

Q: What happens if I have an abnormal screening test?

If your CT scan shows a pulmonary nodule, BMC's Lung Nodule Clinic is here to help. We work with you and your primary care provider to develop a specialized plan for you. Fortunately, most lung nodules cause no problems and fewer than 5% turn out to be cancer. However, it is important to follow your provider's recommendations for management of a lung nodule to make sure we catch the few that turn out to be cancer while they can be treated.

Q: What do I do if I have lung cancer?

At BMC, the care of our patients who have lung cancer is a team of process. In a highly supportive and patient-focused environment, we organize our services around you, bringing together the experience and expertise of many specialists to care for you throughout your patient journey, from your first appointment through treatment and follow-up visits.

Your care team is multi-disciplinary. It consists of providers from different fields, each with a specific focus on lung cancer.

Contact the Lung Cancer Screening and Lung Nodule Evaluation Program

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Lung Screening

Frequently Asked Questions



Q:What is lung cancer?

Lung cancer happens when abnormal cells form in the lungs and grow out of control. These abnormal spots form a nodule, or spot, where the tissue in the lung becomes more solid than it should be.

Most lung cancer is caused by smoking.

Q:What is the difference between screening and diagnostic testing?

Screening tests find a disease before it causes any symptoms or problems.

Lung cancer screening is a way to find some lung cancers early when they are small. Screening with CT scans lowers the risk of dying from lung cancer in eligible patients.

Diagnostic testing is not the same as screening. Diagnostic testing is done when someone has signs or symptoms of lung cancer or when a screening test finds something that looks like cancer.

Q: What is lung cancer screening with low-dose computed tomography?

Lung cancer screening is done with a CT scan. It uses a low dose (amount) of radiation to make detailed images of your lungs. The amount of radiation is similar to a mammogram. The scan only takes a few minutes and is not painful. You do not need an IV for the scan.

Q: How can I reduce my risk of lung cancer?

The best way is to reduce your risk of developing lung cancer is to quit smoking.

Q: Is lung screening covered by insurance?

Low-dose CT (LDCT) to screen for lung cancer is covered by Medicare and private insurance plans for qualifying patients.

Q: Who is eligible for lung screening?

The U.S. Preventative Services Task Force (USPSTF) recommends annual lung screening if:

- You are 50-80 years old (Medicare pays annual screening until age 77).
- You have a smoking history of at least 20 pack years.
 - (Example: 1 pack per day for 20 years or 1/2 pack per day for 40 years)
- You are current smoker.
- You are a former smoker that quit within 15 years.
- You are NOT having any symptoms of lung cancer.
 - (Example: not coughing up blood, no weight loss.)

Q: How can I get a lung screening?

Lung screening requires a referral from your provider. Talk to your provider about your risk for lung cancer and if you are eligible to be screening. Your healthcare provider can explain the risks and benefits, explain the results and arrange any next steps.

Q: My screening CT scan was negative (normal). What happens next?

A negative screening CT does not mean that you won't develop lung cancer in the future, and it is not a substitute for quitting smoking. The most important thing you can do to reduce your risk of lung cancer is to not smoke or use any form of tobacco. Also, in most cases, we recommend a repeat screening CT scan in another year's time.

