

Comprehensive Lung Cancer Care From Screening to Treatment and Beyond

Early detection saves lives

Lung cancer accounts for nearly one quarter of all cancer deaths in America, killing more than 100,000 people a year. That's why ECU Health has developed an initiative to fight this disease in eastern North Carolina. Our facilities in the region are offering low-dose computed tomography (LDCT)—shown to reduce lung cancer deaths by about 20% compared to standard chest x-ray among current or former heavy smokers¹—as an early screening tool.

¹ American Cancer Society. *Cancer Facts & Figures 2021*.

Who qualifies?

This screening is not for everyone. Your patients may be eligible if they:

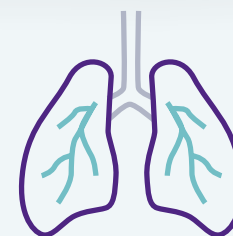
- Are between the ages of 50 and 77 (some insurance companies may pay up to age 80)
- Are a current smoker or quit fewer than 15 years ago
- Have a smoking history of 20-pack years or greater (see chart)
- Have no sign or symptom of lung cancer

Cigarettes Smoked Daily	Years of smoking								
	5	10	15	20	25	30	35	40	50
10 (.5 pack per day)	3	5	8	10	13	15	18	20	25
20 (1 pack per day)	5	10	15	20	25	30	35	40	50
30 (1.5 packs per day)	8	15	23	30	38	45	53	60	75
40 (2 packs per day)	10	20	30	40	50	60	70	80	100

A referral is required for screening.

What is involved?

- Low-dose CT screening can be completed at any of our ECU Health community hospitals
- Results are interpreted by a radiologist and sent back to you for follow-up
- Patients with a Solitary Pulmonary Indeterminate Nodule greater than 6mm may be referred to the ECU Health Cancer Care SPIN clinic, held weekly at the Eddie and Jo Allison Smith Cancer Tower at ECU Health Medical Center in Greenville






Personalized care for your patients

Through SPIN Clinic, our team of radiation and medical oncologists, pulmonologists, pathologists, radiologists, and surgeons will review your patient's case and put together a detailed care plan based on their unique needs.

And, our Cancer Care Navigators work side by side with a multidisciplinary team to ensure quality and timely care. As an advocate for you and your patient, navigators are available to provide guidance, education, and assistance every step of the way.

To refer a patient:

-  **Submit a request through EHR:**
Use CareLink or send to Referral@Direct.VidantHealth.com
-  **Submit a request by fax:**
Send patient notes to 252-84-REFER (252-847-3337)
-  **Check the status of a referral:**
Login to CareLink or call 252-847-0097 to speak with a referral specialist

CT Lung Cancer Screening Order Form (Low Dose CT)

Fax Request Form to 252-847-3337

Questions: 252-847-0097



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 code: 71271 Authorization _____

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: ☐ ECU Health Beaufort Hospital, 628 E. 12th Street, Washington
☐ ECU Health Bertie Hospital, 1403 S. King Street, Windsor
☐ ECU Health Chowan Hospital, 211 Virginia Road, Edenton
☐ ECU Health Duplin Hospital, 401 N. Main Street, Kenansville
☐ ECU Health Edgecombe Hospital, 111 Hospital Drive, Tarboro
☐ ECU Health Medical Center, 2100 Stantonsburg Road, Greenville
☐ ECU Health North Hospital, 250 Smith Church Rd, Roanoke Rapids
☐ ECU Health 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