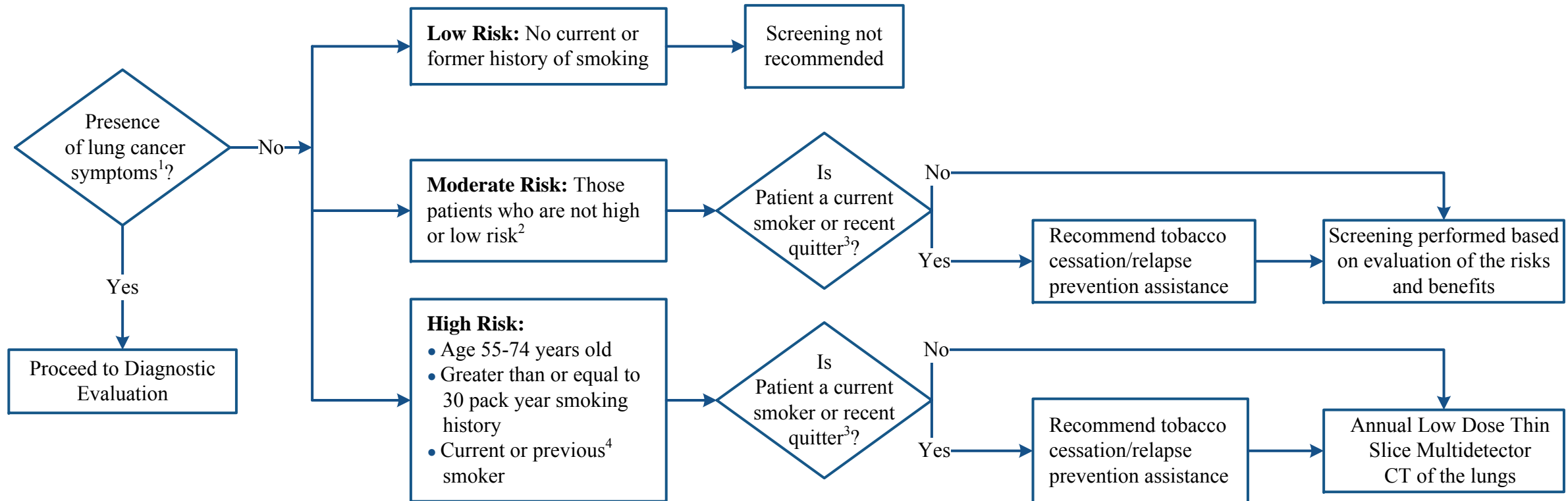*This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.*

Note: Screening is only intended for asymptomatic individuals. Individuals undergoing lung cancer screening should have a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem. The screening technique should be performed with a consistent technique and process.

PRESENTATION **RISK** **SCREENING**

[1]Lung Cancer symptoms include:
- Cough
- Hoarseness
- Unexplained weight loss
- Hemoptysis

[2]Examples of Moderate risk include but are not limited to:
- Previous history of other malignancies which would provide a higher risk for secondary lung cancer (e.g. patients with head and neck cancer related to smoking)
- Less than 30 pack years of smoking history or age less than 55 years

[3]Quit within past year
[4]Quit within previous 15 years.

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SUGGESTED READINGS

The National Lung Screening Trial Research Team. (2011) Reduced lung-cancer mortality with low-dose computed tomographic screening. *New Engl J Med.* 365(1):395-409.

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Lung Cancer Screening workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following clinical staff.

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