

Low dose CT lung check program

PATIENT INFORMATION SHEET



Patient consent

I have read and understood the above information.

All of my current questions have been answered.

I understand that this is not a single test but a process which may require scanning over some years.

I understand that whilst every effort will be made to contact and remind me of follow-up appointments and further tests, it is my responsibility to follow-up with my doctor and attend for follow-up scans and tests.

I understand that my results will be read by a specialist doctor (radiologist) and the current guidelines for low dose CT chest scanning for lung cancer detection will be followed.

I understand that my results will be sent to my referring doctor (allow 3 to 5 days). The results will also be sent directly to me if I request.

I understand that if the low dose CT shows an abnormality (positive result), I may require further testing. I understand false positive results (false alarms) are common with this test. I understand that even if there is an abnormality, it is usually not cancer.

I understand that not all lung cancers will be detected or detected early enough to treat and that some tumours that are picked up will not be dangerous or even need treatment.

I understand there is a potential very small risk of cancer from the radiation given with the CT scan.

I understand that sometimes other diseases related to smoking or entirely unrelated conditions may be discovered and may need further investigation.

I understand that my scan details will be kept on a database and may be used for research purposes. No identifying information will be released.

By signing this form, I accept the limitations and potential risks, and my responsibility to arrange follow up scans as outlined above. I consent to undergo the lung cancer test with low dose CT scan(s).

Patient name	Signature
--------------	-----------



Experience Precision Care

Low dose CT lung check program

PATIENT INFORMATION SHEET



Your appointment:

Date:
.....

Time:
.....

Location:
.....

About lung cancer

Lung cancer is the leading cause of cancer mortality accounting for nearly 19% of all cancer-related deaths in Australia in 2011.

The survival rates for newly diagnosed lung cancer remain at less than 20%. This figure has only marginally improved over the past three decades, mainly because the disease is usually only diagnosed at an advanced stage, when there are few curative treatment options.

About the detection program

Benson Radiology is employing a program that provides annual low dose CT examinations for patients with a significant smoking history.

This program allows us to look for any early signs of a disease in a person before there are any symptoms. A CT scan can see small lung spots (nodules) earlier than other tests like x-rays and before a person has any problem like a cough or chest pain.

Why should I join this program?

Yearly lung examinations of high risk smokers and former smokers with the use of low dose CT identifies cancers at an earlier stage and is at least as effective in preventing death from cancer as annual mammogram screening for breast cancer in women 50-59 years of age.

For those at high risk, annual CT examinations (along with evaluation and treatment) prevents one in five deaths from lung cancer.

Who should consider the detection program?

Medical experts agree that lung cancer testing will benefit adults who are at least 50 years of age with a significant smoking history.

People with low to moderate risk factors have not been shown to benefit from annual CT examinations.



1 pack = 20 cigarettes

Where and how often should I be screened?

Medical experts recommend that lung cancer detection examinations be performed at medical centres with access to multi-disciplinary lung cancer diagnosis and treatment programs. All CT scans will be interpreted by trained radiologists and management plans for follow-up will be provided to you and your doctor. CT scans are recommended yearly or two yearly for high risk people as described above. Scans may need to be more frequent if a lung spot is seen that needs further work-up.



Experience Precision Care

Low dose CT lung check program

PATIENT INFORMATION SHEET



What will it cost?

The low dose CT chest examinations will be bulk billed for all participants who meet the criteria of the program. There will also be no out of pocket expense for any further scans or investigations that are performed at Benson Radiology related to the chest CT scan findings.

Program overview

The program works as outlined below:

- > Patients are referred by a clinician
- > Patient completes evaluation to confirm eligibility and consent to participate
- > Low dose CT scan performed
- > Structured radiology report, findings and recommendations provided to referring clinician and participant within 48 hours
- > Management recommendations for any detected pulmonary nodules, other smoking related diseases as well as incidental findings will be provided. Recommendations are based on the continued review of literature and multidisciplinary feedback
- > Enrolled patients will be reminded for annual examinations.

Quitting smoking

Regardless of the findings of your CT examination, stopping smoking is the best way to lower your chance of dying or suffering from lung cancer, emphysema, heart attacks and other smoking related diseases. Your health can improve within 20 minutes of quitting smoking. For more information call Quitline on 13 78 48 or visit www.cancersa.org.au/quitline



Experience Precision Care

Low dose CT lung check program

PATIENT INFORMATION SHEET



Benefits of the program

	Benefits of being tested for lung cancer	The facts
Reduced risk	Less chance of dying from lung cancer.	Rate of death from lung cancer reduced by 20% with low dose CT testing in high risk smokers.
	If caught early, treatment may be more successful.	Treatment of smaller lung cancers that haven't spread is associated with longer survival.
More treatment options	If found early, you may have more treatment options.	Early lung cancers may be removed with surgery. Larger more advanced cancers are often not operable.
Detection of other smoking related diseases	Low dose CT can detect diseased coronary arteries which can lead to heart attacks as well as lung diseases such as emphysema.	Radiologists can detect non-cancer related changes in the heart vessels and lungs. Early detection may improve treatment and survival.

Risks of the program

	The risks of being tested for lung cancer	The facts
False positive result (false alarm)	An indeterminate result is when an abnormality is found which it is unclear whether it is benign or cancerous.	Indeterminate result in up to 20% of the CT scans. Most (98%) are 'false positives' (false alarms) and are small spots or nodules confirmed not cancer by not growing on follow-up CT's. It's possible that even if the CT result is a suspicious abnormality, after extensive testing and even surgery, no lung cancer is found.
	A false alarm can sometimes lead to an invasive procedure like a biopsy or surgery.	A small number of people having invasive procedures from false alarms will have a major complication.
	Invasive procedures can sometimes cause serious complications.	Early lung cancers may be removed with surgery. Larger, more advanced cancers are often not operable.
Over diagnosis	The Lung Check Program may find slow growing cancers that would not lead to illness or death.	A small number of people will be diagnosed with a slow going cancer that won't lead to illness or death.
Aggressive cancers	Not all cancers will be picked up on scanning or picked up early enough to treat.	Quitting smoking remains the best way to avoid lung cancer.
Radiation risk from CT scans	Low dose CT scans expose people to low doses of radiation. Over time, exposure to radiation may cause cancer in itself.	The lifetime risk of cancer is estimated at about 1 in 10,000 to 1 in 20,000 for exposure to a low dose CT scan. The risk of lung cancer from heavy smoking is over 1 in 100 in any 5 year period.
Incidental findings	Other findings on CT chest exams are often identified unrelated to smoking and lung cancer. These may or may not be significant and more investigations may be required.	Between 5-10 out of 100 scans will show an incidental finding. The reporting radiologist will make a recommendation regarding further testing (if required).