Successful lung cancer screening starts here
Lung cancer is the most common cause of cancer death

Lung cancer has higher worldwide mortality than colorectal, breast, and prostate cancers combined.*

The earlier, the better

Low-dose CT lung cancer screening has been shown to detect lung cancer at earlier stages when it is more curable.1,2

Screening requires more than a scan

A successful lung cancer screening program requires a comprehensive solution from the start, with support to address the challenges a screening program presents.

Effectiveness
with growing the program

Compliance
with CMS-approved registry reporting

Organization
to streamline program management

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* American Cancer Society key statistics for lung cancer, 2016
** World Cancer Research Fund International Fact Sheet, 2015
Strong support, at every step

1. **Program set-up**
   Our specialist teams provide consultative services to help you get up and running.
   - Best practices
   - Outreach to attract referrals

2. **Education**
   We help guide you to continuously learn from thought-leaders.
   - Web-based education
   - Quality and consistency

3. **Scanning**
   We offer a full portfolio of systems, each complying with ACR guidelines:
   - Protocols with CTDI\textsubscript{vol} of \( \leq 3 \) mGy\(^1\)
   - Acquisitions \( \leq 15 \) sec
   - All systems use active DoseRight dose modulation to automatically adjust dose

4. **Advanced visualization with IntelliSpace Portal (ISP)**
   With Lung-RADS classification automatically calculated, ISP offers streamlined workflow to help you detect, diagnose, and follow up on lung nodules.

5. **Patient management**
   We provide a program that’s built for screening so that you operate compliantly and efficiently.
   - Automated routine administrative and instructive tasks
   - Patient follow-up and tracking
   - Uploading to CMS-approved registry

We’ll help you put it all together
Superb images for confident diagnosis.
The low dose required for lung cancer screening. And a well-integrated program from the start.

**iDose\(^4\)**
Personalized image quality based on patients’ needs at low dose

**IMR**
Industry-leading low-contrast resolution and virtually noise-free images\(^{\dagger\dagger}\)

**iPatient**
Patient-centric imaging that puts you in control of important advances in dose management and workflow

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\(^1\) CT dose index (CTDI\textsubscript{vol}) of \( \leq 3.0 \) mGy (milligray) for standard size patients (defined to be 5’ 7” and approximately 155 pounds) with appropriate reductions in CTDI\textsubscript{vol} for smaller patients and appropriate increases in CTDI\textsubscript{vol} for larger patients.

\(^{\dagger\dagger}\) In clinical practice, the use of IMR may reduce CT patient dose depending on the clinical task, patient size, anatomical location, and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task. Low-contrast detectability and noise were assessed using Reference Body Protocol comparing IMR to FBP, measured on 0.8 mm slices, tested on the MITA CT IQ Phantom (CCT183, The Phantom Laboratory), using human observers.
The systems for your set-up

From advanced oncology to dedicated chest exams, Philips offers CT and PET/CT systems to meet a range of clinical and economic needs in lung cancer screening.

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Let’s get started

We have the systems and solutions to help make your lung cancer screening program productive from the beginning. To learn more, visit www.philips.com/CT.


iDose® and IMR not available on Brilliance 16. IMR not available on Big Bore CT.

The screening must be performed within the established inclusion criteria of programs/protocols that have been approved and published by either a governmental body or professional medical society. Please refer to clinical literature, including the results of the National Lung Screening Trial (N Engl J Med 2011;365:395–409) and subsequent literature, for further information.