

ACR Designated Lung Cancer Screening Center

Attestation Form

In addition to all of the requirements of the ACR CT accreditation program and accreditation in the chest module, facilities seeking designation as a lung cancer screening CT center must meet the additional requirements outlined here.

Recommended Screening Population

- Majority of patients screened are between the ages of 55 and 80
- Have a smoking history of 30 pack years
- If no longer smoking, stopped smoking in the past 15 years
- Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
- Persons who have undergone chest CT within 12 months should be excluded (initial screening)

Personnel Qualifications

- Lung cancer screening interpreting physicians all meet the following:
 - 200 chest CT cases in prior 36 months*
 - Medical physicists and radiologic technologists continue to meet the requirements of the CT accreditation program
- *Please note that for Medicare claims, the Centers for Medicare and Medicaid Services (CMS) require at least 300 chest CTs in the past three years

Follow up System

- Must use ACR Lung Imaging Reporting and Data System (Lung-RADS)
- Screening facilities that elect to accept self-referral individuals must have procedures for referring them to a qualified health care provider if abnormal findings are present
- Follow the ACR Practice Parameter for Communication of Diagnostic Imaging Findings

Smoking Cessation

- A mechanism must be in place to refer patients for smoking cessation counseling or to provide smoking cessation materials.

Equipment

- CT equipment specifications and performance must meet state and federal requirements and applicable ACR Practice Parameters and Technical Standards.
- CT scanners used for the purpose of lung cancer screening are multidetector helical (spiral) CT scanners. (Non-helical and single detector CT scanners are not appropriate for lung cancer screening CT.)

Quality Control

- Maintain compliance with the quality control (QC) program as detailed in the ACR CT Quality Control Manual
- Participation in the ACR Lung Cancer Screening Registry
- Recommend participation in the ACR Dose Index Registry

Imaging Protocol

- The facility shall submit an ACR Lung Cancer Screening Data Form with the parameters used for
- their specific CT lung cancer screening protocol for an average standard sized patient (5'7", 154 lb)
 - Radiation exposure levels should be consistent with lung screening protocols and not routine chest scans; the protocol shall have a CTDIvol of ≤ 3 mGy, for a standard size patient (5'7", 154 lb, using 32 cm diameter CTDI phantom)
 - Exposure values must be reduced for smaller sized patients and increased for larger sized patients using either manual methods (operator adjustment of technique via a technique chart) or automated methods (such as automatic tube current modulation and/or kV selection)

ACR CT Accreditation Dose Pass/Fail Criteria**Standard Size Patient (5'7" 154 lb)**

Examination	Pass / Fail Criteria
	CTDIvol (mGy)
Lung Cancer Screening CT	≤ 3.0 mGy

The ACR-STR Practice Parameter for the Performance and Reporting of Lung Cancer Screening Thoracic Computed Tomography (CT) has been reviewed and will be followed as an effort to ensure that all aspects of lung cancer screening including interpretation, communication, continuum of care and documentation are practiced.

Does the site participate in the National Radiology Data Registry (NRDR), specifically:

- Does the site participate in the ACR Dose Index Registry Yes No
- Does the site participate in the ACR Lung Cancer Screening Registry Yes No
 - If yes, please indicate the NRDR ID number _____

The above obligations are agreed to and understood. Failure to abide by any of these conditions could result in suspension or revocation of the ACR Lung Cancer Screening Center designation. These obligations will survive the grant or denial of accreditation by the American College of Radiology.

Executed on _____
Date

Signature of Supervising Radiologist/Lead Interpreting Physician

Print Name of Supervising Radiologist/Lead Interpreting Physician