



How do I get screened?

If you decide screening is right for you, and you meet eligibility, your primary care provider can refer you to the Alberta Lung Cancer Screening Program.

Our website, screeningforlife.ca/lung gives you the option to self-refer after completing a brief questionnaire to determine your eligibility.

You can also call 1-866-727-3926 and our Health Link nurses can help you self-refer.

If you're eligible, an appointment will be made for you to have a low-dose CT scan.

Anyone can get lung cancer

While smoking is the most common cause of lung cancer, other risks include exposure to radon, asbestos and outdoor air pollution.



Learn more at myhealth.alberta.ca
(search 'lung cancer')

What is traditional tobacco?

Traditional tobacco is an important part of many Indigenous cultures.



Learn more at myhealth.alberta.ca
(search 'traditional tobacco')

Interested in quitting smoking?

- Ask your primary care provider or pharmacist about counselling programs in your area.
- Call 1-866-710-7848
- Text ABQUITS to 123456
- Visit albertaquits.healthtiertogether.ca

Métis Nation of Alberta Tobacco Reduction Programs

- Call 780-455-2200
- Email health@metis.org

For more information



- Email alcsp@ahs.ca
- Call 1-866-727-3926
- Visit screeningforlife.ca/lung
- Scan the QR code

Lung cancer screening can save your life



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What is lung cancer?

Lung cancer is when abnormal cells develop in your lung(s), then grow out of control. These abnormal cells can cause growths called tumours.

The early stages of lung cancer don't always cause symptoms. Screening is important to find the cancer before it spreads.

What is lung cancer screening?


Screening is checking for cancer or for abnormal cells that may become cancer in people who have no symptoms.

Lung cancer screening is done using a low-dose CT scan. The scan takes about 15 seconds and doesn't hurt. You don't have to have an injection or drink a dye. The small amount of radiation that's used can find very tiny spots (nodules).



Am I eligible for screening?

You may be eligible for lung cancer screening if you're 50 to 74 years old AND you still smoke cigarettes or have quit smoking after many years.



Lung cancer screening
can help detect cancer
before symptoms start.

What is the benefit of screening?

Currently, 7 out of 10 lung cancer cases are found when the cancer is in the late stages (advanced). Late stage cancer is much harder to treat or cure because the cancer has already spread to other parts of the body, or there's too much cancer in the lung(s). Regular screening can lower your risk of dying from lung cancer by at least 25%.

Does cancer screening have risks?

Any medical test or procedure has risks and benefits. While screening tries to reduce these risks, it can still happen. Possible risks include:

- radiation from the scan.
- a false positive result, which may mean you have more testing done when you didn't need to.
- abnormal results, which may lead to treatments you don't need.
- missing very small cancers hidden behind other parts in your chest like heart, liver or thyroid gland.

What are the possible results?

Normal result (90% of exams): This means that nothing abnormal was found in your scan. In many people, very small spots (nodules) are seen in the lungs. These spots are considered normal.

Unclear result (7% of exams): In some people, small spots are detected and require an earlier follow-up CT scan in 3 to 6 months.

Abnormal result (3% of exams): This means something has been found in your lung(s). It may or may not be cancer, but other tests may be needed to find out for sure.

Incidental findings (10% of exams): A low-dose CT scan also gives us images of other parts of your body, like your heart, liver and thyroid gland. Sometimes there are findings that aren't related to your lungs that may require follow-up.

How do I find out my results?

Both you and your primary care provider will be sent a letter with your results a few weeks after your CT scan. Your results will also be on MyAHS Connect if you're already signed up.