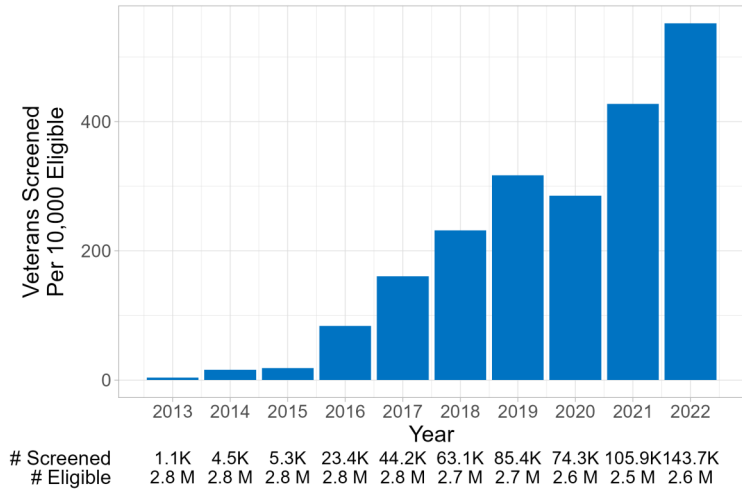# Lung Cancer Screening

Aug 2024

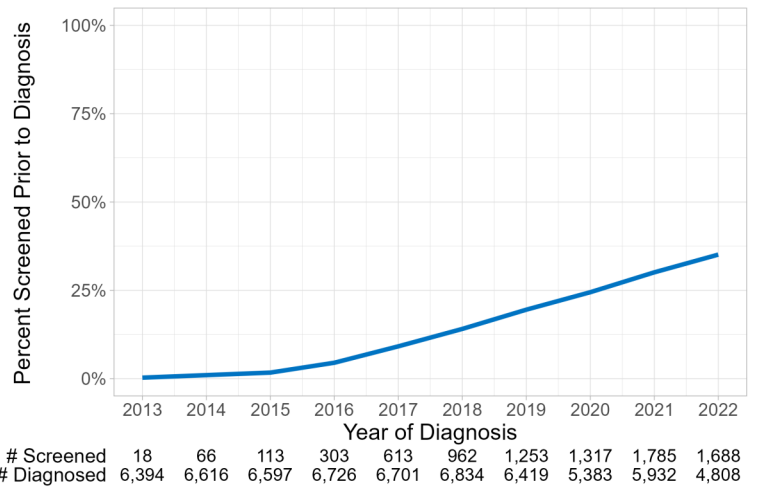**Fact Sheet:** A Landscape of Screening Across the VA.

CSPEAR provides timely epidemiologic information on VA health care users. This fact sheet presents summary data to inform a broad community of VA leaders, investigators, and clinicians as they consider how best to address the needs of Veterans.

Introduction: Lung cancer is the third most common cancer and leading cause of cancer deaths in the U.S. Lung cancer is usually diagnosed at advanced stages, and every year approximately 8,000 Veterans are diagnosed with and/or treated for lung cancer in the VA. (VA: National Oncology Program) Early detection with low-dose computed tomography (LDCT) among Veterans at high-risk has led to diagnoses at earlier stages for which curative options are available. Lung cancer screening guidelines have existed for over a decade and screening rates in the U.S. have been reported as 4.27 % among the eligible population. VA continues to prioritize raising awareness and improving access to lung cancer screening for eligible Veterans.

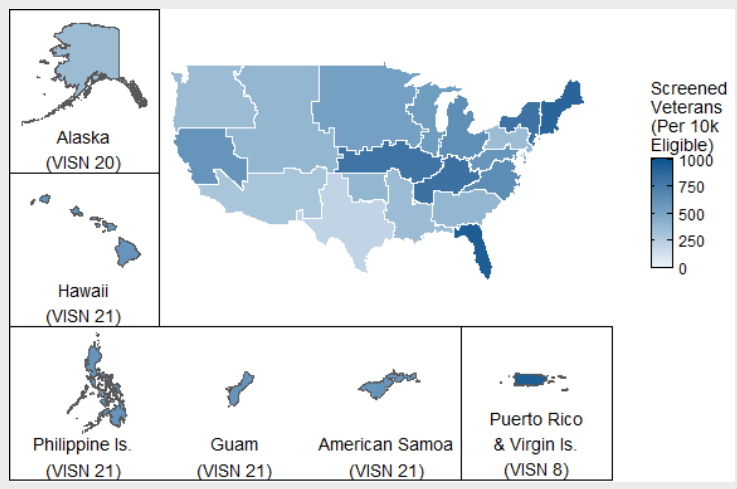## Veterans Screened Per 10,000 Eligible Veterans, by Year of Screening

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
# Screened	1.1K	4.5K	5.3K	23.4K	44.2K	63.1K	85.4K	74.3K	105.9K	143.7K
# Eligible	2.8 M	2.8 M	2.8 M	2.8 M	2.8 M	2.7 M	2.7 M	2.6 M	2.5 M	2.6 M

Percent of Screening-Eligible Veterans Diagnosed with Lung Cancer who Received Screening Prior to Diagnosis

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
# Screened	18	66	113	303	613	962	1,253	1,317	1,785	1,688
# Diagnosed	6,394	6,616	6,597	6,726	6,701	6,834	6,419	5,383	5,932	4,808

Fast Facts

- From 2013-2022, the rate of Veteran screening increased from 4 to 552 per 10,000 eligible Veterans.

- Among Veterans diagnosed with lung cancer, the percentage of those screened increased from 0.3% in 2013 to 35.1% in 2022.

- Consistent patterns were observed within subcategories and there has been a steady annual increase in the rate of Veterans screened within all subcategories of age, race, sex, and rurality, except for the decline in 2020.

- In 2021, the LC screening rate in the U.S. among eligible individuals was 6% (ref).

Geographic Distribution of Screening in 2022

Alaska (VISN 20)

Hawaii (VISN 21)

Philippine Is. (VISN 21)

Guam (VISN 21)

American Samoa (VISN 21)

Puerto Rico & Virgin Is. (VISN 8)

Screened Veterans (Per 10k Eligible)
1000
750
500
250
0

Visit **CSPEAR's website** or contact **CSPEAR@va.gov** for more information.

U.S. Department of Veterans Affairs
Veterans Health Administration
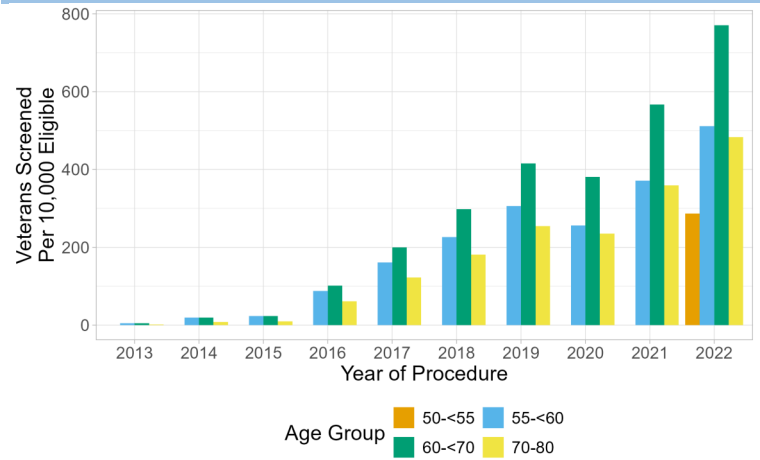*Cooperative Studies Program*

Veterans Screened Per 10,000 Eligible Veterans, by Year of Screening Among Select Subcategories

Race
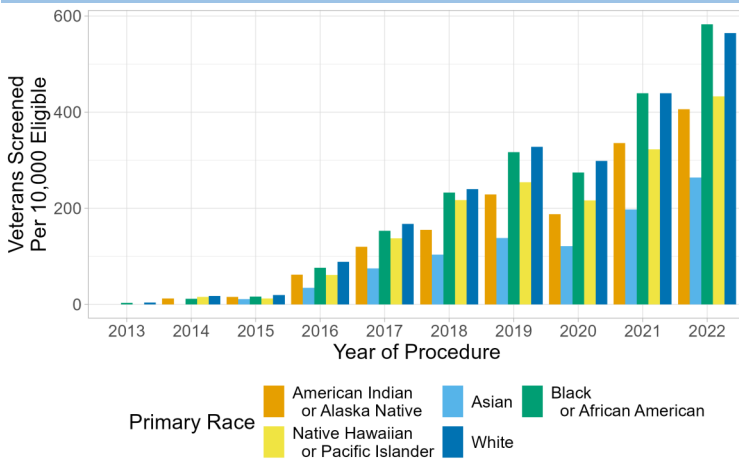
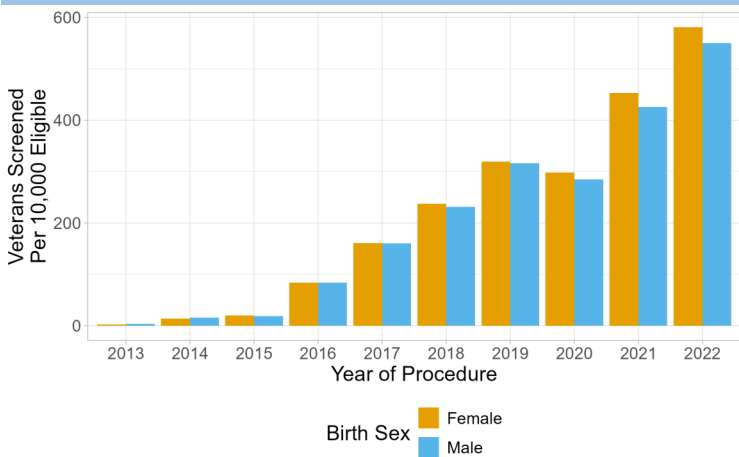In 2022, LCS rates by race were: AI/AN 406 per 10,000; Asian 264 per 10,000; Black/AA 583 per 10,000; NH/PI 433 per 10,000; White 565 per 10,000

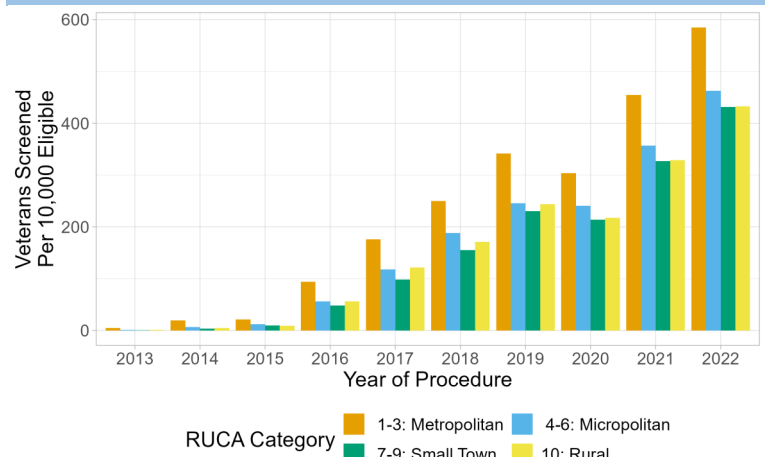## Age

In 2022, LCS rates by age were: 50-<55 287 per 10,000; 55-<60 511 per 10,000; 65-<70 771 per 10,000; 70-80 483 per 10,000

Sex

In 2022, LCS rates by birth sex were: Female 581 per 10,000; Male 550 per 10,000

Rurality

In 2022, LCS rates by rurality were: Metropolitan 585 per 10,000; Small Town 431 per 10,000; Micropolitan 462 per 10,000; Rural 433 per 10,000

Methods and Definitions: Data were extracted from the VA Corporate Data Warehouse (CDW). Veterans eligible for LCS (lung cancer screening) were defined by being identified as a current smoker or as a former smoker for less than 15 years, as represented in Health Factors records. Veterans between the ages of 55 and 80 were eligible prior to 2022, while Veterans ages 50 to 80 were eligible in 2022.

Lung cancer was identified via the oncology raw domain as tumors with completed abstraction and sites of lung, bronchus, or trachea. Only those who were considered eligible for lung cancer screening were included.

Screening definition requires either an LCS-specific CPT code for a chest CT or an "Agrees to screening" health factor followed by a non-LCS-specific chest CT within 3 months. We did not require a Lung-RADS code to qualify as a valid screening procedure.

Limitations: Eligibility criteria modified due to lack details on pack-years for smoking history. Data do not capture LC screening outside of VA.

Notes: This work was conducted under the auspices of CSPEAR's operational access to VA data. This material is the result of work supported with resources and the use of facilities at the VA Cooperative Studies Program Epidemiology Center in Durham, NC. The contents do not represent the views of VA or the US Government. These definitions do not reflect those of the National Lung Cancer Screening Program.

References and Resources

USDA RUCA Codes: USDA ERS - Rural-Urban Commuting Area Codes

Lung Cancer Screening: Adherence to Follow-up Testing Recommendations in US Veterans Screened for Lung Cancer, 2015-2019 | Oncology | JAMA Network Open | JAMA Network

National Lung Cancer Screening Dashboard: Power BI (powerbigov.us)

National Oncology Program- VA Lung Precision Oncology Program (LPOP)