

The importance of shared decisionmaking

Lung cancer screening with low-dose computed tomography (LDCT) reduces mortality from lung cancer. There are also potential harms associated with lung cancer screening, including a high-false positive rate and the associated need for diagnostic followup, known and unknown risks of additional testing associated with incidental findings, cumulative radiation exposure, and overdiagnosis. Shared decisionmaking is a collaborative patient-centered process in which patients and clinicians make decisions together, within the context of the best evidence and recommendations and based on the patient's values and preferences.

Tips To Promote a Shared Decision

Below is a five-step process for shared decisionmaking that includes exploring and comparing the possible benefits and harms of each option through meaningful dialogue about what matters most to the patient.

STEP 1: Seek your patient's participation in the decisionmaking process.

STEP 2: Help your patient explore and compare the potential benefits and harms of lung cancer screening, and assess your patient's level of understanding. (See the teach-back examples in the box to the far right.)

STEP 3: Assess your patient's values and preferences about lung cancer screening.

STEP 4: Reach a decision about lung cancer screening with your patient.

STEP 5: Evaluate your patient's feelings about the decision by having a followup discussion.

Ordering Information



Lung Cancer Screening with Low-Dose Computed Tomography (LDCT): Tools for Primary Care Clinicians, is a free multicomponent resource to support decisionmaking about lung cancer screening in the primary care setting. For electronic copies of this multicomponent resource, visit www.effectivehealthcare.ahrq.gov/LCS/

Talking Points

Below are specific points to address during the clinical encounter.

- » Lung cancer screening can be effective if patients 1) follow the screening protocol, 2) undergo diagnostic followup procedures after a positive screening result, and 3) receive treatment, which has potential harms.
- » Screening does not mean that smoking is OK. Smoking still causes lung cancer, cardiovascular disease, and other lung disease.
- » Screening can lead to early treatment that can prevent some, but not all, lung cancer deaths.
- » False-positive results ("false alarms") are common, and additional scans or invasive procedures may be needed. Less commonly, major complications of invasive procedures can occur, including bleeding, infection, or a collapsed lung.
- » Lung cancer screening may find lung cancer that would not have ever caused symptoms or harmed the patient in his or her lifetime if the cancer had not been found. This could lead to treatment of people who do not really need treatment.
- » Screening and followup testing exposes patients to radiation. The harms associated with cumulative radiation exposure are unknown.
- » Screening should stop if the patient 1) exceeds the upper age criterion, 2) no longer wants screening, 3) has a worsening health condition that limits their life expectancy or increases the risk of complications from lung surgery, or 4) has not smoked for 15 years.

Teach-Back Examples

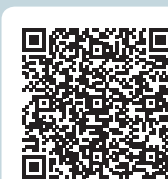
"I know I have given you a lot of information. Tell me in your own words what you have heard."

"What are your thoughts about lung cancer screening?"

"Let's stop right there for a moment. What questions or comments do you have about the information I have given you?"

Referral Information

To find a radiology imaging facility that meets the CMS eligibility criteria, please visit:



www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/Lung-Cancer-Screening-Registries.html

