Potential benefit of screening



Screening for lung cancer more than doubles the detection of early stage disease.

As a result, screening for lung cancer saves lives.

The benefits of lung cancer screening by CT scanning can be maximised by stopping smoking.

You should discuss the potential harms and benefits of lung cancer screening with your healthcare professional and decide whether it's for you. The Manchester Lung Health Check Service is provided by:

Manchester University NHS Foundation Trust

Manchester University NHS Foundation Trust



What I need to know about lung cancer screening

Subsequent Scan



www.mft.nhs.uk/ lunghealthcheck We recommend screening for lung cancer using ultra low-dose computed tomography (low-dose CT) in adults who

- are aged 55–80
- are current smokers or former smokers
- and possess a risk of developing lung cancer over the next 6 years of 1.5% or more

If you meet all of these criteria, your specialist nurse will recommend that you consider an ultra-low dose CT scan each year for two years.

We do not recommend being screened for lung cancer with a chest x-ray.

1. What is low-dose CT and why should I be screened with it?

- Ultra Low-dose CT is a very detailed scan of your lungs and it can pick up much more than a chest x-ray can.
- By being screened with ultra low-dose CT, you are more likely to detect lung cancer when the disease is at an early stage, which will make treatment more successful.

2. Why should I be screened only once a year?

• Currently, we have evidence only on the benefits and harms of annual screening

Estimated CT scan results following 1000 participants scanned¹



¹Macmillan Cancer Improvement Partnership Manchester 2016-2017 ² Includes those referred after period of CT surveillance

4.What happens if I receive a positive scan result?

- Approxima tely 6 people in 100 will receive an abnormal scan result. Roughly half do not really have lung cancer (these are called false positives).
- If you receive an abnormal scan result, you may go through additional testing to confirm whether or not you have lung cancer. Some of these follow-up tests can be invasive, and there is a very small risk of major complications or, possibly, death.

Potential Harm of Screening 1000 people

Number of people (percentage) per 1000 scanned.

Number undergoing invasive testing³ for benign disease (not including surgery)

Number undergoing lung surgery for benign disease

Number with major complications⁴ from invasive testing/treatment⁴ for benign disease

Number with major complications⁴ from invasive testing/treatment⁴ for lung cancer

Number of deaths as a result of testing/ treatment⁴ for benign disease

Number of deaths as a result of testing/ treatment⁵ for lung cancer

One cancer in ten of screen detected lung cancers would never have become life threatening

³ Bronchoscopy or biopsy, ⁴ As definined by National Lung Screening Trial (2011) ⁵ Bronchoscopy, biopsy or surgery