



Texas Department of State
Health Services

AUTHORIZATION FOR SELF-REFERRED LOW DOSE CT LUNG CANCER SCREENING

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT

Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 203-3787
Email: XrayRegistration@dshs.texas.gov

In accordance with 25 Texas Administration Code (TAC) 25 §289.226 persons proposing to conduct self-referred healing arts screening must apply for and receive authorization from this agency prior to initiating a screening program. Items 1 through 9 shall be submitted for review by this agency. All documents submitted must be maintained for inspection by the agency.

1. A written request must be submitted to receive authorization to perform low dose CT lung screening to include the applicants name, address and Certificate of Registration number.
2. A description of the procedures to be used in advising the individuals screened, and their private practitioners of the healing arts, of the results of screening procedures and any further medical needs indicated.
3. A description of the procedures to address individuals, without a physician, means of selecting a physician to whom the report will be sent and who will see the patient for follow up if necessary.
4. A description of the population to be examined in the screening program (e.g., age, sex, physical condition and other appropriate information).
5. A description of the disease or conditions for which the x-ray examinations are to be used in the diagnoses.
6. Description of the anatomy being imaged.

Note: The Department will not approve the imaging of anatomy that cannot be supported by a nationally recognized standard such as the American College of Radiology's ACR-STR Practice Parameter for the Performance and Reporting of Lung Cancer Screening Thoracic Computed Tomography (CT); which specifically limits the study from the lung apices to the costophrenic sulci.

7. Copy of CT protocols for the low dose lung screening procedure.
(i.e., scan parameters, orientation of patient, scan acquisition, technical factors)
Population screened must be limited to:
 - Age 50-80
 - A current or former smoker (former smokers having quit within the past 15 years)
 - A minimum 20 pack-year history of smoking
8. An equipment performance evaluation of the CT system within the last 12 months by a licensed medical physicist with a specialty in diagnostic radiological physics. The evaluation by the LMP shall show that such systems do satisfy all requirements of 25 TAC 289.227.
9. A description of the procedures for the retention or disposition of the CT study and other records pertaining to the x-ray examination.

Credentials for operators of radiation equipment and interpreting physicians shall be maintained and available for inspections by the agency.

Definition:

The primary goal of lung cancer screening CT is to detect abnormalities that may represent lung cancer and may require further diagnostic evaluation.

GUIDANCE AND RESOURCES:

- ACR–STR Practice Parameter for the Performance and Reporting of Lung Cancer Screening Thoracic Computed Tomography (CT)
<http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/LungScreening.pdf>
- United States Preventive Services Task Force (USPSTF) Recommendations on Lung Cancer Screening using Low Dose CT
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lung-cancer-screening>
- AAPM CT Lung Screening Protocols
<http://www.aapm.org/pubs/CTProtocols/documents/LungCancerScreeningCT.pdf>