



If you answer YES to the questions you may qualify for a screening. For more information, call the Nodule Clinic at Shasta Regional Medical Center, 530-244-8269

DO YOU QUALIFY FOR MEDICARE APPROVED LUNG CANCER SCREENING?

If you answer YES to these 3 questions, you meet the criteria set by the U.S. Preventive Services Task Force that recommends annual computed tomography (CT) screening. This non-invasive diagnostic test is covered by Medicare and most insurance companies.

1



ARE YOU BETWEEN THE AGES OF 55 AND 77?

YES NO

2

ARE YOU ASYMPTOMATIC?

Show NO signs or symptoms of lung cancer such as:



- Persistent cough
- Chest pain
- Shortness of breath
- Unexplained weight loss
- Hoarseness
- Chronic bronchitis

YES NO

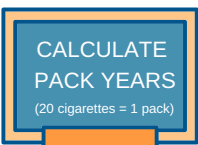
3



DO YOU CURRENTLY SMOKE OR DID YOU QUIT SMOKING WITHIN THE LAST 15 YEARS AND HAVE OR HAD A TOBACCO SMOKING HISTORY OF AT LEAST 30 "PACK YEARS" — AN AVERAGE OF 1 PACK A DAY FOR 30 YEARS?

Number of years smoked **X** Average # of packs smoked per day **=** Pack Years

YES NO



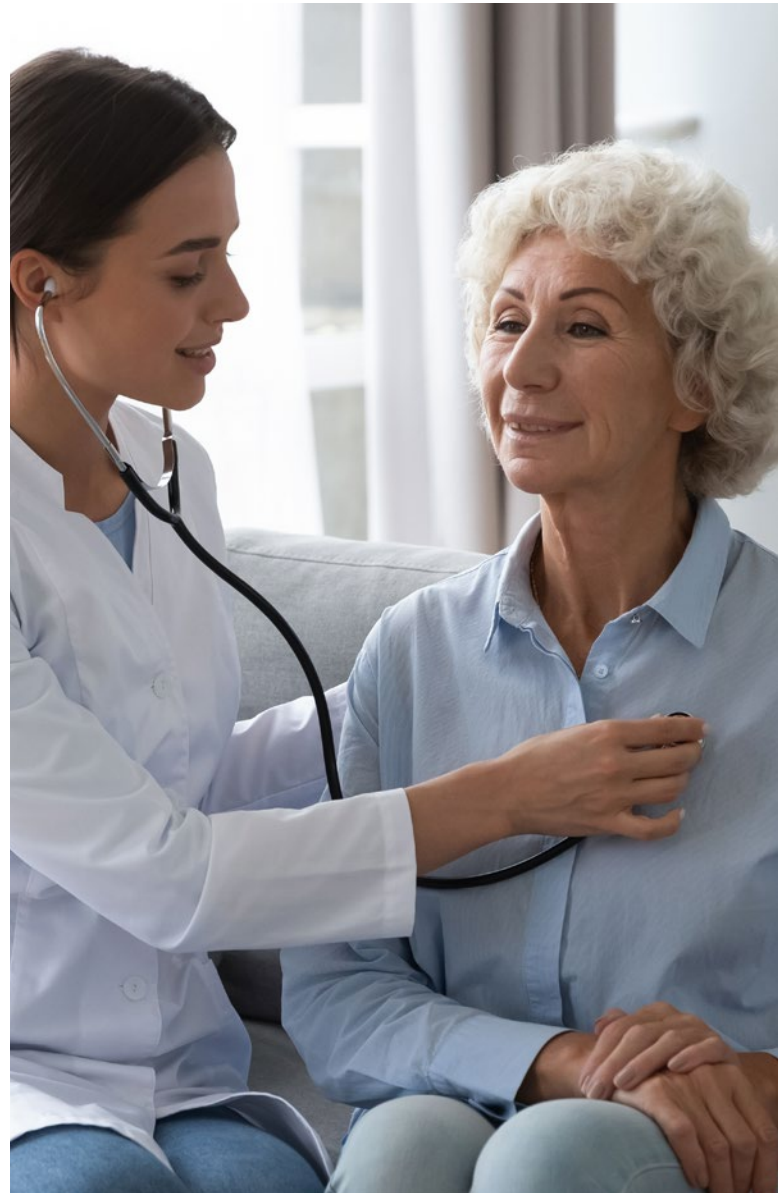
3?

DID YOU SAY YES TO ALL 3 QUESTIONS?

Make an appointment with your doctor and let them know that you meet the criteria for an annual CT screening that is covered by Medicare and most health insurance providers.



If you answered NO to any of these questions and have any questions or concerns regarding your lung cancer risks, you should make an appointment with your doctor.



Learn more at lcfamerica.org/detention

Life should take your breath away.
Not lung cancer.

If you answer YES to the questions you may qualify for a screening. For more information, call the Nodule Clinic at Shasta Regional Medical Center, 530-244-8269

LUNG NODULE CLINIC

LUNG NODULE CLINIC

The Lung Nodule Clinic provides patients with an opportunity to screen for pre-cancerous lung nodules, before they progress into lung cancer. The goal is to reduce lung cancer mortality with low dose Computer Tomographic Screening.

HOW PATIENT CARE NEEDS ARE IDENTIFIED:

Patients will be identified through a qualifying process, with specific criteria for admittance.

CRITERIA:

- Patients between the ages of 55-77 years old, asymptomatic (no signs or symptoms of lung cancer).
- Tobacco smoking history of 30 pack years which is defined as, smoking one (1) pack a day for 30 years or two (2) packs a day for 15 years.
- Current smoker, or previous smoker within the last 15 years.
- Patient has received a written order for LDCT Lung Cancer Screening from a physician, physician assistance, nurse practitioner, or clinical nurse specialist.
- Patients will be excluded based on metal implants, pacemakers, metal rods in back or actively being treated for cancer.
- If patient has had a diagnostic CT prior to screening process they must wait 1 year before a LDCT is done. It will be the responsibility of staff to follow up with patient.



Kent Brusett, MD,
Medical Director
Nodule Clinic

LOW DOSE LUNG CT (LDCT) ANNUAL SCREENING PROGRAM WHAT ARE THE BENEFITS OF THE ANNUAL SCREENING PROGRAM?

Lung cancer is the leading single cancer killer in the USA. For people who are eligible for screening and decide to participate in an annual screening program, the chance of finding cancer early is higher. Annual scans during the eligible age range are recommended, even if prior scans are normal. Finding cancer early generally means that there are more treatment options available. Lung cancer screening is estimated to reduce lung cancer deaths by 20% or approximately 22,000 lives yearly.

WHAT ARE THE HARMS OF SCREENING?

Lung cancer CT screening only helps to find cancer if it is already there. It cannot prevent cancer. The only way to prevent cancer is to stop smoking if you have not already done so. Lung cancer screening uses a CT scan with a lower dose of radiation than a conventional CT. The radiation dose for a Low Dose Screening Chest CT is equivalent to 6 months of regular living in Charleston, SC. The risk of associated fatal cancer from this dose of radiation is very low. Other potential harms from screening include: false alarms, more testing and invasive procedures.

HOW CAN THE RISK OF HARM BE DECREASED?

Our radiologists are board certified and trained in the latest radiology and radiation safety techniques. Your study results are reported using the nationally recognized lung nodule screening and reporting data system. The report is sent to the ordering physician in the same manner that they receive other imaging reports and includes recommendations for any follow-up. In a large multi-year trial, 96% of positive low dose chest CT screening results were found not to be cancer. Presentation of high risk images at the multidisciplinary thoracic oncology clinical conference reduces the risk of interventions on false positive lesions.

QUIT SMOKING PROGRAM: THE BEST WAY TO LOWER YOUR CHANCES OF GETTING LUNG CANCER IS TO QUIT SMOKING.

While the LDCT screening can reduce your chances of dying from lung cancer, a far more effective means of reducing your chances is to stop smoking. This is difficult, but it can be done. Take the first steps: Talk to your provider about ways to cope with nicotine cravings and stress and then pick a stop date. There are resources available and we can help.