

CT Lung Screening Guidelines

All candidates for CT lung screening should be asymptomatic, have no known metastatic disease, and should not have a diagnosis of lung cancer within the past 5 years.

Pack-Years: _____	<p style="text-align: center;">Smoking Status</p> <input type="radio"/> Current <input type="radio"/> Former, quit _____ years ago
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NCCN High-Risk Groups Qualifying for CT Lung Screening

Group 1	Group 2
<input type="checkbox"/> 55-74 years old <input type="checkbox"/> Are currently a smoker or have quit within the past 15 years <input type="checkbox"/> Have smoked at least a pack of cigarettes a day for 30+ years	<input type="checkbox"/> 50-74 years old <input type="checkbox"/> Have smoked at least a pack of cigarettes a day for 20+ years <input type="checkbox"/> Have one additional lung cancer risk factor, not to include secondhand smoke exposure

NCCN Lung Cancer Risk Factors for Group 2 Qualification (one required)

<p>1. Family history of lung cancer</p> <input type="radio"/> Mother <input type="radio"/> Sibling <input type="radio"/> Father <input type="radio"/> Child	<p>2. Personal history of chronic lung disease</p> <input type="radio"/> COPD <input type="radio"/> Emphysema <input type="radio"/> Chronic bronchitis <input type="radio"/> Pulmonary fibrosis										
<p>3. Occupational exposure to 10 lung carcinogens</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="radio"/> Arsenic</td> <td style="width: 50%; border: none;"><input type="radio"/> Chromium</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Asbestos</td> <td style="border: none;"><input type="radio"/> Diesel Fumes</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Beryllium</td> <td style="border: none;"><input type="radio"/> Nickel</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Cadmium</td> <td style="border: none;"><input type="radio"/> Silica</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Soot</td> <td style="border: none;"><input type="radio"/> Coal Smoke</td> </tr> </table>	<input type="radio"/> Arsenic	<input type="radio"/> Chromium	<input type="radio"/> Asbestos	<input type="radio"/> Diesel Fumes	<input type="radio"/> Beryllium	<input type="radio"/> Nickel	<input type="radio"/> Cadmium	<input type="radio"/> Silica	<input type="radio"/> Soot	<input type="radio"/> Coal Smoke	<p>4. Radon Exposure</p> <input type="radio"/> Documented Residential <input type="radio"/> Occupational <input type="radio"/> Mining <input type="radio"/> Firefighter <input type="radio"/> Military-Active Combat
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<p>5. Personal history of cancer (excluding known metastatic disease)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="radio"/> Lung Cancer (greater than five years ago) <input type="radio"/> Lymphoma <input type="radio"/> Head and neck <input type="radio"/> Esophageal <input type="radio"/> Bladder <input type="radio"/> Cervix </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="radio"/> Colon <input type="radio"/> Kidney <input type="radio"/> Pancreas <input type="radio"/> Stomach <input type="radio"/> Other smoking related cancer (_____) </td> </tr> </table>		<input type="radio"/> Lung Cancer (greater than five years ago) <input type="radio"/> Lymphoma <input type="radio"/> Head and neck <input type="radio"/> Esophageal <input type="radio"/> Bladder <input type="radio"/> Cervix	<input type="radio"/> Colon <input type="radio"/> Kidney <input type="radio"/> Pancreas <input type="radio"/> Stomach <input type="radio"/> Other smoking related cancer (_____)								
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If the patient meets above criteria please order: **“CT Chest for Lung Screening”**. Please fax the order to CT at 781.744.3634 and call to schedule the appointment at 781.744.5658.