



Low Dose CT of the Lungs (LDCT) for Lung Cancer Screening

Introduction:

Lung cancer constitutes 14.4% of all cancers in India and about 32 out of 100 deaths caused by cancer are due to lung cancer. CT scan of the lungs is the only test that has been demonstrated to reduce mortality from lung cancer in high-risk patients.

Technique:

With few modifications in the technical parameters, radiation exposure lower than usual, can be achieved easily. We use an mAs of 50 that leads to reduce radiation exposure to about half (≈ 2.6 mSv).

Criteria:

- Age: 50 to 77 years
- Smoking: 20 or more pack years history of smoking
- One additional risk factor



Fig. 1

Fig. 1 : A 55 years old man with a 40 pack years of smoking history was screened using the LDCT protocol. The CT scan shows diffuse areas of centrilobular emphysema (yellow arrows), predominantly in upper lobes. A solid nodule (red arrow) measuring 5.7 mm X 4.8 in maximum transverse dimensions is seen in the superior segment of the right lower lobe. Lung RADS category 2 that suggests a likely benign lesion and a follow up LDCT after 1 year is suggested as per Lung RADS criteria.

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Picture This

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At a glance:

- LDCT saves lives

- Low dose CT scan (LDCT) is the only test currently that can pick up lung cancer early

Data:

The largest trial to date (National Lung Cancer Screening Trial – NLST) has shown the following

1. A lung cancer prevalence of 1% in the screened population
2. 63% of these lung cancers are Stage I
3. 20% reduction in mortality in this population.

Reporting:

Based on the findings of LDCT such as size and density of the nodules, a category is assigned and further follow-up or additional investigations are recommended as per Lung-RADS criteria. The reporting is structured.

Additional Benefits

In addition to nodules, other smoking related lung disease such as emphysema, interstitial lung disease or coronary artery disease can be assessed as well.

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Lung Cancer Screening

Low Dose CT Scan

please get your LDCT done today!

20% discount up to 31st January 2016

For appointment or more information:

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