



Tobacco Cessation and Lung Cancer Screening Toolkit: Healthcare Professionals, Health Systems, and Other Healthcare Settings





Studies estimate that if just half of the 8 million Americans who are high risk for lung cancer were screened with a low-dose CT scan, **over 12,000 lung cancer deaths could be prevented.**⁴ Notably, since low-dose CT scans started being used for screenings, **lung cancer deaths have decreased by 20%.**³ While screening and early detection can vastly improve a person's chance to lead a full and healthy life, most individuals at high risk are not getting screened for lung cancer.

Lung cancer is the leading cause of cancer deaths in the United States, and it has led to 134,592 deaths in 2021 alone.¹ In the next two minutes, someone in the United States will be diagnosed with lung cancer. In just one day, lung cancer will take the lives of 369 of our friends, relatives, and community members.²

While the fight to eliminate this disease continues, the good news is that more individuals than ever before are surviving lung cancer. The national average of people alive five years after a lung cancer diagnosis is **26.6%**³. Numerous breakthroughs in medical research and treatment options, as well as more people taking advantage of the lifesaving lung cancer screenings, have led to an increase in five-year survival rates, better treatment outcomes, and perhaps most importantly, hope.

Cancer can grow undetected in the lungs for a long time, often for as long as 10 years or more, before any symptoms occur. For this reason, when many people find out they have lung cancer, it has already spread to other parts of the body. This makes early detection through lung cancer screenings critically important. Unfortunately, screening rates remain low among those at high risk for lung cancer. And **only 4.5%** of high-risk lung cancer patients in the United States were screened prior to diagnosis.³

The American Lung Association works to improve lung health, prevent lung disease, and increase lung cancer screening rates throughout the country by using its Tobacco Quitline and Helpline services, nationwide advocacy, and other mission activities—especially as it applies to low-resourced and marginalized populations with the highest incidence rates for lung cancer.

The American Lung Association also integrates public health equity best practices through building awareness and reducing barriers to care, thereby increasing early-stage cancer diagnosis and early intervention. The intervention also intends to reduce morbidity and mortality rates and provide client support to those needing lung cancer screening referrals in order to facilitate low-dose CTs for all eligible individuals. Our goals are to provide comprehensive lung cancer health education and improve lung cancer screening rates in the United States for all who are eligible.

Healthcare professionals and medical centers are a vital part of engaging communities and individuals with clinical care, health education resources, and technical support. This toolkit provides resources for healthcare systems and professionals to support their patients through the entire cancer care continuum.

What You Should Know About Lung Cancer

Lung cancer is the leading cause of cancer death for both men and women in the United States.⁵

What causes lung cancer?

SMOKING

The No. 1 cause of lung cancer, causing about 90% of all lung cancer cases. Those who do not smoke, through secondhand smoke, are also at risk.⁶

RADON

An odorless, colorless, and radioactive gas is the second-leading cause of lung cancer. People who have never smoked make up one out of seven radon-related lung cancer deaths each year.⁷

HAZARDOUS CHEMICALS

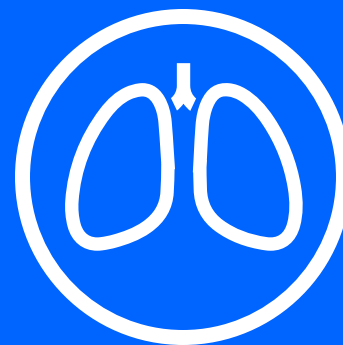
Such as asbestos, some petroleum products, and arsenic are also dangerous.

PARTICLE POLLUTION

Particularly exhaust smoke.

GENETICS

And a family history of lung cancer.



It is important to note that anyone can get lung cancer—most often when people breathe in dangerous, toxic substances. Even if exposed to these substances in the past, an individual is still at risk for lung cancer.

In the United States:

- Lung cancer is the third most common cancer and the leading cause of cancer death.⁸
- About 238,000 people will be diagnosed with lung cancer this year.³
- Lung cancer incidence and mortality rates are higher in males than females.³
- Only 4.5% of those at high risk or eligible were screened.³
- Incidence and mortality rates from lung cancer are highest among Black people.³
- 11% of Black individuals with lung cancer did not receive any treatment.³

Goals of the Initiative

Goals

The American Lung Association's goals are to increase lung cancer screening for all eligible individuals, especially those in underrepresented communities, to integrate public health equity best practices by building awareness and reducing barriers to care, and to increase early-stage cancer diagnosis and early intervention. Together, these goals work to reduce lung cancer morbidity and mortality rates across the U.S.

Who is eligible for a low-dose CT scan?

- People **50-80 years** of age⁹
- People with a **20 pack-year** history (smoked one pack/day for 20 years or more, two packs/day for 10 years, etc.)⁹
- People who currently smoke or have quit within the last **15 years**⁹

(Source: [The U.S. Preventive Services Task Force, Lung Cancer: Screening](#))

Our Services

- Guide individuals through the necessary steps to access screening, and provide any support throughout the journey to treatment.
- Provide a pathway for individuals who may express barriers to care (uninsured/underinsured/high deductible, healthcare providers, transportation, peer support, etc.).
- Access to a [Lung Cancer Helpline Lung Health Navigator](#), who can guide individuals through the screening process. The Lung Health Navigator will work with individuals to assess eligibility, locate screening centers, assist with appointments, and provide follow up before, during, and after the screening process.
- Refer individuals to free state Tobacco Quitline services for those wanting to start their tobacco cessation journey.

For more information on the American Lung Association Lung Cancer Screening Initiative, visit lung.org.

The lung cancer survival rate increased 22% over the last five years nationally to 26.6%. This increase in survival rate can largely be attributed to early detection through screenings. Lung cancer screening is the best way to prevent lung cancer. Screening for lung cancer has saved 80,000 additional years of life leading to \$40 million in savings, which would increase to 500,000 additional years of life and \$500 million if all those eligible had been screened.³ Catching lung cancer early and before it spreads to other parts of the body is the key to saving lives. When lung cancer is caught at an early stage, the five-year survival rate is five times higher.

[More lung cancer screening guidelines can be found here.](#) →

Building a Strategy

How can your healthcare organization support this initiative?

1. Add preliminary lung cancer screening interest question(s) to intake survey and registration forms
2. Become a [Freedom From Smoking®](#) facilitator
3. Build a team to participate in an [American Lung Association Lung Force Walk](#)
4. Collaborate with and provide information to organizations you know that empower minority communities, such as the NAACP and National Urban League
5. Do additional promotion during lung cancer awareness, tobacco awareness, and other lung health awareness months
6. Engage healthcare professionals in a create-your-own poster contest that educates on the importance in preventative lung cancer screening
7. Hang up flyers/posters in areas that are well lit and with plenty of foot traffic
8. Have lung cancer screening postcards readily available in the front office or main room
9. Have staff and community members complete the [Saved by the Scan](#) quiz to find out if they are at risk for lung cancer and eligible for a low-dose CT scan
10. Host community events that give community members an opportunity to ask questions, meet with lung cancer screening staff, and build relationships with referring healthcare providers
11. Include a digital banner to “take the quiz” in the e-signature of your emails or embed it in an upcoming e-newsletter
12. Include a slide in all presentations with infographics or the 30-second video embedded for the audience to view
13. Include lung cancer screening awareness materials in outgoing communications, both internally and externally, to constituents, peers, and partners in the community
14. Include lung cancer screening postcards in an upcoming mailing (home meals, newsletters, etc.)
15. [Meet with local legislators](#) and advocate for laws, rules, and policies that improve lung health, reduce tobacco use, and clean up pollution in the air we breathe
16. Participate in [American Lung Association’s Turquoise Takeover](#) and have your staff wear turquoise for a day and post images on your social media pages to raise awareness of the importance of lung cancer risk assessment and screening

Submit your referral and screening metrics to the Lung Association →



Print Promotional Materials Available

- [American Lung Association Lung Cancer Helpline One Pager](#)
- [Lung Cancer Screening Outreach Eligibility Quiz](#)
- [Lung Cancer Screening Referral Form \(English/Spanish\)](#)
- [Saved By The Scan Door Hangers](#)
- [Saved ByThe Scan Poster](#)

Resources for Healthcare Professionals Lung Cancer Screening Integration

- [Implementation Guide for Lung Cancer Screening](#)
- [Should Your Patient be Screened for Lung Cancer?](#)
- [Saved By The Scan Lung Cancer Screening Test and Eligibility Quiz](#)
- [Coverage in Health Insurance Plans](#)
- [Lung Health Barometer](#)
- [Lung Cancer Screening Billing Guide](#)



Resources for Patient/Client Lung Cancer Screening

Should You Get Screened for Lung Cancer?

- [Screening Criteria](#)
- [What to Expect from a Lung Cancer Screening](#)
- [Screening Q&A](#)

Tools for Scheduling a Screening

- [Doctor Discussion Guide](#)
- [Lung Cancer Screening Facility Information](#)
- [Why Lung Cancer Screening Isn't for Never Smokers](#)

Lung Cancer Screening Insurance Coverage

- [Lung Cancer Screening Insurance Chart](#)
- [Medicare Coverage for Lung Cancer Screening: FAQ](#)
- [Lung Cancer Screening Insurance Checklist](#)
- [Featured Lung Cancer Videos, Worksheets, Tools](#)
- [Research](#)

Each Breath Blogs

- [Can Diet and Exercise Prevent Lung Cancer?](#)
- [Facts About Lung Cancer](#)
- [Lung Force Hero and Fight For Air Climb](#)

Resources for Friends and Family Lung Cancer Screening

- [Talk with a Loved One About Screening](#)

Tobacco Cessation

Resource Hub for Effective Tobacco Cessation Coverage and Health Systems Change

The American Lung Association Tobacco Cessation Technical Assistance (TA) Team is here to provide expert support to public health professionals and their partners who are working to improve tobacco cessation and health systems efforts in their communities. Our [Resource Hub for Effective Tobacco Cessation Coverage and Health Systems Change](#) provides a variety of on-demand resources.

Check out these lung cancer screening and tobacco cessation resources:

Resource Library

- [Million Hearts® Tobacco Cessation Change Package](#)
- [Quality Measures Matrix](#)
- [Billing Guide for Tobacco Screening and Cessation](#)
- [COVID-19 & Tobacco](#)

Webcasts

- [Public Health Roadmap: Hospitals Helping People Quit](#)
- [When Quitting Adds Up: Tobacco Cessation and Quality Measures](#)
- [Public Health Roadmap: Systems Change Strategies to Address Youth Cessation](#)
- [Public Health Roadmap to Coaching a Clinical Team: Navigating to Address Needs to Increase Tobacco Cessation in Health Systems Change](#)
- [Tobacco Control Programs' Roadmap for Health Systems Change: The Million Hearts Tobacco Cessation Change Package](#)

Podcasts

- [Lungcast – Lung Cancer Screening; Trials, Tribulations & Triumphs \(35 minutes\)](#)
- [Lungcast – Dreaming of Lung Cancer Interception \(40 minutes\)](#)

Toolkits

- [Helping New Health Insurance Enrollees Quit Tobacco Assistors Toolkit](#)
- [Hospital Community Benefit and Tobacco Cessation Toolkit](#)

Public Health Roadmaps

- [Public Health Roadmap to Coaching a Clinical Team to Use the Million Hearts® Tobacco Cessation Change Package](#)
- [Public Health Roadmap Tobacco Cessation Integration 2021 Edition](#)
- [Public Health Roadmap: Systems Change Strategies to Address Youth Cessation Quick Reference Guide](#)

Centers for Disease Control and Prevention Quitline (1-800-QUIT-NOW)

- [CDC.gov/quit](https://www.cdc.gov/quit) (English)
- [CDC.gov/consejos](https://www.cdc.gov/consejos) (Spanish)
- [Download the quitSTART app](#)
- Text QUITNOW to 333888 (English and Spanish)
- Text DÉJELOYA to 333888 (Spanish)
- Request Low-Cost In-Office Resources including:
 - [1-800-QUIT-NOW Notepads for Healthcare Providers & Counselors](#)
 - [CDC's Tips From Former Smokers® campaign](#)
 - [Media Campaign Resource Center](#)
- [Healthcare Provider Reminder Systems, Provider Education, and Patient Education](#)
- [A Practical Guide to Working with Healthcare Systems on Tobacco-Use Treatment](#)
- [Video Quitlines: Helping You Quit for Good](#)
- [Healthcare Providers: Tools and Resources](#)
- [Public Health Professionals](#)

Program Referral for Youth and Adults

- [Tobacco Programs Postcard \(adults\)](#)
([English](#)/[Spanish](#))
- [Teen Cessation Program One-Pager \(youth\)](#)
([English](#)/[Spanish](#))
- [NOT for Me QR Code Referral Postcard](#)
([English](#)/[Spanish](#))

Health Equity Toolkits

The American Lung Association has a myriad of resources available that serve to strengthen the knowledge educators, social service providers, healthcare providers, researchers, and community-based organizations possess with regard to tobacco use, prevention, and cessation in their communities.

- [Addressing Tobacco Use in Black Communities Toolkit](#)
- [Addressing Commercial Tobacco Use in Indigenous Communities Toolkit](#)
- [Addressing Tobacco Use in Hispanic or Latino Communities Toolkit](#)
- [Addressing Tobacco Use in LGBT+ Communities Toolkit Coming Soon!](#)

You can visit [Lung.org/EmpowerYourCommunity](https://www.lung.org/EmpowerYourCommunity) to view available toolkits and accompanying webcasts.

Health Education

General Education

American Lung Association general education resources specific to tobacco cessation and lung cancer screening include:

- [Health Benefits of Quitting Tobacco Use \(English/Spanish\)](#)
- [Secondhand Smoke One-Pager \(English/Spanish\)](#)
- [Secondhand Aerosol One-Pager \(English/Spanish\)](#)
- [E-Cigarette Health Risk Fact Sheet \(English/Spanish\)](#)
- [Thirdhand Smoke One-Pager \(English/Spanish\)](#)
- [Is LC Screening Right for Me? \(English/Spanish\)](#)
- [Lung Cancer Resources \(English/Spanish\)](#)

Public Health Department Centers for Disease Control and Prevention Resources:

- [National Comprehensive Cancer Control Program \(NCCCP\)](#)
 - [Networking2Save](#)
- [National Institute for Occupational Safety and Health \(NIOSH\)](#)
- [National Program of Cancer Registries \(NPCR\)](#)
- [Office on Smoking and Health \(OSH\)](#)
 - [National Tobacco Control Program Funding](#)
 - [National Tobacco Control Programs in Action](#)
 - [Best Practices for Comprehensive Tobacco Control Programs](#)
 - [Smoking Cessation: A Report of the Surgeon General](#)

American Lung Association's website, [Lung.org](#), is now equipped with a new translation feature making all lung health resources available in 10 languages, including Spanish. To activate this feature, simply visit [Lung.org](#) and click the blue TRANSLATE button at the top right of the screen.

Professional Development Trainings

Beginner: *Tobacco Basics*

The American Lung Association's *Tobacco Basics* is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

Intermediate: *How to Help People Quit*

The American Lung Association's *How To Help People Quit* training is a free one-hour online course including four interactive learning modules designed to further enhance understanding of the American Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions, and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of motivational interviewing to resolve uncertainty, identifying FDA-approved medications to help individuals break tobacco dependency, and connecting quitters with American Lung Association's tobacco cessation resources for both youth and adults. Become a lung champion and complete this course to be a navigator of the cessation process, increase effective quit attempts, lead efforts toward fostering healthier tobacco-free generations and further build tobacco-free communities.

Advanced: *Ask-Counsel-Treat (ACT) For Youth Cessation*

The American Lung Association's *ACT to Address Youth Cessation* training is a free one-hour on-demand online course that provides an overview for healthcare professionals, school personnel, and community members in youth/adolescent supportive roles in conducting a brief intervention for teens who use commercial tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the session outlines the steps of *Ask, Counsel, Treat* and provides guidance, support, and best practices for effectively delivering *ACT* as a brief intervention for adolescents who identify as commercial tobacco users, including e-cigarettes.

Advanced: *Ask, Advise, Refer to Quit Don't Switch*

The American Lung Association's *Ask, Advise, Refer to Quit Don't Switch* is a free one-hour on-demand training that is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes. This online course seeks to target healthcare professionals who may have direct contact and may initiate a brief tobacco intervention.

Advanced: *Freedom From Smoking Facilitator Training*

Those trained and certified as *Freedom From Smoking*® facilitators will have the ability to provide commercial tobacco users who are ready to quit with a strong proven-effective cessation program to end their addiction to nicotine and begin new tobacco-free lives in a supportive group setting, led by a trained, certified facilitator. Since it was first introduced over 40 years ago, the American Lung Association's *Freedom From Smoking*® program has helped over 1 million Americans end their addiction to nicotine and begin new tobacco-free lives. *Freedom From Smoking*® is based on proven addiction and behavior change models (including the Social Cognitive Theory, Transtheoretical Model and Motivational Interviewing). The program offers a structured, systematic approach to quitting, and its positive messaging emphasizes the benefits of better health. The *Freedom From Smoking*® facilitator training is an eight-hour interactive course designed to prepare individuals to lead *Freedom From Smoking*® groups. The facilitator training explains nicotine addiction, reviews program content and implementation strategies, and builds facilitator skills for conducting group processes with adults. Facilitator training registrants will learn and experience:

- How to facilitate eight interactive group sessions
- Strategies to overcome challenges that may arise
- Equipping participants in how to address potential roadblocks

Cost to participate in the facilitator training is \$400, which includes the three-year *Freedom From Smoking*® facilitator certification and recertification opportunities at **no cost**. All interested individuals must not have used commercial tobacco in any form for 12 months or longer.

For questions on *Freedom From Smoking*®, contact FreedomFromSmoking@Lung.org.

Get Involved

- [Volunteer Opportunities](#)
- [Lung Cancer Advocate](#)

Interested in partnering with the American Lung Association?

If you or your health system is interested in partnering with the American Lung Association on its Lung Cancer Screening Initiative, please complete our Health Systems Assessment. This allows our team to provide recommendations and support catered to your own Lung Cancer Screening Program.

- [Health Systems Assessment](#)

To learn more about the American Lung Association's Lung Cancer Screening Initiatives, contact the Lung Cancer Screening Team at: LCS@Lung.org.



References

1. American Lung Association, [“Lung Cancer Trends Brief: Mortality”](#)
 - a. In 2021, 134,592 people died from lung cancer.
 - b. Notably, since low-dose CT scans started being used for screenings, lung cancer deaths have decreased by 20%.
 - c. About 238,000 people will be diagnosed with lung cancer this year.
 - d. Lung cancer incidence and mortality rates are higher in males than females.
 - e. Incidence and mortality rates from lung cancer are highest among Black people.
 - f. 11% of Black Americans with lung cancer did not receive any treatment.
2. Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER On-line Database, compiled from Multiple Cause of Death Files, 1999-2021.
 - a. Lung cancer will take the lives of 369 of our friends, relatives, and community members
3. Only 4.5% of high-risk lung cancer patients in the United States were screened prior to diagnosis.
4. American Lung Association [“State of Lung Cancer Report 2022”](#)
 - a. Studies estimate that if just half of the 8 million Americans who are high risk for lung cancer were screened with a low-dose CT scan, over 12,000 lung cancer deaths could be prevented.
5. National Cancer Institute: Surveillance, Epidemiology, and End Results Program: [Common Cancer Sites — Cancer Stat Facts](#)
 - a. Lung cancer is the leading cause of cancer death for both men and women in the United States.
6. American Lung Association [“Lung Cancer Causes and Risk Factors”](#)
 - a. The #1 cause of lung cancer, causing about 90% of all lung cancer cases. Those who do not smoke, through secondhand smoke, are also at risk.
 - b. Such as asbestos, some petroleum products, and arsenic are also dangerous.
 - c. Particularly exhaust smoke.
 - d. And a family history of lung cancer.
7. American Lung Association [“Radon”](#)
 - a. People who have never smoked make up one out of seven radon-related lung cancer deaths each year.
8. Center for Disease Control and Prevention [“Lung Cancer Statistics”](#)
 - a. Lung cancer is the third most common cancer and the leading cause of cancer death.
9. The U.S. Preventive Services Task Force, [“Lung Cancer: Screening”](#)
 - a. People 50–80 years of age.
 - b. People with a 20 pack-year history (smoked one pack/day for 20 years or more, two packs/day for 10 years, etc.).
 - c. People who currently smoke or have quit within the last 15 years.