

Statement regarding CT Screening and specialist tobacco dependence treatment:
A recommendation for best evidence based care

Drafted and Endorsed by: ATTUD Business Practices Committee
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The US Preventive Task Force (USPSTF) now recommends low dose CT (LDCT) screening for adults aged 55-80 who have 30 pack-year history of smoking and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. CT screening has been demonstrated to decrease mortality from lung cancer. The Centers for Medicare and Medicaid services (CMS) has approved reimbursement for annual LDCT screening at certified centers. The reimbursable screening process must include a shared decision making and counseling session that includes delivery and documentation of counseling on the importance of maintaining smoking abstinence for former smokers and, for those who currently smoke, provides information about treatment for tobacco dependence.

CT screening for lung cancer provides an unprecedented opportunity to deliver evidence-based tobacco dependence treatment to smokers. Smoking cessation will further reduce mortality from lung cancer as well as reduce mortality from other tobacco caused cancers and the many other diseases caused by smoking.¹ Although further research is needed on the comparative effectiveness of various models of integrating tobacco treatment in lung cancer screening settings, it is well-established that delivery of evidence-based tobacco treatment (including counseling and medication) significantly increases the likelihood that a person will stop smoking. Tobacco treatment specialists are health care providers with specific training for providing evidence-based tobacco dependence treatment. See www.cttpt.org for a list of accredited programs. When compared with brief quitting advice, providing a more intensive regimen of counseling and medication has been shown to double the number of smokers who quit smoking in multiple health care settings²⁻⁴ More intensive tobacco treatment may be particularly helpful for chronic, heavy smokers seeking LDCT screening.

The ATTUD Business Practice's Committee strongly recommends that health care organizations use this opportunity to integrate evidence-based tobacco dependence treatment into their routine procedures for CT screening for lung cancer. Providing only brief interventions may fulfill minimal requirements, but will surely squander an opportunity to improve the impact of our health care delivery system and reduce mortality from smoking, which remains the leading cause of preventable death in the United States.

References

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