

Information for Employers: Lung Cancer Screenings and What Employees Should Know

Although lung cancer is the leading cause of cancer death among men and women,¹ only 5.8% of Americans at high risk for lung cancer were screened in 2021.²

The low rate of lung cancer screening may be due to unawareness of the recommendations for screening and who is at high risk for lung cancer.^{3,4} In 2021, the US Preventive Services Task Force (USPSTF) published a recommendation statement on screening in people who do not have signs or symptoms of lung cancer but are at high risk.⁵

It is important that people recognize the criteria for annual lung cancer screening. Lung cancer screening with low-dose computed tomography (LDCT) takes less than 10 minutes to complete and does not require any medications or needles.^{5,6}

Early Detection of Lung Cancer Is Important

When diagnosed at an early stage, before it has spread, lung cancer has a relative 5-year survival rate of 61.2%, but when diagnosed at advanced stages, the relative 5-year survival rate decreases to as low as 7%.⁷ Delays in screenings can lead to lung cancer being diagnosed at a later stage when it is harder to treat.⁸

Symptoms and Risk Factors

Most lung cancers do not cause any symptoms until they have spread, but some people with early lung cancer do have symptoms.⁹ While anyone can get lung cancer, a person's risk increases when they meet ≥ 1 of the following criteria^{10,a}:

- Currently smoke or have smoked in the past¹⁰
- Have exposure to secondhand smoke¹⁰
- Have a family history of lung cancer, such as a parent or sibling¹⁰

^aThe above list does not include all risk factors for lung cancer.

USPSTF Recommendations

The USPSTF recommends an annual screening for lung cancer with LDCT for:

- Adults aged 50 to 80 years with a smoking history of at least 20 pack-years who currently smoke cigarettes or have quit within the past 15 years.^{5,b,c}

It is important to stay consistent with national guidelines as you encourage your employees to consider lung cancer screening.

^bA pack-year is the number of packs of cigarettes a person smoked per day multiplied by the number of years they have smoked.¹¹

^cScreening 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 to undergo lung surgery.³

Why Lung Cancer Screening Matters

- Screening can lead to detection of lung cancer at an earlier stage.³ Based on the updated 2021 USPSTF recommendations, up to 14.5 million individuals now meet the high-risk criteria for annual lung cancer screenings.¹²
- In the United States, data from 2012-2018 revealed that only 19% of people diagnosed with lung cancer had early-stage disease, while 77% of people had either regional or distant disease.⁷
- Lung cancer is most commonly detected when symptoms have developed, which usually do not appear until the cancer is advanced.⁹ Advanced lung cancer has a significantly lower 5-year survival rate than early-stage lung cancer.⁷



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Encourage your employees to continue their regular health care visits and, for appropriate employees, screenings for lung cancer

- Encourage routine health care appointments and screenings for patients at high risk for lung cancer. Please consider the latest USPSTF lung cancer screening guidelines.⁵
- Emphasize that LDCT screenings take less than 10 minutes to complete and do not require any medications or needles to perform.⁶
- Ensure that your employees understand that lung cancer may be present without any symptoms until the cancer has spread, but some people with early-stage lung cancer do have symptoms.⁹
- Educate your employees about lung cancer risk factors:
 - Currently smoke or have smoked in the past¹⁰
 - Have exposure to secondhand smoke¹⁰
 - Have a family history of lung cancer, such as a parent or sibling¹⁰

Learn more about lung cancer, risk factors, and symptoms by visiting the following websites:

- ▶ **American Lung Cancer Screening Initiative** at <https://www.alcsi.org/>
- ▶ **Lung Cancer Research Foundation** at lungcancerresearchfoundation.org

References:

1. American Cancer Society. Last revised January 12, 2023. Accessed January 20, 2023. <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html> **2.** American Lung Association. Updated November 17, 2022. Accessed December 9, 2022. <https://www.lung.org/research/state-of-lung-cancer/key-findings> **3.** US Preventive Services Task Force (USPSTF). Screening for lung cancer. US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(10):962-970. **4.** Coughlin JM, Zang Y, Terranella S, et al. Understanding barriers to lung cancer screening in primary care. *J Thorac Dis*. 2020;12(5):2536-2544. **5.** US Preventive Services Task Force issues final recommendation statement on screening for lung cancer. US Preventive Services Task Force Bulletin. Published March 9, 2021. Accessed January 12, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/lung-cancer-newsbulletin.pdf **6.** The University of Kansas Cancer Center. Low-dose CT scan FAQ. Accessed January 20, 2023. <https://www.kucancercenter.org/cancer/cancertypes/lung-cancer/lung-cancer-diagnosis-screening/low-dose-ct-faq> **7.** National Cancer Institute. Cancer Stat Facts: Lung and Bronchus Cancer. Accessed January 18, 2023. <https://seer.cancer.gov/statfacts/html/lungb.html> **8.** American Lung Association. Accessed November 15, 2022. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet> **9.** American Cancer Society. Last revised October 1, 2019. Accessed January 18, 2023. <https://www.cancer.org/cancer/lung-cancer/detection-diagnosis-staging/signs-symptoms.html> **10.** American Cancer Society. Last revised January 12, 2023. Accessed January 20, 2023. <https://www.cancer.org/cancer/lung-cancer/causes-risks-prevention/risk-factors.html> **11.** National Cancer Institute. Pack year. Dictionary of Cancer terms. Accessed January 19, 2022. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pack-year> **12.** Nelson R. March 9, 2021. Accessed October 28, 2022. <https://www.medscape.com/viewarticle/947102>



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