regular

CAN YOU SEE THEIR LUNGS?



TELL YOUR AT-RISK PATIENTS ABOUT CT LUNG SCREENING

INSURANCE ELIGIBILITY:

- 55-77 years of age
- Current smoker or quit smoking within the last 15 years
- Have smoked at least 30 pack years (an average of 1 pack a day for 30 years)
- Asymptomatic and has never been diagnosed with lung cancer

RMI
REGIONAL MEDICAL IMAGING
Clearly. Better. Choice.
rmpic.net ■ 810-732-1919

HEALTHCARE MICHIGAN

Telephone: (248) 547-9749

Paul Natinsky
Publisher

Carmen Sarotte
Director of Sales

James Fitz
Distribution

Ricki Purdy
Graphic & Digital Design

Scott Landreth
Distribution Manager

E-mail: pauln@natinskypublishing.com

Healthcare Michigan® is published by SNAP Media LLC.

Entire contents copyright © 2019 by SNAP Media LLC. All rights reserved.

"Healthcare Michigan" and the Healthcare Michigan logo are registered trademarks and may not be reproduced in any manner without the written consent of the publisher.