

# Low Dose CT Lung Cancer Screening

Available at Colusa and Glenn Medical Centers



- Lung Cancer is by far the leading cause of cancer death among both men and women in the United States.
- The primary goal of Annual Low-Dose CT (LDCT) lung screening is to detect abnormalities that may represent early lung cancer and may require further evaluation.
- LDCT lung cancer screening is performed with one breath hold and no IV contrast is needed.

## Benefits of lung Cancer screening

*Benefits based on the results of the National Lung Screening Trial which found mortality from lung cancer were decreased by 20 percent in people who had **Annual Low-Dose CT screening**.*

Pack Years = 20 cigarettes smoked per day for one year

# Years of Smoking	# Cigarettes Smoked Daily			
	10 ½ pack per day	20 1 pack per day	30 1 ½ packs per day	40 2 packs per day
5	3	5	8	10
10	5	10	15	20
15	8	15	23	30
20	10	20	30	40
25	13	25	38	50
30	15	30	45	60
35	18	35	53	70
40	20	40	60	80
50	25	50	75	100

## Criteria LD Lung Cancer Screening (Must meet ALL 5)

- 1. Patient aged 55-77
- 2. Asymptomatic
- 3. Either a current smoker or has quit smoking within the last 15 years
- 4. Have a 30-pack years or greater history of tobacco smoking
- 5. Must have a written order for LDCT from a qualified health professional following a lung cancer screening counseling that attests to shared decision-making having taken place before their first screening CT



LDCT Lung Screening ORDER FORM	
Clinic/Company	
Address:	
City, Zip	
Phone:	Fax:
Ordering Provider:	NPI:
Signature:	

All following information is required or insurance claims will be denied

**Patients MUST meet Lung Cancer Screening Criteria**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (Last, First) \* Must be 55 - 77

Patient is *Asymptomatic*: Y / N

Currently smokes: Y / N IF No, # of years since quit: \_\_\_\_\_

Number of pack-years smoked: \_\_\_\_\_ \* Must be ≥ 30-pack years

First time/Baseline screening: Y / N

**Or** location & date of prior LDCT \_\_\_\_\_

- Attached *Clinic notes* MUST reflect the beneficiary has met all screening requirements as listed on this order

Appointments are available at

Colusa and Glenn Medical Centers

**Colusa** Imaging Department 530-619-0800 x3680

**Glenn** Imaging Department 530-934-1801