

# Lung Cancer Screening Program



Charleston Area  
Medical Center

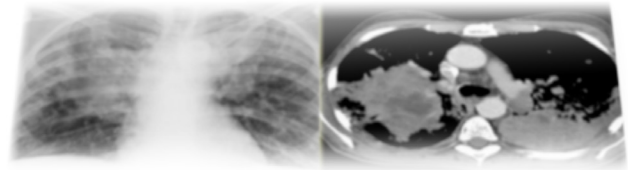
**The goal of screening is to detect disease at its earliest and most treatable stage. Lung cancer is still the leading cause of death in both men and women.**

## **BENEFITS OF LOW-DOSE CHEST CT SCAN FOR LUNG CANCER**

When cancer is found with screening, patients can more often undergo minimally invasive surgery and have less lung tissue removed. The NCI National Lung Screening Trial showed a 20% reduction in lung cancer related deaths in smokers. These patients were screened annually with low-dose CT, compared to those screened with x-ray. The trial was published in the New England Journal of Medicine in 2010.

## **UNDERSTANDING THE LUNG CANCER SCREENING PROGRAM**

The best chance of a cure is early detection. Our Lung Cancer Screening Program provides a multidisciplinary team approach with our dedicated radiologists by combining NCCN recommendations, nurse navigation, education on lung cancer screening and smoking cessation.



## **Referral Guidelines for Low-Dose CT Chest Scan**

Please Note – Low Dose Lung Screening is NOT recommended for high-risk individuals with poor health who would be unable to receive curative treatment OR are already following a lung nodule protocol/surveillance program OR have had a chest CT within the last year.

- Patient is asymptomatic (no signs or symptoms of lung cancer)
- Appointment required
- Physicians order required (see reverse side of form)
- Meet one of the following criteria: (determined by smoking history and age)
  - a. **Group A** - 55 to 77 years old, smoking history equivalent to smoking one pack per day or more for 30 years or equivalent of two packs per day for 15 years OR if current or ex-smoker and quit within last 15 years
  - b. **Group B** - 50 to 77 years old, currently or in the past smoked one pack per day for 20 years and have at least one other risk factor for lung cancer, not including exposure to second hand smoke
- Additional risk factors include:
  - a. COPD and/or Emphysema
  - b. Pulmonary Fibrosis
  - c. Radon exposure
  - d. Occupational Exposures - such as asbestos, arsenic, beryllium, cadmium, chromium, coal smoke, diesel fumes, nickel, silica, and soot
  - e. Personal history of lung cancer or family history of lung cancer
  - f. Prior thoracic radiation therapy, as may occur for breast cancer and lymphoma
- To be a candidate for a low dose chest CT individuals must be able to lie on back with arms raised above head for entire exam
- Annual screening recommended



**LOW DOSE LUNG SCREENING PROGRAM  
SCREENING ORDER**

**\* = Required for Legal Order**

PLACE  
PATIENT IDENTIFICATION LABEL  
HERE

**PATIENT INFORMATION**

\*Patient Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Sex:  M  F

**Screening Criteria:** (Please check Group A **or** Group B)

- GROUP A** – 55 to 77 years old, smoking history equivalent to smoking one pack per day or more for 30 years OR equivalent of two packs per day for 15 years OR ex-smoker and quit within last 15 years.
- GROUP B** – 50 to 77 years old, currently or in the past smoked one pack per day for 20 years and have at least one other risk factor for lung cancer, not including exposure to second hand smoke. (See front of form for other risk factors)

\*Calculate actual pack years – packs per day x years of smoking. Pack years (PY) = \_\_\_\_\_

**\*SMOKING STATUS:**

- Patient is current smoker
- Patient is former smoker      \*Years since quit \_\_\_\_\_

\*Patient is asymptomatic (no fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Refer to CAMC Comprehensive Lung Nodule Team if high risk findings

**SCREENING ORDER**

**MUST CALL CENTRALIZED SCHEDULING to arrange appointment date and time: (304) 388-9677**

**Procedure: CT Chest Low Dose Lung Screening    CPT: GO297    ICD: Z87.891**

\*Ordering Physician NPI #: \_\_\_\_\_

Ordering Physician Print Name: \_\_\_\_\_

\***DATE:** (Required)      \***TIME:** (Required)      \***PHYSICIAN SIGNATURE:** (Required)

Office Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Appointment Location:  Kanawha City Imaging Center       Southridge Imaging Center

**FAX ORDER to PERFORMING FACILITY AND GIVE COPY TO PATIENT**

<b>Facility:</b>	<b>Kanawha City Imaging Center (OPIC)</b>	<b>Southridge Imaging Center (SRIC)</b>
<b>Fax Order To: PLEASE SEND COPY OF ORDER WITH PATIENT</b>	<b>(304) 388-1665</b>	<b>(304) 720-9730</b>