Debunking the top myths about lung cancer screening

November 20 2023, by Timothy Mullett

Credit: Anna Tarazevich from Pexels

Lung cancer is the leading cause of cancer deaths in the U.S., claiming more lives than prostate cancer, breast cancer, and colorectal cancer combined. However, it can be a curable disease if detected early through

screening, which can often identify cancer before it spreads or causes symptoms.

The U.S. Preventive Services Task Force recommends annual low-dose CT scans for lung cancer screening for individuals who meet the following criteria:

- Are 50 to 80 years old
- Have at least a 20 pack-year smoking history, which is determined by multiplying the number of packs a person smoked per day by the number of years the person has smoked
- Currently smoke or have quit smoking within the past 15 years

Despite the benefits of screening, only a fraction of eligible people get screened due to public unawareness, stigma, and prevalent myths and misconceptions about the procedure. Here I've addressed some of the most common myths:

Myth: 'Lung cancer screening is not covered by my insurance or is too expensive'

Fact: If you meet the eligibility criteria, lung cancer screening is covered by Medicare, Medicaid and most private insurance plans without cost-sharing. In rare instances where insurance coverage is unavailable, many programs including UK's Lung Cancer Screening Program, offer screenings at a relatively low cost.

Myth: 'I quit smoking years ago, so I don't need to be screened'

Fact: Even individuals who have quit are at high risk for lung cancer and should get screened. While screening is primarily recommended for

those who quit within the past 15 years, the American Cancer Society recently expanded its guidelines to encourage screening for people with a smoking history outlined above regardless of the number of years since quitting.

Myth: 'I currently smoke, so I will get screened after I quit'

Fact: If you currently smoke, you are at the highest risk. Everyone deserves empathetic health care, and you should not feel judged or ashamed for smoking. In addition to screening, your doctor can help connect you to smoking cessation resources. Quitting smoking at any time, even after a lung cancer diagnosis, reduces the risk of dying from other diseases besides cancer, including heart and lung disease.

Myth: 'Lung cancer diagnosis is a death sentence. I'd rather not know'

Fact: A lung cancer diagnosis today is not the same as it was even 10 years ago. Surgery for lung cancer is becoming much less invasive, and improved treatment options include targeted therapy and immunotherapy. Getting screened is your best defense against lung cancer—if it's caught early, outcomes are greatly improved, and in some cases, the cancer can be cured.

Myth: 'Lung cancer screening is time-consuming and invasive'

Fact: Lung cancer screening is less invasive than procedures like mammograms or colonoscopies. It is a painless, quick process that involves a low-dose CT scan of the chest, taking only a few minutes to complete. Minimal preparation is required, and no needles or contrast

dye are used.

Myth: 'Lung cancer screening has a high rate of false positives'

Fact: While cancer screenings provide valuable tools for early detection, they also carry a potential for false positives. These results may appear as abnormalities on imaging tests but don't necessarily translate to a need for invasive procedures.

Provided by University of Kentucky