

## Lung Cancer Screening Patient Authorization

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

Patient's full name \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to order a low-dose helical computed tomography scan of the chest to evaluate for pulmonary nodules, which may reflect early lung cancer. This offers the best chance of finding lung cancer in its earliest and most curable stages.

I am aware that the potential risks include:

- **False-positive results:** There is approximately a 24 percent chance that a nodule will be detected on a screening CT scan in a high-risk individual, and many nodules are benign.<sup>1</sup>
- **Additional testing:** Detecting a nodule may require more CT scans or surgical and/or interventional procedures for further evaluation. If you are opposed to these, you should not be screened.
- **Radiation exposure:** A low-dose CT scan of the chest will expose me to about 1.5 mSv of radiation, which is equal to about 15 chest X-rays. This is much less radiation than a conventional chest CT scan, which would expose me to about 7-10 mSv.
- **Emotional stress:** Some individuals may experience anxiety from finding a nodule and any associated follow-up.

I further understand that:

- This screening will show if a pulmonary nodule is present, but it alone cannot determine if the nodule is malignant or benign.
- I am being referred to *APP-Pulmonary Consultants & Sleep Specialists Lung Cancer Screening Program* because, should a pulmonary nodule be found, my care should be managed by a multidisciplinary team of physicians who specialize in the evaluation and treatment of pulmonary nodules and lung cancer.
- Smoking cessation/abstinence is my best defense against lung cancer and counseling is available to me.

All of my questions regarding this screening have been answered to my satisfaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's date

<sup>1</sup>Aberle, DR et al; National Lung Screening Trial Research Team. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011; 365:395-409. (PMID:217146).