CT Lung screen

Last Updated: 12/2025

Name	Plane	Type	Window	Thick	Space
AX	Axial	MPR	Soft Tissue	2.5 mm	2.5 mm
AX LUNG	Axial	MPR	Lung	2.5 mm	2.5 mm
AX THIN	Axial	MPR	Lung	0.625 mm	0.4 mm
COR MPR	Axial	MPR	Lung	2.5 mm	2.5 mm
SAG MPR	Sagittal	MPR	Lung	2.5 mm	2.5 mm
AX MIP	Axial	MIP		5 mm	5 mm

Notes:

CT lung cancer screening is intended for patients who meet any of the following criteria:

Age 55–74 and smoked a pack a day for 30 years (or smoked 2 packs a day for 15 years)

A current smoker or a previous smoker who quit in the last 15 years

No current symptoms related to Lung Cancer

- (Spitting up blood, unintentional weight loss of 15 lbs.) If this is happening, call your doctor immediately

OR

Age 50 or more with a smoking history of 20 packs per year and one of the following:

– Family History of Lung Cancer
– COPD or Pulmonary Fibrosis
– Exposure to radon, silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes, nickel, coal smoke and soot.

- CT lung cancer screening should not be performed in isolation as a free-standing test but part of a multidisciplinary approach including specialties of chest radiology, pulmonary medicine and thoracic surgery. The patient should be explained the risk and benefits of lung screening and be a potential candidate for definitive treatment. Processes need to be in place that ensure adequate follow-up.

- All screening and follow-up CT exams are performed with low dose CT (LDCT), unless evaluating mediastinal abnormalities or lymph nodes, where standard dose CT with IV contrast might be appropriate. Although no strict definition of LDCT exists, it is usually considered to be approximately 10-30% of a standard dose CT chest.
- Small patients with <30 BMI:
    - Total radiation exposure ≤3mSv, kVp 100-120, mAs ≤ 40.
- Large patients with BMI >30:
    - Total radiation exposure ≤5mSv, kVp 120, mAs ≤ 60.