

SCREENING MAY BE RECOMMENDED

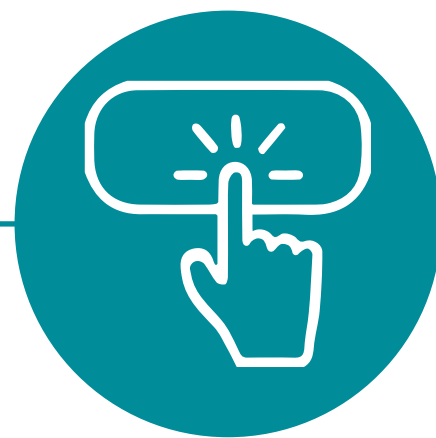
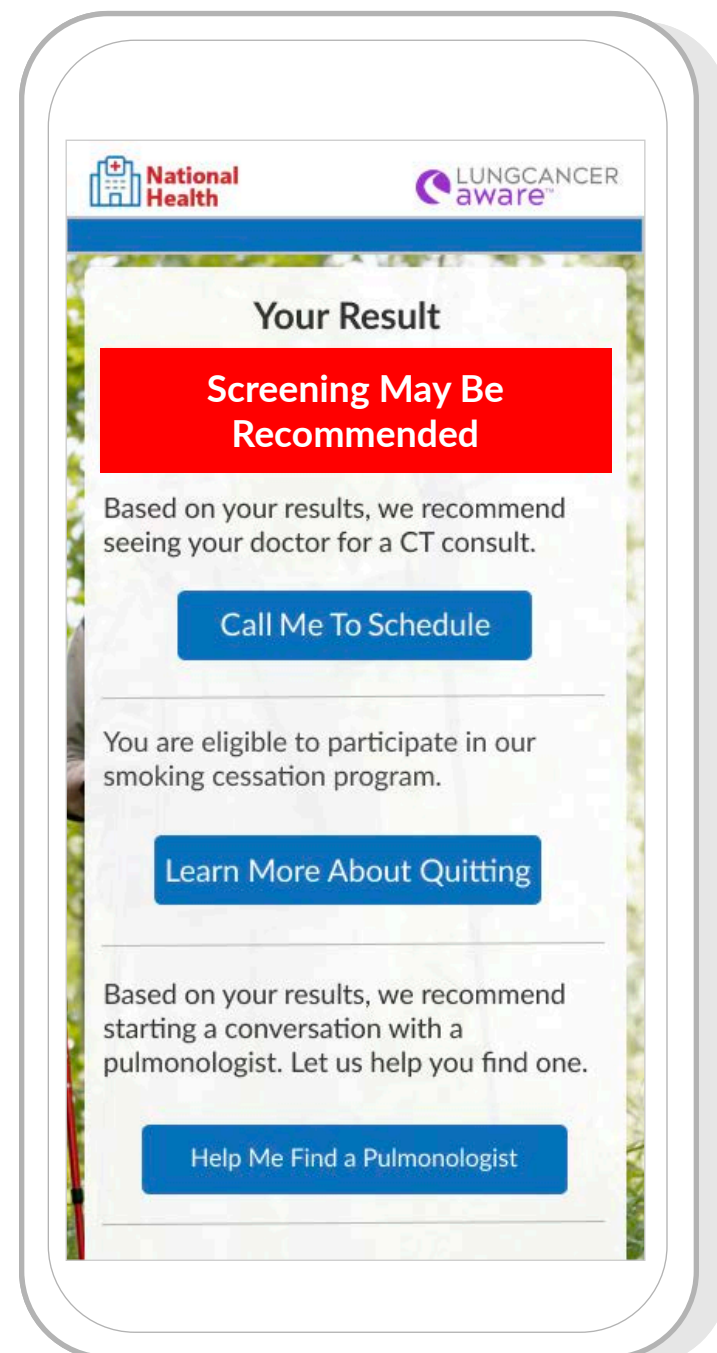
People in this category may be eligible for lung cancer screening using low-dose CT because they meet all of these criteria:

- Age 50 to 77
- 20+ pack-year smoking history
- Current smoker or quit fewer than 15 years ago

These users may not be “surprised” about their results given their smoking history, but they may have great anxiety regarding their risk for lung cancer. These users are encouraged to speak with a doctor about the risks, benefits, and limitations of lung cancer screening.

These users may also have other risks for lung cancer, including exposure to cancer-causing substances, certain lung diseases, or a history of radiation therapy to the chest.

GOAL: SCHEDULING APPOINTMENT WITH PRIMARY CARE FOR SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling with primary care for screening.
- Smoking cessation programs or other wellness initiatives offered by your organization.
- Pulmonary care options at your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Schedule a screening appointment with primary care.
- Review the results report with them and answer any questions they have about their results.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with their doctor.
- The early signs of lung cancer or other smoking-related diseases.
- Who should see an oncologist, and when.



SCREENING VIA PRIMARY CARE

- Users should visit primary care for lung cancer screening.
- Enroll the user in a smoking cessation program if appropriate.



EXAMPLE PERSONA



Lisa is a 56-year-old woman. She works in management for a construction company, is overweight, and has been a pack-a-day smoker for 28 years.

Lisa has been having a harder time keeping up with her work because she is often out of breath, fatigued, and has had a cough for several months that won't go away.

She became concerned about her risk for lung cancer following the death of a close friend at age 62. Lisa found this assessment when searching for lung cancer symptoms on her local hospital's website.

DISCUSS SCREENING WITH A DOCTOR

People in this category may be eligible for lung cancer screening using low-dose CT because they meet all of these criteria:

- Age 78 to 80*
- 20+ pack-year smoking history*
- Current smoker or quit fewer than 15 years ago

This category was created to handle individuals who meet the USPSTF criteria for low-dose CT screening. These people should be made aware that, based on their age and/or smoking history, some insurance providers may not provide coverage for a low-dose CT scan.

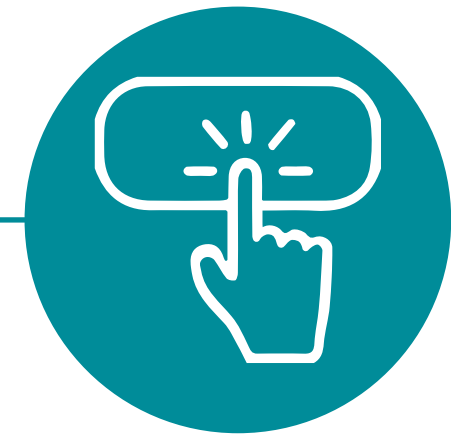
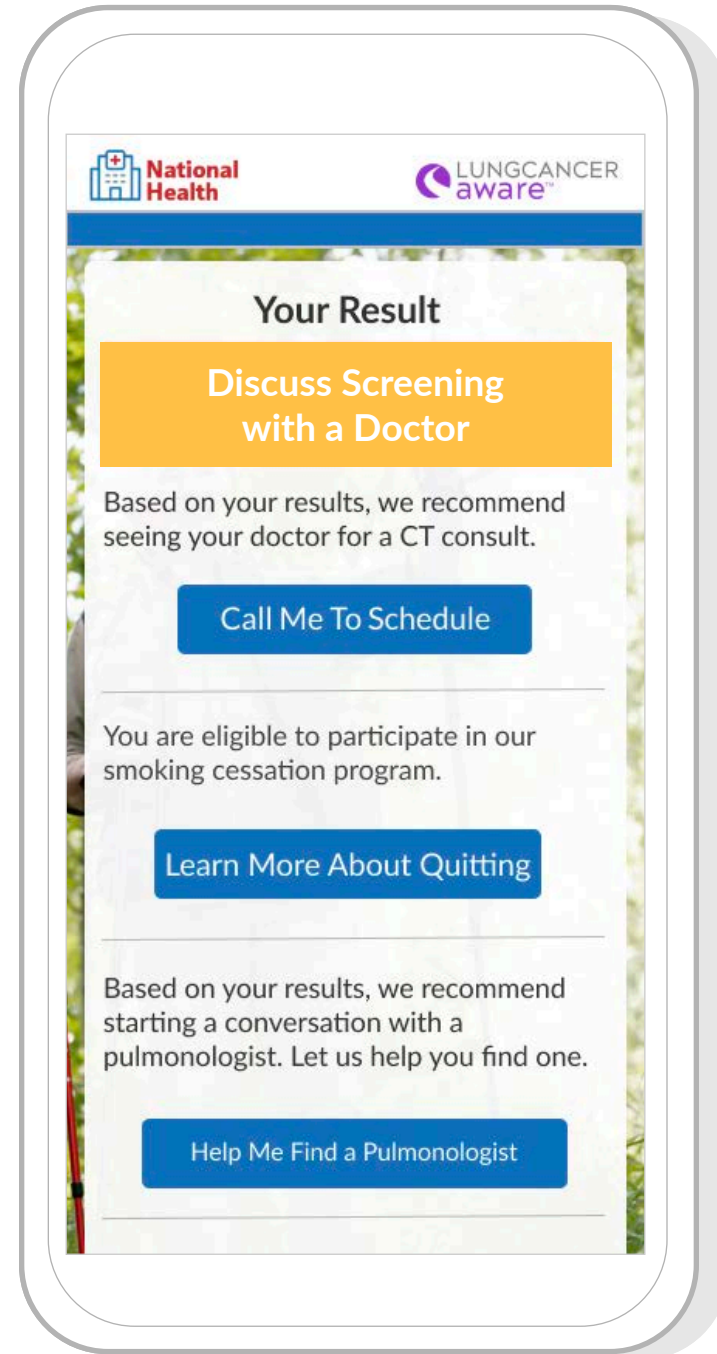
*For people aged 50 to 77 with a 20+ pack-year smoking history, see *Screening May Be Recommended*.

These users may not be “surprised” about their results given their smoking history, but they may have great anxiety regarding their risk for lung cancer.

These users are encouraged to speak with a doctor about the risks, benefits, and limitations of lung cancer screening.

Given their age and smoking history, users in the category who indicate they do not have a primary care physician should be followed up with more aggressively to establish a relationship with primary care.

GOAL: APPOINTMENT WITH PRIMARY CARE TO DISCUSS SCREENING OPTIONS



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling with primary care.
- Pulmonary care options at your organization.
- Smoking cessation programs or other wellness initiatives available through your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Schedule an appointment with primary care.
- Review the results report with them and answer any questions they have about their results.
- Discuss options for screening.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with primary care.
- The signs of lung cancer or other smoking-related diseases.
- Who should see an oncologist, and when.



APPOINTMENT WITH PRIMARY CARE

- Users in this group with private insurance should verify coverage of low-dose CT scans.
- Users should be informed of other forms of screening, including the risks and benefits of each.
- Enroll the user in a smoking cessation program, if appropriate.



EXAMPLE PERSONA



JoAnne is a 78-year-old former smoker. She quit smoking 5 years ago, after smoking one pack per day for 25 years.

She found this assessment on her local hospital's website and decided to find out if her long history of smoking put her at increased risk for lung cancer and if she should be screened now.

DISCUSS SCREENING AT AGE 50

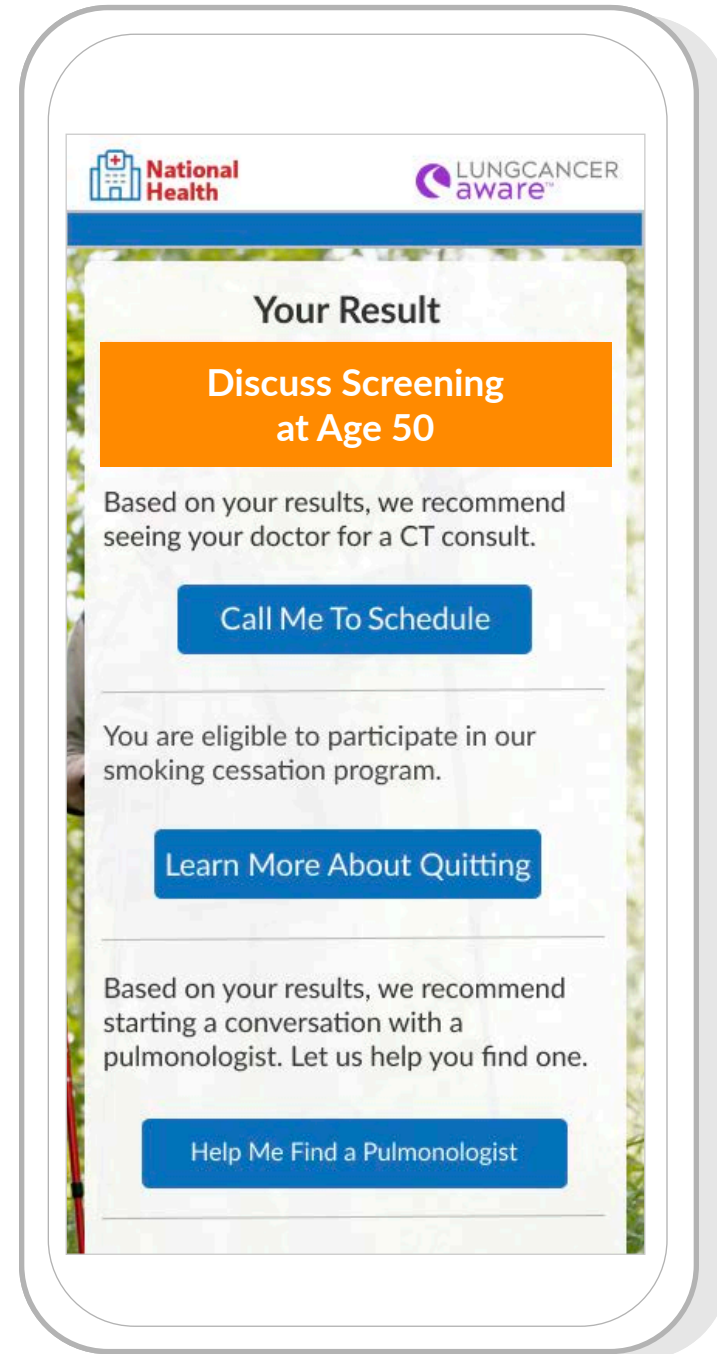
People in this category may become eligible for lung cancer screening using low-dose CT at age 50 because they meet one of these 2 criteria:

- Current smoker, age 35 to 49, 20+ pack-year smoking history
- Former smoker, age 35 to 49, 20+ pack-year smoking history, quit after age 35

These users may be eligible for lung cancer screening at age 50 based on their current smoking history. This screening recommendation will be applicable regardless of their smoking status at age 50.

For current smokers, focus should be placed on smoking cessation programs. For former smokers, focus should be placed on wellness initiatives and other lifestyle-related interventions for overall health. Both smokers and former smokers should establish a screening schedule with primary care.

GOAL: CREATING SCREENING SCHEDULE DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling with primary care.
- Smoking cessation programs.
- Pulmonary care options at your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Discuss their results report and explain their screening recommendation.
- If a current smoker, enroll them in a smoking cessation program.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with primary care.
- The early signs of lung cancer or other smoking-related diseases.
- Lifestyle changes that can promote better lung health.
- The risks and benefits of lung cancer screening.



ESTABLISH SCREENING SCHEDULE

- These users should discuss a screening schedule at their next regular primary care visit.
- Users should be informed of the risks and benefits of low-dose CT scans when discussing screening.
- Enroll the user in a smoking cessation program if appropriate.



EXAMPLE PERSONA

Susan is a 48-year-old woman who has smoked 35 cigarettes daily for 24 years.

Susan has been mulling over the idea of quitting smoking for a few years. She quit for 1 year at age 22 while pregnant. Her main motivation now is her new grandchild. She wants to be around to see him grow up.

She found this assessment after a recent visit to her primary care doctor and was worried by her results.

SCREENING NOT CURRENTLY RECOMMENDED

People in this category may become eligible for lung cancer screening using low-dose CT at a later date if they don't quit smoking. They meet one of these 2 criteria:

- Current smoker, age 18 to 34*, 20+ pack-year smoking history
- Current smoker, age 18 to 80, less than a 20 pack-year smoking history

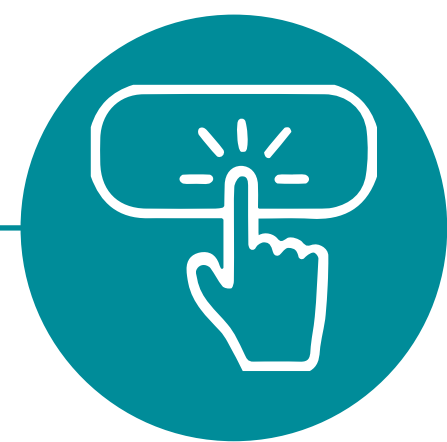
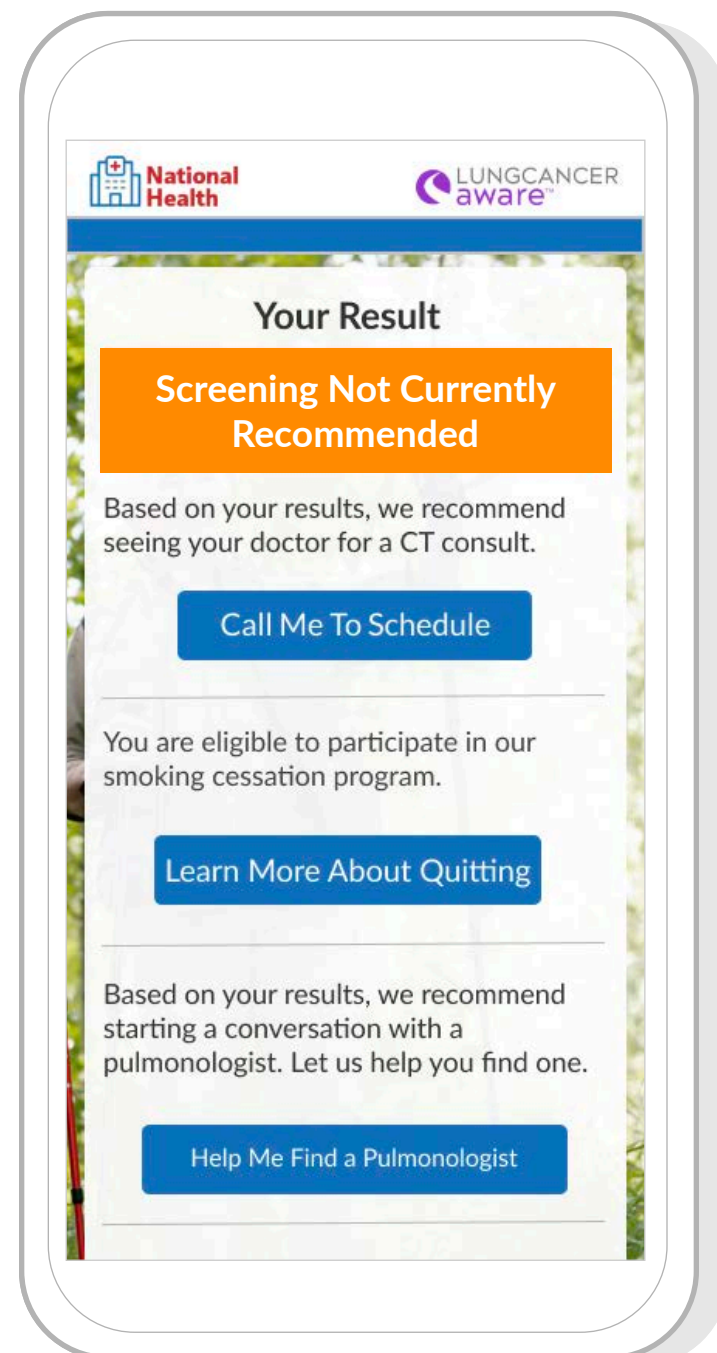
*For people aged 35 to 49 who meet these criteria, see *Discuss Screening Options at Age 50*.

These users are current smokers whose future screening recommendation depends upon whether or not they quit smoking.

If smokers with a 20+ pack-year smoking history quit before age 35, they won't be eligible for routine screening when they turn age 50 (i.e., current guidelines only recommend routine screening for people who've smoked within the past 15 years). If smokers with less than a 20 pack-year smoking history quit before reaching the 20 pack-year threshold, they won't be eligible for routine screening either.

Follow-up efforts should be focused around smoking cessation programs and other lifestyle interventions that may help lower their risk of cancer and other smoking-related diseases.

GOAL: ENROLLMENT IN SMOKING CESSATION PROGRAM



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Smoking cessation programs offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Enroll them in a smoking cessation program.
- Schedule an appointment with primary care.
- Discuss their results and answer any questions they may have about lung cancer screening.



NURTURING

Customize your nurturing content to explain:

- Smoking cessation programs offered by your organization.
- The importance of staying in touch with primary care.
- The early signs of lung cancer and other smoking-related diseases.
- Who should be screened for lung cancer, and when.



ENROLLMENT IN SMOKING CESSATION PROGRAM

- Enroll the user in a smoking cessation program.
- Generally, these users should be under the care of a primary care physician to monitor their cessation progress.



EXAMPLE PERSONA

Joe is 32 years old and has been a pack-and-a-half per day smoker for 17 years.

His father was recently diagnosed with lung cancer, so Joe is wondering if that increases his risk too.

Joe found this assessment through an advertisement on his local hospital's Facebook page. His results report indicates he's got a "significant history of tobacco use," so he's finally ready to talk to a doctor about his options for quitting.

NOT RECOMMENDED DUE TO AGE

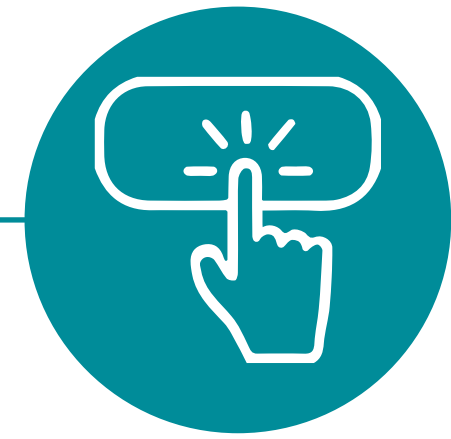
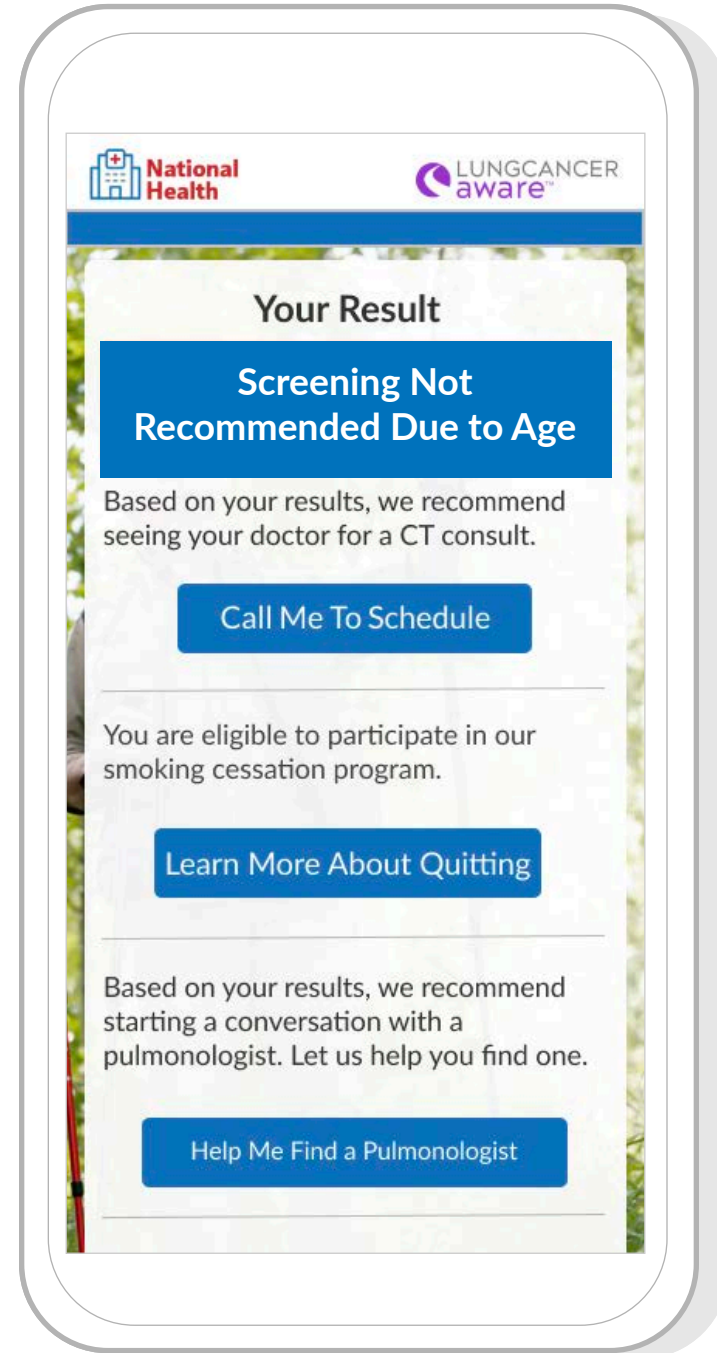
This category includes current or former smokers over age 80. Routine screening is not recommended for this group because, in general, the risks and limitations of screening for lung cancer outweigh the benefits after age 80.

These users will typically not be recommended for low-dose CT scans to screen for lung cancer, regardless of their smoking history or current smoking status.

These users should be engaged by primary care or pulmonology to discuss other options for detecting lung cancer. Current smokers should be encouraged to enroll in a smoking cessation program.

Users in the category who do not have a PCP should be followed up with more aggressively to establish a relationship with primary care.

GOAL: SCHEDULING AN APPOINTMENT WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.
- Health fairs or other wellness events offered by your organization.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results with them and answer any questions they have.
- Schedule an appointment with primary care to address their concerns.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with their doctor.
- The early signs of lung cancer.
- Who should see a pulmonologist, and when.



PRIMARY CARE APPOINTMENT

- Users should be informed of their risks for developing lung cancer, as well as the risks and benefits of screening at their age.
- Enroll the user in a smoking cessation program if appropriate.



EXAMPLE PERSONA

Howard is 83 years old, and he smoked cigarettes for 48 years. He quit when he married his second wife, who has asthma.

Howard was prompted by his granddaughter to take this assessment, which she found on her hospital's website.

Howard learned that routine screening isn't recommended at his age, so he's curious if there are other screening tools to assess his lung cancer risk.

FORMER SMOKER — SCREENING NOT RECOMMENDED

People in this category are former smokers who aren't eligible for lung cancer screening using low-dose CT because of one the following:

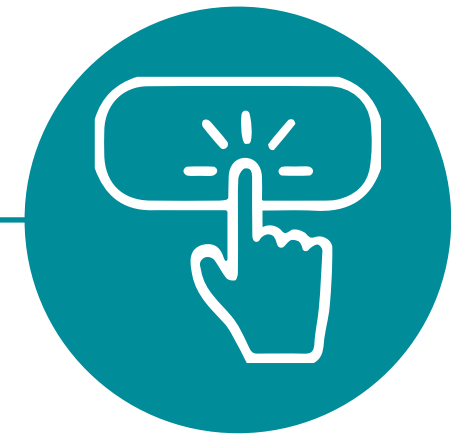
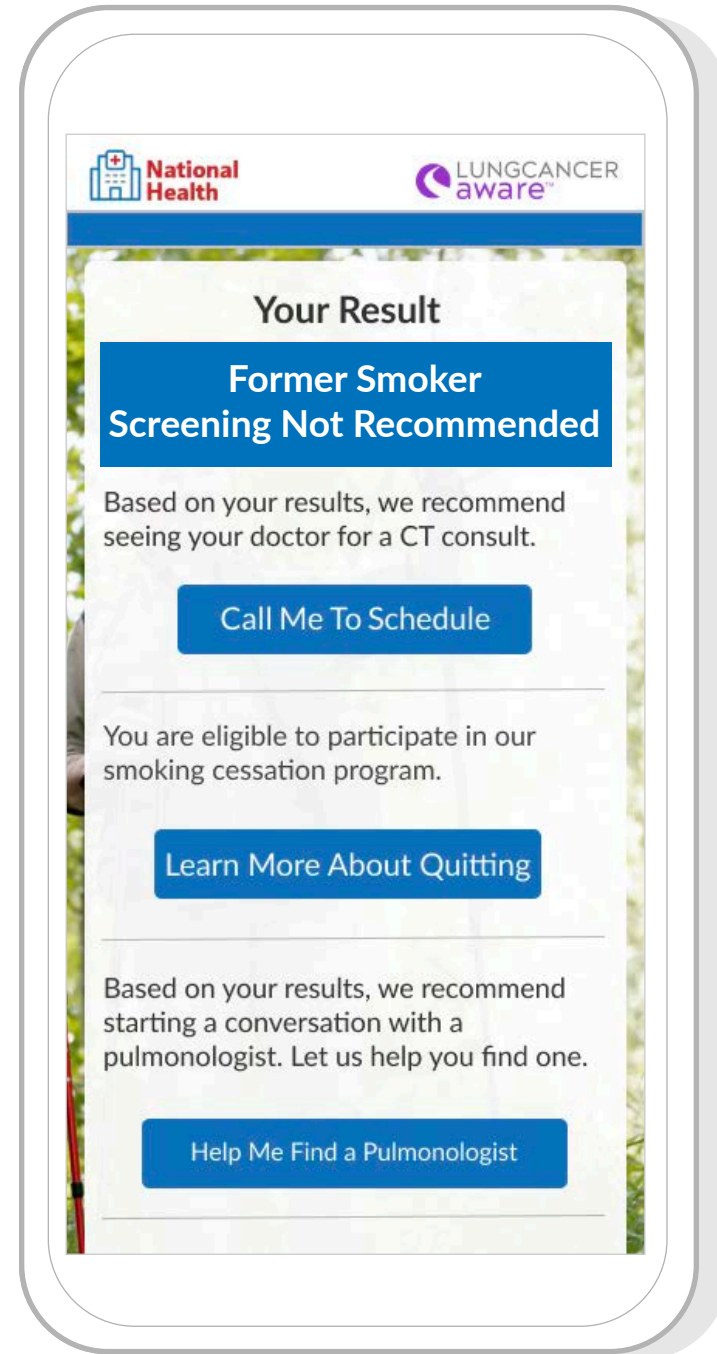
- Quit before age 35
- Quit more than 15 years ago
- Less than a 20 pack-year smoking history

People are told that the screening recommendation is based on current smoking history, so if that changes, the recommendation may change too.

For these users, the risks of screening for lung cancer with a low-dose CT scan typically outweigh the benefits. These users should be counseled about their risk factors for lung cancer and other screening options.

Current guidelines recommend routine screening using low-dose CT for people aged 50 to 77 who've smoked within the past 15 years and have a 20+ pack-year smoking history. People who quit smoking before age 35 will not meet the criteria (unless they resume smoking), regardless of their number of pack-years.

GOAL: EDUCATION ABOUT HEALTHY BEHAVIORS



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Health fairs and other events sponsored by your organization.
- Related health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Discuss their results and talk about their next-steps.
- Encourage them to stay in touch with primary care for better lung health.
- Schedule an appointment if necessary.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with primary care.
- The early signs of lung cancer.
- The risks and benefits of lung cancer screening
- Alternative options for lung cancer screening.



EDUCATION ABOUT HEALTHY BEHAVIORS

- Follow-up with these users should consist primarily of educational information about lung health and risk factor management.
- Appointment scheduling is not as urgent for these users; however, they should be encouraged to discuss their concerns during their next routine primary care visit.



EXAMPLE PERSONA



Sondra is 33 years old. She's a former smoker who's exposed to second-hand smoke at home every day.

She smoked about 10 cigarettes daily for 5 years during her early 20s. She quit 6 years ago.

Sondra has recently seen several advertisements about lung cancer screening and is curious about whether she needs to be screened. She isn't sure how badly she damaged her lungs by smoking when she was younger. She wants to know if she should be worried about developing lung cancer.

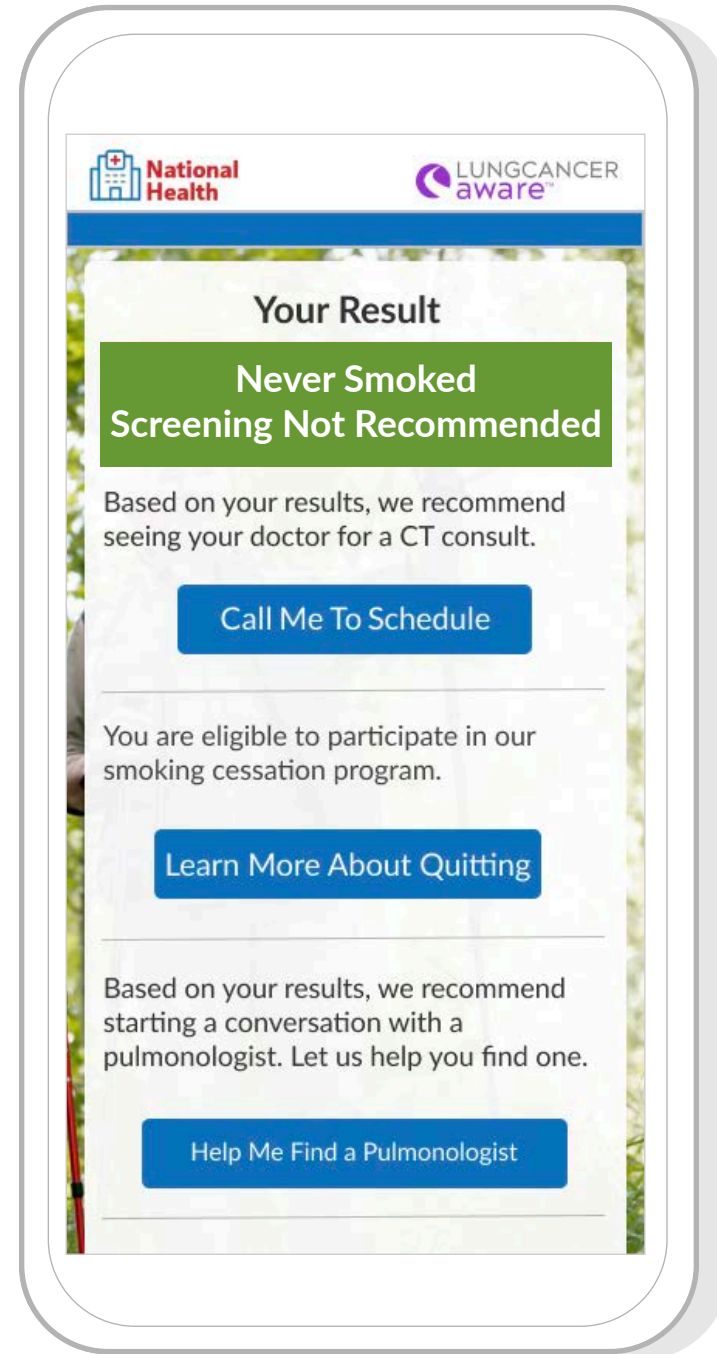
NEVER SMOKED — SCREENING NOT RECOMMENDED

This category includes individuals who indicated they have never smoked.

These users do not have a smoking history, so they are not eligible for low-dose CT screening for lung cancer.

People in this category should be encouraged to discuss existing risk factors for lung cancer (such as environmental or workplace exposures, related lung diseases, or a history of radiation therapy to the chest) with a primary care physician during routine wellness visits.

GOAL: DISCUSS RISKS AND CONCERNS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Related health content.
- Wellness initiatives from your organization.
- Appointment scheduling.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain their results.
- Discuss their concerns and explore their options for determining their risk for lung cancer.



NURTURING

Customize your nurturing content to explain:

- The importance of staying in touch with their doctor.
- The early signs of lung cancer.
- Risks and protective factors for lung cancer in never-smokers.



DISCUSS CONCERNS AT REGULAR PRIMARY CARE VISIT

- These users should be encouraged to discuss their concerns with a primary care physician during their next routine visit.

EXAMPLE PERSONA



Amara is a 59-year-old woman who grew up in a household with smokers, but who never smoked herself. In her early 20s, she lived in an apartment with an asbestos-insulated furnace, and has worked several jobs where she has been exposed to industrial dusts and other chemicals.

Amara has a family history of smoking and non-smoking-related cancers. She is worried that her lifetime exposure to cancer-causing substances has increased her risk of developing the condition. She remains concerned about her risk for lung cancer after completing this assessment, because her exposures are listed as “increased” risk factors for the disease.

