

Lung Cancer Screening Pilot for People at High Risk MARCH 2017

INFORMATION FOR HEALTHCARE PROVIDERS

Importance of lung cancer screening

Lung cancer is the leading cause of cancer death in Ontarians

It is usually diagnosed at an advanced stage, when treatment options are limited

Low-dose computed tomography (LDCT) screening can find lung cancer at an early stage, when treatment is more likely to be successful

Evidence to support lung cancer screening

The National Lung Screening Trial:
Was a randomized controlled trial with 53,000+ participants

Compared 3 annual screens with LDCT vs. chest X-ray in people at high risk

Found that people who got 3 annual screens with LDCT had a 20% reduction in lung cancer mortality over 6 years

Potential benefits and harms of lung cancer screening

Potential benefits

- Finding lung cancer at an early stage, when treatment is more likely to be successful
- Reducing lung cancer mortality

Potential harms

- Radiation exposure
- False-positive results
- Over-diagnosis

Cancer Care Ontario recommends using LDCT to screen people at high risk of getting lung cancer through an organized screening program

The Lung Cancer Screening Pilot for People at High Risk

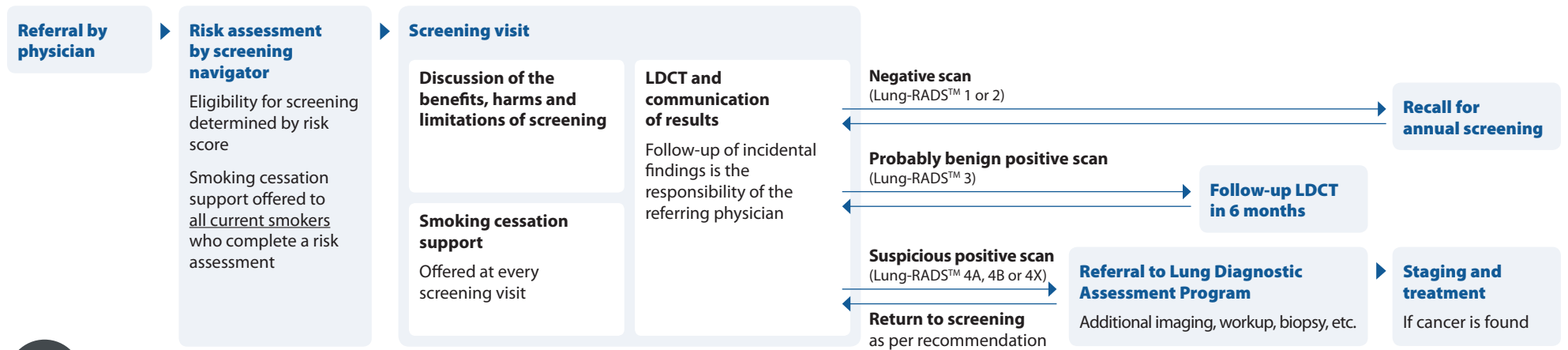
Cancer Care Ontario introduced a pilot in April 2017 for people at high risk of developing lung cancer:

The pilot is located at Lakeridge Health, Oshawa site

Eligible participants are offered LDCT screening

Evaluation data collected over 2 years will inform a provincial program

Lung cancer screening pilot pathway



Pilot site screening navigators book appointments, coordinate smoking cessation support, provide screening results and facilitate next steps



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People can be referred if they are:

Ages 55 to 74, and

Current or former smokers who smoked cigarettes daily for at least 20 years (not necessarily consecutive years)

People should not be referred if they:

Were previously diagnosed with lung cancer

Are under surveillance for lung nodules

Have had hemoptysis of unknown etiology in the past year, or

Have had unexplained weight loss of more than 5 kg in the past year

If a patient has lung cancer symptoms, follow the Program in Evidence-Based Care's guidelines for referral of suspected lung cancer

People must have a physician's referral to participate

Primary care providers and some specialist physicians play a role in identifying people who may benefit from lung cancer screening

A **physician must sign** a completed referral form to authorize LDCT

- If a patient self-presents to a pilot site and is eligible for screening, the pilot site will contact their **primary care provider** to get a signed referral form

The referring physician

- Authorizes the pilot to coordinate recall and follow-up of suspicious findings
- Is responsible for appropriate management of incidental findings (e.g., aortic calcification, emphysema, pleural plaques)

[Download and complete the referral form at www.yourcancerexperts.ca](http://www.yourcancerexperts.ca)

Pilot sites determine screening eligibility

After referral, a screening navigator completes a risk assessment with the potential participant by telephone to determine eligibility

Information collected on smoking and other relevant factors (e.g., body mass index, chronic obstructive pulmonary disease, personal history of cancer and family history of lung cancer) is entered into a lung cancer risk prediction model

People with a **≥2% risk** of developing lung cancer **over the next 6 years** are eligible to participate

Not all people referred will be eligible for lung cancer screening

Communications from the pilot

Referring physician and primary care providers (if different) are provided with the following:

Notification if a referred patient is ineligible for or declines screening

A standardized radiology report* for lung cancer screening scans

Additional notification to referring physician if there are **incidental findings**

Notification if a patient is **referred to a Lung Diagnostic Assessment Program**

* A modified version of the American College of Radiology's Lung-RADS™ used to standardize classification and follow-up of lung nodules found by screening

