

Lung Cancer Screening

Understanding Your Results



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Possible test results

A low-dose chest CT (LDCT) scan is done to screen for lung cancer. When lung nodules are found on this scan, they are reported as:

Negative (85% to 90% of cases)

Indeterminate (8% to 12% of cases)

Suspicious (2% to 4% of cases)

Negative lung cancer screening

A negative result means that no lung cancer was found at this time. However, there may be nodules that appear benign (non-cancerous), very small or very faint.

Follow-up is always important because there is no way to know:

If or when a cancerous nodule will appear.

If or when current nodules will change or grow.
This could be a sign of a more serious condition.


If you have a negative result, it is important to repeat the screening every year.

Indeterminate lung cancer screening

An indeterminate result usually means that one or more nodules are present. They may be medium-sized or they may be part solid in density. Although usually benign, follow-up is still very important to find out if the nodules are changing or growing.

If you have an indeterminate result, schedule a follow-up low-dose chest CT (LDCT) scan in 6 months.

If your 6-month follow-up test shows that the nodules have not changed or grown, return to screening in 1 year.

A photograph of a doctor in a white coat using a stethoscope on an elderly patient's back. The image is overlaid with a blue tint. The doctor is a Black man, and the patient is an elderly woman with white hair and glasses. The background shows a clinical setting with a light fixture.

There is no way to know if or when a cancerous nodule will appear. Yearly screening is the best way to detect lung cancer early. Early detection is important for treatment to be successful.

Suspicious lung cancer screening

A suspicious result generally means there are larger lung nodules or nodules that appear abnormal. There is a greater chance that these nodules may be cancer.

Follow-up is needed. Depending on the number of nodules and their size, shape and appearance, the radiologist will recommend one or more of the following:

Continue to observe over time. In some cases, a follow-up LDCT should be done in 3 months. If this test shows no changes after 3 months, continue screening every year.

Consult a specialist. The radiologist may suggest you see one or more specialists.

A thoracic surgeon operates on the chest or lungs.

A pulmonologist specializes in lung disease.

An interventional radiologist performs special procedures.

Undergo other special testing. Sometimes more testing is needed to learn more about the nodules.

A PET/CT scan. The positron emission tomography (PET) scan shows how cells in the body use sugar (glucose). Cancer cells use more glucose than normal cells, so they show up brighter on the test.

An MRI or a special type of CT (contrast-enhanced diagnostic chest CT).

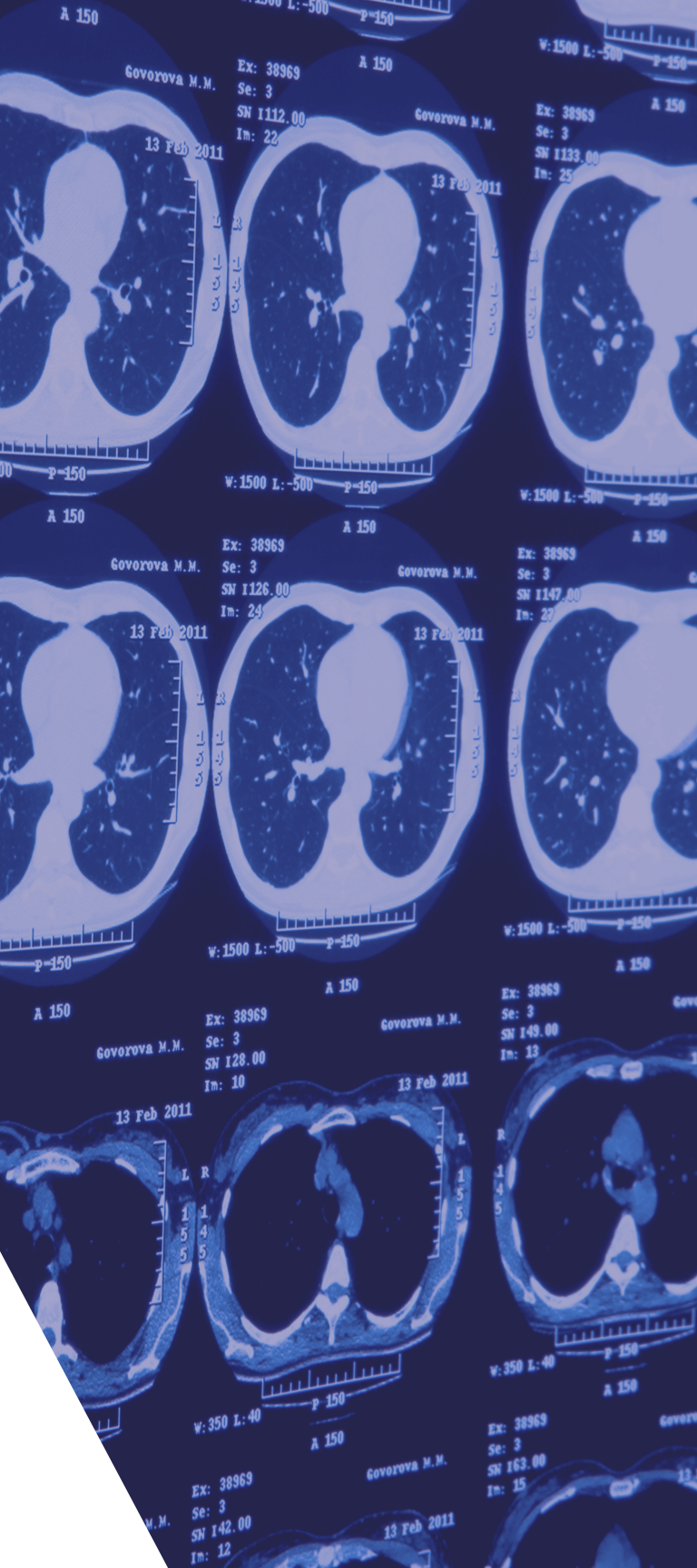
A biopsy. During a biopsy, a small piece of the nodule is removed and examined. This will determine if the nodule is cancer and if so, what type. Knowing this is important to plan further treatment.

A biopsy procedure can be done several ways. The specific way is determined by your care team and depends on how large the nodule is, where it is and your general health. All tests and procedures do have risks. Your physician will discuss all of these in more detail with you if a biopsy becomes necessary.

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If you have a suspicious lung cancer screening, your physician will discuss all of your options with you to help you determine your personal plan of care.

If you have nodules, you may wish to ask for the Northwestern Medicine brochure "Understanding Lung Nodules."



Questions to ask your physician

When you get your test results, you may wish to have a list of questions to ask your primary care physician.

Consider asking:

How many nodules were there?

How large was the largest nodule?

Where are the nodules located?

What does this mean for me?

What happens next?

What should I do?

It is important to remember that follow-up testing is necessary if you have nodules. Be sure to follow the recommendations based on your specific test results.

To learn more about lung cancer, contact:

The Lung Cancer Alliance

lungcanceralliance.org
support@lungcanceralliance.org
Helpline: 800.298.2436
Clinical trials: 800.698.0931

American Lung Association

lung.org/lung-health-and-diseases

To reach the Northwestern Memorial Hospital Radiology Department, call 312.926.9377.

To reach the Northwestern Medicine Lake Forest Hospital Radiology Department, call 847.535.7442.

For questions regarding your test results and next steps, please contact your primary care provider. If you do not have a primary care provider, visit [nm.org](https://www.nm.org) to find a Northwestern Medicine physician near you.

