

## What is the cost of the Lung Cancer Screening?

The cost of the screening is \$180 and payment is expected at the time of your scan. Patients should consult with their insurance provider about coverage.

## Is there any other illnesses or conditions which may show up on the CT during my Lung Cancer Screening?

Yes. The CT scan can also detect signs of pneumonia, tuberculosis or emphysema.

## How do I schedule a Lung Cancer Screening?

Make an appointment with your family physician to have an informed discussion on the potential benefits, limitations and possible risks of having a Lung Cancer Screening. After reviewing and discussing the criteria for the Lung Cancer Screening, your physician will determine if you are a candidate for a Lung Cancer Screening. Your physician's office may schedule the screening or you may call St. Elizabeth's Scheduling Department to schedule your screening at 618.234.2120, ext. 4639.

## Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.



**HSHS**  
**St. Elizabeth's**  
**Hospital**

211 South Third Street  
Belleville, Illinois 62220  
*steliz.org*

## Lung Cancer Screening

*One minute of your time  
could save your life*



**HSHS**  
**St. Elizabeth's**  
**Hospital**



Are you one of the thousands of Americans who is at risk for developing lung cancer? Lung cancer is the number one cause of cancer deaths, with a projected 159,000 deaths in the U.S. in 2014. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined.

*(American Cancer Society 2014 Figures.)*

But the good news is that when diagnosed early, lives can be saved. HSHS St. Elizabeth's Lung Cancer Screening can do just that.

### What is a Lung Cancer Screening?

St. Elizabeth's Lung Cancer Screening is a quick, painless, non-invasive low dose CT scan which can detect nodules or spots on your lung which might be early indicators of lung cancer. It takes just one minute to have a scan which can potentially save your life.

### Who should consider having a Lung Cancer Screening?

If you have one or more of the following risk factors, you may benefit from a Lung Cancer Screening:

- 55 to 74 years old who have smoked at least a pack a day for 30 years or two packs a day for 15 years;
- Current smoker;
- Have quit smoking in the past 15 years, and are in relatively good health;
- Do not have any general health exclusions (see list at right).

### Criteria for Lung Cancer Screening

People who are considering a lung cancer screening **must 1)** meet the below age requirement, **and 2)** be an active or former smoker, **and 3)** not have any of the below health exclusions in order to have the screening.

#### Age:

- 55-74 years old, with no signs or symptoms of lung cancer.

#### Active Smoker:\*

- Active Smoker. If active smoker, should also be vigorously urged to enter a smoking cessation program.

#### Former Smoker:\*

- Former Smoker. If former smoker, must have quit within the past 15 years.

#### General Health Exclusions (please discuss these with your doctor):

- Life-limiting comorbid conditions.
- Metallic implants or devices in the chest or back.
- Requirement for home oxygen supplementation.
- Treated for pneumonia in the last three months.
- Recent history of Hemoptysis (coughing up blood).
- Unexpected weight loss (greater than 15 pounds) in the last year.
- CT scan of the chest in the last 12 months.

\*Active or former smoker with a 30-pack-year history (*a pack-year is the equivalent of one pack of cigarettes per day per year*). One pack per day for 30 years or two packs per day for 15 years would both be 30-pack-years.

## LUNG CANCER SCREENING Low-Dose CT Scan

### Ask your physician about ordering this test:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Criteria (see definitions to the left):

- Age: 55-74
- Active Smoker  
**OR**
- Former Smoker
- NO General Health Exclusions

Indication: **Low Dose CT Lung Screening**  
**CPT Code: S8032**

Health Care Provider's Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_

Once signed, call:  
**St. Elizabeth's Scheduling Department**  
**618.234.2120, ext. 4639**

Bring this form with you to St. Elizabeth's on the day of your screening and present at registration.