COMPARISON CHART for health care providers

Lung Cancer Screening Guidelines Summary

This table compares the United States Preventive Services Task Force (USPSTF) low-dose computed tomography (LDCT) lung cancer screening criteria to those established by the Centers for Medicare and Medicaid Services (CMS)

	USPSTF Final Decision Source	CMS Final Dec Source
Age	Adults aged 50 to 80	Adults aged 50
Symptoms	Patients without related signs or symptoms	Asymptomatic (
Smoking history	 Equivalent to smoking a pack a day for twenty years (20 pack-years) Current smokers or one who has quit within the past 15 years. 	Equivalent to sn pack-years) • Current smo 15 years.
Screening duration	Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	Screening shou smoked for 15 y
Shared decision making	 The USPSTF recommends, but does not mandate, shared decision making The USPSTF does note that "shared decision-making is important when clinicians and patients discuss screening for lung cancer." The decision to undertake screening should involve a discussion of its potential benefits, limitations, and harms. 	 Shared decision Determination criteria listed The use of or benefits, har diagnosis, far exposure Counseling of LDCT screed willingness the counseling of smoking absimportance of and, if approximption construction of the construct

This resource details health care provider's experience creating lung cancer detection programs and does not represent the views or opinions of AstraZeneca. Individual experiences and recommendations may vary with patients.



IN PARTNERSHIP WITH The LungAmbition Alliance

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to 77

(no signs or symptoms of lung cancer)

smoking a pack a day for twenty years (20

okers or one who has quit within the past

uld be discontinued once a person has not years.

on making is **mandatory** and must include:

ion of beneficiary eligibility according to the ed above

one or more decision aids covering arms, follow-up diagnostic testing, overfalse positive rate, and total radiation

on the importance of adherence to annual ening, impact of comorbidities and ability or to undergo diagnosis and treatment

on the importance of maintaining cigarette stinence if former smoker; or the of smoking cessation if current smoker ropriate, providing information about ssation interventions.