



BREATHE EASIER WITH

LUNG CANCER SCREENING

EARLY DETECTION SAVES LIVES. FIND OUT IF YOU'RE A CANDIDATE.

Lung cancer is the leading cause of cancer death in this country. It accounts for 30 percent of all cancer deaths in America, killing more than 150,000 people a year.

That's why Vidant Health has developed a new initiative to fight this disease in eastern North Carolina. Our facilities in the region are offering computed tomography (CT) as an early screening tool. When it's detected early, lung cancer is easier to treat and has a higher survival rate.

In the east, we're detecting lung cancer at a rate far higher than the national average — 1 for every 26 individuals compared to 1/320 nationally. For this reason, we're placing a renewed emphasis on reaching every person who qualifies for screening.

Who qualifies?

This screening is not for everyone. You are eligible if you:

- Are between the ages of 55 and 77 (Some insurance companies pay up to age 80.)
- Smoked at least two packs a day for 15 years, three packs a day for 10 years or other combination that totals up to a 30-year history of smoking. See chart below.
- Are a current smoker or quit fewer than 15 years ago
- Have no sign or symptom of lung cancer

Determine your number of pack years

Years of smoking	Cigarettes smoked daily			
	10 .5 pack per day	20 1 pack per day	30 1.5 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

What is involved?

The CT screening requires you to hold your breath for 10 seconds to produce a clear image. The technology uses a low dose of radiation, is painless and does not require lab work or an injection. The results are interpreted by a radiologist.

A letter summarizing the results will be sent to your primary care physician or referring physician, who will develop a plan for follow-up care, if needed.

What is the cost?

Your insurance company may cover the cost of the screening. If you do not have insurance, you will be billed \$250 (our self-pay rate). Additional radiologist fees will apply.

Get started now

First, talk to your doctor about getting a CT scan to screen for lung cancer. Discuss your complete health history and get a clear explanation of the benefits and risks.

Take the form on the reverse side to your primary care doctor. If you don't have a doctor, call toll free 855-MYVIDANT (855-698-4326) for help finding one near you.

VidantHealth.com/Cancer



CT Lung Cancer Screening Order Form (Low Dose CT)

Fax Request Form to 252-847-3337



Date _____ Patient name _____

Phone _____ Address _____

City _____ State _____ Zip _____

Date of birth _____ Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown

Height _____ Weight _____

Health insurance (check all that apply): ☐ Medicaid ☐ Medicare ☐ Private insurance ☐ Self-pay ☐ Unknown

Medicare beneficiary ID/commercial insurance ID _____

Social Security number _____

Currently smoking? ☐ Y ☐ N If no longer smoking, how many years since last cigarette? _____

Packs/day (20 cigarettes/pack) _____ X years smoked _____ = pack years _____

Comments _____

Authorization codes: Medicare G0297 Private/commercial S8032

By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of co-morbidities and the ability or willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic of lung cancer (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained, significant weight loss).

Ordering MD (print name) _____ Phone _____

National Provider Identifier (NPI) _____ Fax _____

Ordering MD signature _____ Date _____

Appointment date _____ Time _____ ☐ Patient notified by phone ☐ Left voice mail

- Location: ☐ Vidant Beaufort Hospital, 628 E. 12th Street, Washington
☐ Vidant Bertie Hospital, 1403 S. King Street, Windsor
☐ Vidant Chowan Hospital, 211 Virginia Road, Edenton
☐ Vidant Duplin Hospital, 401 N. Main Street, Kenansville
☐ Vidant Edgecombe Hospital, 111 Hospital Drive, Tarboro
☐ Vidant Medical Center, 2100 Stantonsburg Road, Greenville
☐ Vidant Roanoke-Chowan Hospital, 500 S. Academy Street, Ahoskie
☐ East Carolina Heart Institute, 115 Heart Drive, Greenville
☐ The Outer Banks Hospital, 4800 S. Croatan Highway, Nags Head