

## Scheduling An Appointment

### Stanford Radiology Scheduling Center

Phone: 650-723-6855

Fax: 650-723-6036

#### Your appointment is scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

For more information on Lung Cancer Screening, please call the Pulmonary Clinic at Stanford Health Care  
Phone: 510-806-2126

Lung Cancer Screening Program  
at Stanford Cancer Center South Bay  
2589 Samaritan Drive  
San Jose, CA 95124  
Phone: 408-426-4900

The Lung Cancer Screening Program at Stanford Cancer Center South Bay is a unique, comprehensive program aimed at bringing state of the art care to our South Bay population. While other centers offer computed tomography (CT) screening alone, our program delivers comprehensive pre-screening, screening, and post-screening services.

#### The Team:

Natalie Lui, MD, Thoracic Surgeon  
Meghan Ramsey, MD, Interventional Pulmonologist

## Exam Preparation

- Please arrive 30 minutes before your scheduled appointment and allow 1 hour for the exam process.
- We request that you obtain a copy (CD or film) of any prior Chest CT scan/s to submit to us on the day of your appointment. Comparison with prior studies allows our radiologists to better assess the significance of any findings present on your screening CT exam.
- We do suggest that you visit our website at <http://imaging.stanfordhealthcare.org/lungscreen>

## Insurance Coverage

### CT Lung Cancer Screening (CPT G0297)

#### Private Insurance and Covered California

Under the Affordable Care Act, effective prevention measures – graded A or B- are included in the Essential Health Benefit. Patients who meet the screening criteria will have insurance coverage for screening without co-payments or other barriers starting January 1, 2015.

<http://www.lung.org/press-room/press-releases/lung-diseases/USPSTF-LC-Screening-Statement.html>

#### Centers for Medicare & Medicaid Services (CMS) - Covered effective February 5, 2015

The Centers for Medicare & Medicaid Services (CMS) proposes that the evidence is sufficient to add a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, screening for lung cancer with low dose computed tomography (LDCT), once per year, as an additional preventive service benefit under the Medicare program only if all of the following criteria are met:

- USPSTF Eligibility Guidelines
- CMS age eligibility is age 55-77 years

**Self-Pay Pricing**—Self-Pay pricing for eligible patients after 50% discount \$418. Pricing is subject to change without notice. Please contact Patient Financial Services at (800) 549-3720, Monday through Friday 8:00 am to 4:00 pm.

#### Resources:

<http://www.nejm.org/doi/full/10.1056/NEJMoa1102873>

<http://www.cancer.gov/clinicaltrials/noteworthy-trials/nlst>

<http://www.nccn.org/index.asp>

<http://www.atriskforlungcancer.org>

<http://www.nobutts.org>

For more information, go to:

<http://stanfordhealthcare.org/lungscreen>

# CT Lung Cancer Screening

Stanford Imaging Services



## Information for Patients and Families



**Stanford**  
HEALTH CARE  
STANFORD MEDICINE

## CT Lung Cancer Screening

In June 2011, the New England Journal of Medicine published results from the landmark National Lung Screening Trial (NLST) that showed a 20% mortality reduction in a high-risk population who had undergone low-dose CT. NLST is the first lung cancer screening trial to demonstrate such a mortality benefit for the most lethal cancer in America today.

Following this, the National Comprehensive Cancer Network (NCCN) issued guidelines recommending low-dose CT screening for lung cancer, and the United States Preventive Services Task Force (USPSTF) issued their recommendation for annual low-dose CT screening in high-risk individuals at the end of 2013.

Stanford Health Care believes strongly in innovative solutions for preventive care. Therefore, our imaging department will be offering this screening test to patients who meet the criteria recommended in either the USPSTF or NCCN guidelines (See Exam Eligibility section)

***Eligible patients must be referred by a physician and active smokers undergoing screening CT should enter a smoking cessation program. We re-iterate that screening is not an alternative to smoking cessation which is the most important action that can be taken by current smokers to minimize their likelihood of developing cancer.***

## False Positives

Over the period that NLST participants were screened, approximately 40% of individuals had a positive CT result, usually consisting of small indeterminate pulmonary nodules considered suspicious for lung cancer, on at least one of the three annual tests. Of these initial findings, 96% were false positives, but required diagnostic follow-up, mostly with further imaging, and in some cases involving invasive procedures such as bronchoscopy, biopsy or surgery. The death rate from any cause in the CT screening group was reduced by 6.7%, compared to the radiography group. One death from lung cancer was prevented per 320 participants in screening.

## Radiation Dose Reduction and Optimization

At Stanford Health Care, we understand that radiation exposure is a concern to referring physicians and patients. We are committed to reducing radiation exposure and following radiation safety principles. CT lung cancer screening will be a low-dose CT exam, with a radiation dose equivalent to approximately half of the naturally occurring background radiation that a person receives for one year at sea level. This exam does not require intravenous contrast.

## What Will Happen during the CT Examination?

The scanner where we will image you is a large donut-shaped machine. You will lie on a table that slides into and out of this donut-shaped hole or tunnel. Caregivers will help you lie down on the CT scan table. Our technologist will sit behind a window during the CT scan and will be able to see, hear, and speak with you at all times. You will be asked to change into a hospital gown and to remove all jewelry, earrings, or other metal objects. You will also be asked to hold your breath during the scanning and remain still since movement during imaging may lead to suboptimal results.

## Exam Eligibility

### USPSTF Guidelines:

- Individuals between the ages of 55 and 80 years
- Individuals who are currently smoking or have quit within the past 15 years. Screening should be discontinued once the individual has not smoked for 15 years.
- History of at least 30 “pack years” of smoking. (A pack year equals the number of packs smoked per day times the number of years the patient smoked; two packs a day for 10 years equals 20 pack years.)

### NCCN Guidelines:

- Individuals  $\geq 50$  years and  $\geq 20$  pack year smoking history and **ONE** additional risk factor
  - Radon exposure
  - Occupational exposure: silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes, and/or nickel
  - Cancer history: lung cancer, lymphomas, cancers of the head and neck, smoking related aerodigestive cancers such as esophageal cancer
  - Family history of lung cancer
  - Disease history (COPD – Chronic Obstructive Pulmonary Disease or pulmonary fibrosis)

## Exclusion Criteria for Study

- Pneumonia or acute respiratory infection
- Pneumonia or acute respiratory infection treated with antibiotics in the 12 weeks prior to scheduled low dose CT
- CT Scan of the Thorax within the past 1 year
- Recent hemoptysis
- Unexplained weight loss of more than 15 lbs in the 12 months prior to screening exam