



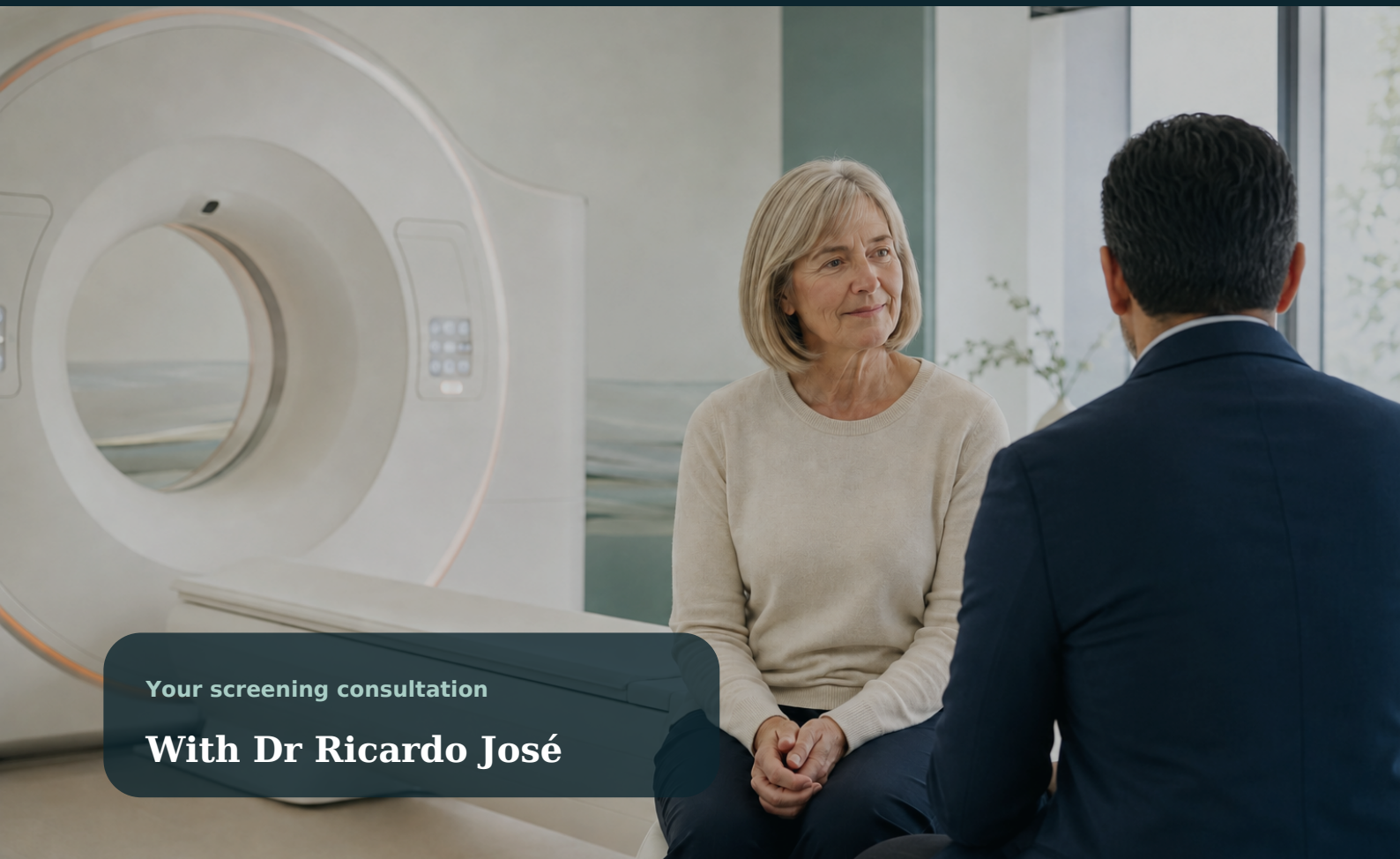
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PATIENT SCREENING GUIDE

Lung cancer screening

A clear guide to your low-dose CT

Understand what happens, what screening can offer, and what to weigh up before you book.



Your screening consultation

With Dr Ricardo José

Start with the right question

Lung cancer screening is designed to look for early signs of disease before symptoms appear. It is not the same as testing a new symptom.

What screening means

A low-dose CT uses x-rays and a computer to build detailed pictures of your lungs. The aim is to find a small cancer at a stage when more treatment options may be available.

Screening does not prevent lung cancer, and no scan can find every cancer. The value of screening is greatest when your personal risk is high enough for the likely benefit to outweigh the possible harms.



Who is most likely to benefit?

- People whose age and smoking history place them at higher risk.
- UK: the UK NSC recommends targeted screening for high-risk people aged 55 to 74.
- People well enough to consider further tests and treatment if needed.
- US: the USPSTF recommends annual screening from age 50 to 80 for people with at least 20 pack-years who currently smoke or quit within the past 15 years. One pack-year means one pack a day for one year.



Symptoms need assessment, not screening

Do not wait for a screening appointment if you have a persistent or changing cough, coughing up blood, unexplained breathlessness, chest or shoulder pain, repeated chest infections, marked tiredness, appetite loss or unexplained weight loss. Contact your GP or an appropriate urgent service.

A normal screening scan should never override symptoms that are new, persistent or worrying.

What the scan actually feels like

The scan is painless, quick, performed without contrast and uses an open ring rather than a long tunnel.



Open, not enclosed

Your head and legs usually remain outside the ring. The image is captured in seconds, although the appointment takes a little longer for positioning and checks.

1 Before

You can eat, drink and take your medicines as normal unless the clinic advises otherwise. Remove metal around the chest if asked.

2 During

Lie flat, usually with your arms raised if able. Keep still and follow the short breath-hold instruction.

3 After

There is normally no recovery time. You can return to your usual day unless your team gives different advice.

No injection needed

This low-dose screening CT is performed without contrast dye. There is no recovery time and you can return to your usual activities straight afterwards.

Earlier can make a real difference

Screening is offered to higher-risk people because finding lung cancer before symptoms can create more options for treatment.

20-24%

fewer lung-cancer deaths

In the NLST and NELSON trials, low-dose CT screening reduced lung-cancer mortality by about 20% and 24% respectively in selected high-risk participants.

This is a relative reduction, not a promise of personal benefit. Your absolute benefit depends on your starting risk and completing appropriate follow-up.



Find change sooner

Low-dose CT can see small lung nodules that a chest x-ray may miss. Earlier detection may mean treatment is simpler or more effective.



Wider treatment choices

Small, localised cancers may be suitable for surgery or focused radiotherapy. The exact option depends on the cancer and your overall health.



A useful health moment

Screening can prompt smoking support and may reveal clinically important lung or chest findings that deserve attention.



The benefit is not the scan alone

Benefit comes from the full pathway: choosing the right people, using a high-quality low-dose scan, expert interpretation, comparing old images and acting on results without unnecessary delay.

Know what you are weighing up

For people at sufficiently high risk, the benefits are expected to outweigh the harms. The harms are still real, so informed choice matters.

**LOW**

A small radiation exposure

Many NHS screening services describe one low-dose chest CT as roughly comparable to one year of natural background radiation. The exact dose varies with the scanner, protocol and your body size. Repeated scans add exposure, but the individual risk from one screening scan is considered very small.



Nodules and false alarms

A scan often finds a small spot called a nodule. NHS programme information suggests around 15 in 100 people screened have nodules, and most are harmless. Monitoring can still cause worry.



More tests

An unclear finding can lead to repeat CT, specialist review or occasionally a biopsy. These steps can bring inconvenience, anxiety and, with invasive tests, a small risk of complications.



Overdiagnosis

Screening may find a slow-growing cancer that would never have caused harm in your lifetime. Because we cannot always know that in advance, some people may receive treatment they would not otherwise have needed.



Missed or later cancer

No scan is perfect. A cancer can be missed, be too small to see or develop after a normal scan. Keep reporting new or persistent symptoms, whatever your result.

Incidental findings

The scan may show other changes in the lungs or chest. Some are useful to know; others may lead to more tests without improving health. Ask how clinically important findings are managed.

A result is a route, not a verdict

A screening report may be reassuring, recommend surveillance, suggest further tests, or describe another important finding.

01

No concerning finding

No suspicious change is seen. Future screening may still be advised if you remain eligible. Contact a doctor if symptoms appear, even after a reassuring scan.

02

Nodule to monitor

A small nodule is seen. Most are not cancer. Comparison with old imaging or another low-dose CT, often after a short interval, helps show whether it is stable.

03

Further tests advised

The scan needs a closer look. Next steps can include diagnostic CT, PET-CT, a specialist clinic or biopsy. A screening finding is not, by itself, a cancer diagnosis.

04

Another finding

The scan may show emphysema or another chest change. Your report should explain whether it is clinically important and who will coordinate any follow-up.

Evidence sources

UK NSC; US Preventive Services Task Force; Cancer Research UK; Liverpool Heart and Chest Hospital; UHNM NHS; NELSON, NEJM 2020; and NLST, NEJM 2011.

Important

General information only. Screening is for people without symptoms and follows individual clinical assessment. Seek medical care for new, persistent or worrying symptoms. Guidance differs between countries and may change. Information checked August 2026.