

American Cancer Society: A Lung Cancer Screening Guide for Cancer Coalitions

This document is designed to share information relevant to cancer control planning. It includes guidelines, data, opportunities to engage partners, and interventions to activate and advance lung cancer screening initiatives.



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Recommendations and Guidelines

Leading organizations strongly agree on the value and importance of annual lung cancer screening (LCS) with low-dose CT (LDCT) for adults with a history of smoking who are at high risk for lung cancer. They include the [United States Preventive Services Task Force \(USPSTF\)](#), the [American Cancer Society \(ACS\)](#), the [American College of Chest Physicians](#), the [American Academy of Family Physicians](#), the [National Comprehensive Cancer Network](#), and the [Center for Medicare & Medicaid Services](#).¹

	<u>2021 USPSTF Recommendations²</u>	<u>2023 ACS Guidelines¹</u>
Age	50-80 years	50-80 years
Smoking Status	Persons who currently smoke or formerly smoked (and quit no more than 15 years ago)	Persons who currently smoke or formerly smoked
Smoking History	20+ pack-years	20+ pack-years
Recommendation	Annual screening with LDCT scan	Annual screening with LDCT scan
Additional Information <ul style="list-style-type: none">• People who currently smoke should be counseled about quitting and offered interventions and evidence-based resources to help them.• Shared decision-making is an important part of LCS. Before deciding to be screened, people should have a discussion with a health care professional about the purpose of screening and how it is done, as well as the benefits, limits, and possible harms of screening.		



A pack-year is equal to smoking 1 pack or about 20 cigarettes per day for 1 year.

For example, smoking 1 pack a day for 20 years or 2 packs a day for 10 years

Data to Inform Your Coalition Efforts



40%

Lung cancers diagnosed in people who quit smoking more than 15 years prior³



6%

Increased incidence of lung cancer among Black men compared to White men⁴



86%

Lung cancers in the US are caused by smoking⁴

2025 Estimates for Lung Cancer⁵

New Cases: 226,650

Deaths: 124,730



[Black people develop lung cancer at younger ages and with lower smoking intensity than White people.](#)³



[In the absence of screening, more than 40% of lung cancers are detected at a distant stage, which has a 5-year relative survival rate of only 9%.](#)⁵

Cancer affects everyone, but it doesn't affect everyone equally.

In a review of the scientific literature, racial residential segregation contributed to poor cancer outcomes in 70% of the studies.⁶ Living in segregated areas was associated with increased chances of later-stage diagnosis of lung cancer and higher lung cancer mortality.⁶ Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage, contribute to poor health for many racial and ethnic groups, LGBTQ+ people, people with limited incomes, and people with disabilities.⁷

Geography

- Lung cancer has the largest geographic variation of any cancer type because of vast differences in smoking prevalence among states.⁸
 - For example, lung cancer incidence and mortality rates are three to four times higher in West Virginia, where 22% of people smoke overall, compared to Utah, where only 6% of people smoke.⁸

Income

- People with limited incomes are about twice as likely to smoke as those who have higher incomes. As a result, people who reside in high poverty counties have lung cancer death rates that are about 22% higher than those who reside in higher-income counties.⁹

Race

- Lung cancer mortality rates have significantly declined in the Black population, yet higher incidence continues. This is largely due to barriers in communication between health care providers and patients and medical mistrust, as well as disparities in screening eligibility, insurance coverage, access to care, and income.⁹⁻¹¹

Gender and Sexual Identity

- Approximately 1 in 6 LGBTQ+ adults smoke cigarettes compared with about 1 in 9 heterosexual adults.¹²

Messaging for Your Coalition's LCS Efforts

Following are key messages that can help prompt conversations about LCS within your community. These evidence-based messages were developed using market research conducted by the American Cancer Society National Lung Cancer Roundtable (ACS NLCRT).

Recommended Messaging to Reach People Who Have Not Been Screened

- Lung cancer screening is covered by Medicare and by most private health insurance plans, and as of 2019, in Medicaid programs in over half of the states.
- Lung cancer screening takes just a few minutes, and it is an effective way to help find lung cancer early.
- Anyone can get lung cancer, and screening is recommended if you are 50 or older and currently smoke or used to smoke.
- Yearly lung cancer screening helps save lives by catching it early when treatment is more likely to be successful.

Audience	Key Messages
People who currently smoke	<p>People in this group respond most strongly to messages that address the benefits of early detection and reduced barriers to screening.</p> <p>Messages that emphasize the speed and ease of the screening process are effective in minimizing concerns.</p>
People who formerly smoked	<p>The people in this group are particularly motivated by messages that acknowledge their continued risk for lung cancer after quitting.</p> <p>Messages emphasizing insurance coverage and risk reduction are particularly effective.</p>
People ages 50-64	<p>People in this age group are more responsive to messages that stress the urgency of screening for those aged 50 and older.</p> <p>Messages that reinforce the importance of early detection and better outcomes are particularly effective in motivating this age group.</p>
People ages 65 and older	<p>For people in this age group, messages focusing on the ease of the screening process and the fact that Medicare covers screening are the most effective.</p> <p>These messages address practical concerns and help alleviate fears about the process.</p>



Explore ACS Brand Central!

Find ready-to-use ACS resources and materials, including screening reminder postcards, social media graphics, fact sheets, and survivor testimonial videos.



Building Your Coalition's Capacity to Address LCS

Start or join an existing lung cancer-focused workgroup of the state comprehensive cancer coalition. You can visit this link to find your state's [Comprehensive Cancer Control Program plan](#).



RESOURCE TIP: Use the [ACS NLCRT State-Based Initiative Planning Tool](#) as your coalition's developmental reference guide. Find **ready-made templates, guidance, and examples** on achieving milestones, such as holding a kickoff meeting, recruiting partners, and establishing lung cancer priorities.



Gather data related to lung cancer in your state/tribe/territory.



RESOURCE TIP: Visit these links to gather the data you will need to guide your efforts:

- Find your state's LCS rates in Table 6G of [Cancer Prevention & Early Detection Facts & Figures, 2025-2026](#).
- Find US statistics on cancer occurrence, risk factors, and screening by visiting the [ACS Cancer Statistics Center](#).
- Use the CDC's US Cancer Statistics: Data Visualization tool to find [lung cancer incidence and mortality data](#) for the nation, states, congressional districts, and counties.
- Find the CDC's US Cancer Statistics: Data Visualizations tool on lung cancer [stage at diagnosis](#), by state.
- Explore the [ACS NLCRT Dashboard](#) to learn more about your state's percentage of age-eligible population for LCS, access to LCS facilities, and surveillance rates for LCS.
- To create even more in-depth maps of the US or your state, visit the [ACS NLCRT Interactive Lung Cancer Atlas](#), which can layer multiple demographics and risk factors on top of the data listed above.



ACS has a **data visualization PowerPoint that includes 2022 LCS rates** from the [Centers for Medicare & Medicare Services Mapping Medicare Disparities](#). Contact a [regional ACS team member](#) to access this PowerPoint as well as other helpful resources.

Conduct an **environmental scan** to find out what is already happening in lung cancer control in your region.



RESOURCE TIP: Developed by the ACS [Comprehensive Cancer Control National Partnership \(CCNPP\)](#), this [worksheet](#) walks you through the environmental scan process with guiding questions and action steps that will frame your efforts.

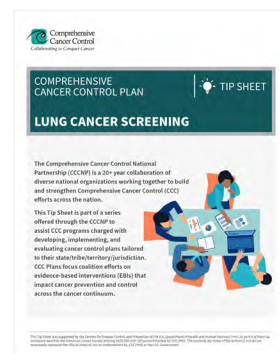


Building Your Coalition's Capacity to Address LCS (cont'd)

Develop goals, objectives, and strategies for inclusion in your [state cancer control plan](#) to ensure their enduring prioritization within your state/tribe/territorial cancer coalition.



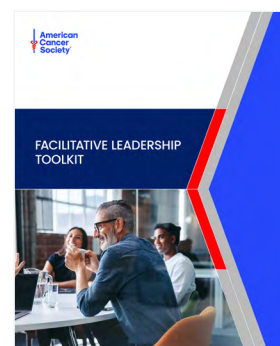
RESOURCE TIP: The [Lung Cancer Screening Tip Sheet](#) from the CCCNP provides step-by-step guidance.



Choose one or more lung cancer objectives from your cancer control plan that your **coalition will prioritize** for implementation over the next year.

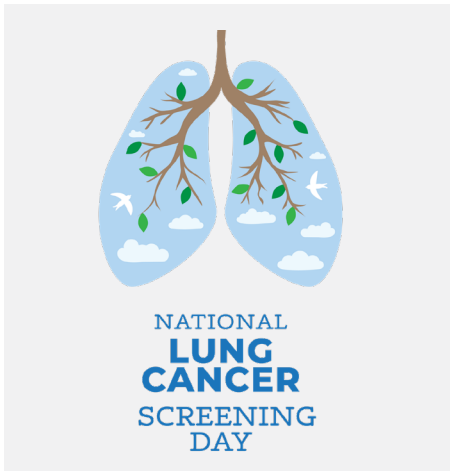


RESOURCE TIP: The [ACS Facilitative Leadership Toolkit for Cancer Coalitions](#) has detailed, easy-to-follow instructions for facilitative exercises that will help your coalition/workgroup come to a group consensus.



Coalition Opportunity: National Lung Cancer Screening Day

[National Lung Cancer Screening Day](#), which is the second Saturday in November each year, offers a collaborative opportunity for your coalition to raise awareness for LCS and help reduce disparities.



This national campaign is coordinated through a collaboration among the [American College of Radiology](#), the [ACS NLCRT](#), the [Radiology Health Equity Coalition](#), the [Department of Veterans Affairs](#) (VA), and [GO2 for Lung Cancer](#).

The campaign asks screening facilities to open their doors on the second Saturday in November for LDCT scans for lung cancer. This allows individuals who cannot take time off from work to be screened, increasing the accessibility of lung cancer screening overall. It also seeks to raise overall awareness of the importance of LCS in the US.

[Register](#) to get access to ready-to-share promotional materials for your coalition's use!

Interventions to Increase LCS

This section contains information compiled by ACS through a review of the literature at the time this resource was released. At present, the Community Preventive Services Task Force (CPSTF) has not published evidence-based recommendations regarding public health interventions to increase LCS. Yet there is emerging literature supporting interventions for use in LCS, which are outlined below, with citations for your reference.

Strategies to Reach Patients

Patient reminders for surveillance after initial LCS. Reminders can be written (letter, postcard, email, text) or telephone messages (including automated messages).¹³

- **Coalitions could:**

- Provide health systems with tested messages to use in patient reminders.
- Create and/or print patient reminders and distribute them through partner health systems.
- Present at a statewide conference on the evidence supporting patient reminders in LCS surveillance.

Group education provides information to patients or health care providers about the benefits and risks of LCS and encourages screening discussions.¹⁴

- **Coalitions could:**

- Conduct train-the-trainer sessions.
- Create and/or provide ready-to-use educational materials, as well as evaluation tools.
- Develop and maintain an LCS speakers bureau.

One-on-one education provides information from health care professionals, advisors, or volunteers to individuals about indications for, benefits of, and ways to overcome barriers to LCS. Conversations are intended to help inform, encourage, and motivate individuals to seek recommended screening options.^{15,16}

- **Coalitions could:**

- Provide data to health education entities to help target their activities.
- Conduct an environmental scan regarding screening locations and disseminate that information to those conducting education.
- Provide educators with materials that use tested messages.

Strategies for Health Care Providers and Health Systems

Evidence supports **engaging a clinical champion** in implementing evidence-based practices and influencing change.¹⁷⁻²⁰ Clinical champions are clinicians in health systems that serve as advocates for LCS programs. These individuals have an interest in improving processes and practices around LCS and can be helpful in getting system buy-in, accessing resources to support the work, and sharing the successes of the intervention.

- **Coalitions could:**

- Connect champions with ready-to-use resources for their use within their health system.
- Provide clinicians interested in starting LCS programs with resources to make the business case, such as [Lung PLAN](#).
- Outline, communicate, and connect your champions with speaking opportunities and meetings with decision-makers.

A multi-faceted **electronic health record (EHR) integrated intervention** has been associated with reducing disparities in LCS.²¹⁻²⁴

- **Coalitions could:**

- Convene a meeting of health system administrators and major EHR providers in your state to share evidence-based interventions.

Professional education aims to increase the knowledge of clinical staff and change their attitudes about LCS. Information may be shared through written materials, videos, lectures, continuing medical education programs, computer-assisted instruction, or distance-based training.^{25,26}

- **Coalitions could:**

- Organize a training for clinicians on evidence-based interventions in LCS.
- Use the [ECHO model](#) to conduct a series on LCS.
- Conduct trainings for medical office staff on best-practice workflows for LCS.

Health care provider reminder and recall systems inform health system providers that it's time for a patient's LCS (called a "reminder") or that the patient is overdue for screening (called a "recall"). These alerts can be provided in different ways, such as in patient charts, EHR, or by email.²⁷

- **Coalitions could:**

- Provide reminder template language to health systems and health care provider associations.
- Develop a coalition award for practices with increasing LCS completion rates.

A **standing order** provides written authority for members of health care teams to perform certain clinical care without obtaining a physician order first. In regards to LCS, standing orders can relieve physician workloads and streamline processes for tobacco use history and eligibility assessments.^{28,29}

- **Coalitions could:**

- Compile a selection of standing order templates and make them available to health systems.
- Feature a health system partner that has had success with standing orders in LCS eligibility assessment on your website or during a meeting.

Interventions to Increase Community Access to Care

Patient navigation in the cancer care setting helps to connect a person with cancer with the help and support they need. The goal of cancer navigation is to find ways to overcome issues that keep people from getting access to quality cancer care. Patient navigation services advance health equity when implemented among populations that often have lower screening rates.³⁰

- **Coalitions could:**

- Educate policymakers about the impact of patient navigation among populations experiencing disparities.
- Hold a patient navigation summit and provide education and materials on LCS.

Reduce structural barriers to LCS, which would include any non-economic burden or obstacle that makes it difficult for people to access LCS (e.g., modifying hours of service to meet patient needs, eliminating or simplifying administrative procedures like scheduling assistance, transportation, dependent care, or translation services).³¹

- **Coalitions could:**

- Participate in [National Lung Cancer Screening Day](#) by promoting awareness among health system partners and providing ready-to-go materials and resources.

Links to Key Resources

Below are key resources from ACS to assist your coalition in addressing LCS.

Awareness Day

- [National Lung Cancer Screening Day](#) website

CCCNP Resource List

- The [CCCNP](#) is a national coalition of 17 organizations that seeks to support coalitions in implementation of their jurisdictional cancer plans. ACS is a founding member of CCCNP and has been active in the partnership for over 25 years.

In 2024, the CCNP curated an extensive list of organizations and resources to aid coalitions in their LCS efforts. Explore their 2-pager titled “[Lung Cancer Screening for Comprehensive Cancer Control Coalitions: Resources and Opportunities to Make an Impact.](#)”



Clinical Program Development

- ACS NLCRT [Best Practice Guide for Building Lung Cancer Early Detection Programs](#)
- ACS NLCRT [Lung Cancer Stigma - Communication Assessment Tool](#)
- ACS NLCRT [Lung PLAN](#) (financial planning tool)
- ACS NLCRT [Steps for Increasing Lung Cancer Screening: A Guide for Primary Care Practices](#)

Coalition Building

- ACS NLCRT [State-Based Initiative Planning Tool](#)

Data

- ACS [Cancer Screening Locator](#)
- ACS Cancer Statistics Center [Lung and Bronchus Cancer Webpage](#)
- ACS NLCRT [Health Systems Dashboard](#) (locations of LCS facilities)
- ACS NLCRT [Lung Cancer Atlas](#) (extensive database)

Guidelines

- [ACS Screening Guidelines for Lung Cancer \(2023 Guideline Update\)](#)

Information & Materials

- [ACS Brand Central](#) (downloadable/printable materials)
- ACS NLCRT [Resource Center](#)
- [ACS website: Lung cancer information for patients and caregivers](#)
- [ACS website: Information and resources for health care professionals](#)

Let ACS continue to be a resource for your coalition!

[ACS](#) and our advocacy affiliate, the [American Cancer Society Cancer Action Network \(ACS CAN\)](#) are working to increase awareness and access to quality LCS. Listed below are ACS and ACS CAN priority areas in addressing LCS. Click on the links to learn more.

- [Provide access to LCS for eligible patients](#)
- Integrate [tobacco cessation interventions](#) in the screening workflow
- Promote awareness of [lung cancer screening eligibility](#) and [screening locations](#)
- Use of person-first [language to help reduce stigma](#)

[Contact your ACS regional associate director of state partnerships](#) for more information about these priorities in LCS.

Further reading: [ACS NLCRT Strategic Plan Articles Series \(October 2024\)](#)

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