

Lung Cancer Screening Pilot for People at High Risk Referral Form

FAX THIS COMPLETED FORM TO THE PILOT SITE IN YOUR AREA:

| 1. PATIENT INFORMATION (OR AFFIX LABEL) | | | |
|--|----------------------------|---------------------------------|--------------|
| FIRST NAME | | LAST NAME | |
| DATE OF BIRTH (YYYY/MM/DD) | | ADDRESS (INCLUDING POSTAL CODE) | |
| TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER | | OHIP NUMBER |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | VERSION CODE |
| 2. REFERRAL CRITERIA | | | |
| <p>To be referred to the pilot, a patient must be:</p> <ul style="list-style-type: none"> • 55 to 74 years old • a current or former smoker who smoked cigarettes daily for at least 20 years (not necessarily 20 years in a row) <p><input type="checkbox"/> My patient meets all of the above referral criteria</p> | | | |
| <p>A patient should not be referred to the pilot if they:</p> <ul style="list-style-type: none"> • have been diagnosed with lung cancer, or • are under surveillance for lung nodules, or • have experienced hemoptysis of unknown cause or unexplained weight loss of more than 5 kg (11 lbs) in the past year*, or • are currently undergoing diagnostic assessment, treatment or surveillance for life-threatening conditions (such as a cancer with a poor prognosis) as assessed by the referring physician <p>* If your patient has these symptoms, please ensure appropriate diagnostic investigation and consultation.</p> | | | |
| <p>A patient must have OHIP coverage to participate in the pilot except for Quebec residents of the Akwesasne First Nation.</p> <p>Not all patients who are referred will be eligible for lung cancer screening in the pilot. Anyone who is referred or self-presents to the pilot and meets the referral criteria will complete a risk assessment with the screening navigator to determine whether they are eligible to participate in lung cancer screening.</p> | | | |
| 3. HISTORY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) | | | |
| PREVIOUS DIAGNOSIS OF COPD? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | |
| 4. HISTORY OF CHEST COMPUTED TOMOGRAPHY (CT) | | | |
| PREVIOUS CHEST CT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | |
| DATE (YYYY/MM/DD) AND LOCATION (I.E., HOSPITAL NAME) OF PREVIOUS CHEST CTs | | | |
| 1. | | 3. | |
| 2. | | 4. | |
| 5. REFERRING PHYSICIAN (OR AFFIX LABEL) | | | |
| FIRST AND LAST NAME | | CPSO NUMBER | |
| TELEPHONE NUMBER | FAX NUMBER | OHIP BILLING NUMBER | |
| I AM THIS PATIENT'S PRIMARY CARE PROVIDER <input type="checkbox"/> YES <input type="checkbox"/> NO (if "no," complete section 6 and if "yes," skip section 6) | | | |
| <input type="checkbox"/> This patient does not have a primary care provider | | | |
| 6. PRIMARY CARE PROVIDER: Your patient's primary care provider will be copied on all communications related to their lung cancer screening activity. However, you are asked to notify your patient's primary care provider of this referral. | | | |
| FIRST AND LAST NAME | | TELEPHONE NUMBER | FAX NUMBER |
| 7. SIGNATURE | | | |
| <p>If your patient is eligible for screening based on a risk assessment, by signing this form as the referring physician, you:</p> <ul style="list-style-type: none"> • authorize the use of low-dose computed tomography (LDCT) for your patient's baseline scan, ongoing routine annual screening and follow-up of nodules, as recommended by the pilot • authorize your patient's referral to a Lung Diagnostic Assessment Program, if recommended by the reporting radiologist • authorize the pilot to facilitate the booking of LDCT scans • confirm that you are responsible for ensuring appropriate follow-up of incidental findings | | | |
| SIGNATURE | | DATE (YYYY/MM/DD) | |



Lung Cancer Screening Pilot for People at High Risk Referral Form FREQUENTLY ASKED QUESTIONS

Who can be referred to the Lung Cancer Screening Pilot for People at High Risk (the pilot)?

REFERRAL CRITERIA:

To be referred to the pilot, a patient must:

- be 55 to 74 years old;
- be a current or former smoker who has smoked **cigarettes** daily for at least 20 years (not necessarily 20 years in a row)

People cannot be referred to the pilot if they:

- have been diagnosed with lung cancer;
- are under surveillance for lung nodules;
- have experienced hemoptysis of unknown cause or unexplained weight loss of more than five kilograms (11 pounds) in the past year*; or
- are currently undergoing diagnostic assessment, treatment or surveillance for life-threatening conditions (such as a cancer with a poor prognosis) as assessed by the referring physician.

A patient must have OHIP coverage to participate in the pilot except for Quebec residents of the Akwesasne First Nation.

* People with these symptoms should receive appropriate diagnostic investigation and consultation.

Do I need to know how many pack-years my patients have smoked cigarettes for before referring them to the pilot?

Years of cigarette smoking, and not pack-years, are used as referral criteria for the pilot.

Can I refer people who have used different forms of tobacco or been exposed to second-hand smoke for 20 or more years?

Only people who have smoked a lot of **cigarettes** for many years may qualify for lung cancer screening. People who have used other kinds of tobacco, such as cigars, pipe tobacco, chewing tobacco or e-cigarettes, do not qualify for screening unless they have also smoked a lot of cigarettes. People who have not smoked a lot of cigarettes but who have breathed in second-hand smoke, asbestos and other air pollutants also do not qualify to get screened. This does not mean your patient is at low risk of developing lung cancer.

Will all people who meet the referral criteria be eligible for screening?

Not all people who are referred to the pilot will be eligible for lung cancer screening. The referral criteria are intended to identify people who should undergo a risk assessment.

What are the next steps after I refer someone to the pilot?

Pilot site staff will contact your patient to arrange a telephone risk assessment appointment with a screening navigator.

The risk assessment is done using a risk calculator, which is a statistical risk prediction model that gives a percentage estimate of someone's risk of developing lung cancer in the next six years. The assessment considers age and smoking history, as well as other risk factors, such as body mass index, education, personal history of cancer, chronic obstructive pulmonary disease (COPD), and family history of lung cancer.

For information on the risk prediction model used to determine screening eligibility in the pilot, visit cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/lung-cancer-screening-pilot-people-at-high-risk/faqs-healthcare-providers.

People with a two percent or greater risk of developing lung cancer over the next six years are considered eligible to participate in the pilot.

People who are eligible for lung cancer screening will be provided with:

- a discussion with a screening navigator before the low-dose computed tomography (LDCT) scan to allow them to make an informed decision about participating in screening;
- a baseline LDCT scan. The pilot site will communicate screening results, incidental findings (i.e., findings other than lung nodules) and next steps to referring and family physicians (if different);
- a seamless transition to a Lung Diagnostic Assessment Program to assess scans with suspicious findings; and
- smoking cessation services at the pilot site, including an intensive counselling appointment for at least 10 minutes with a trained smoking cessation counsellor.

You will be notified if someone you refer is not eligible for or decides not to participate in lung cancer screening.

As a referring physician, what are my responsibilities during the pilot?

As the referring physician, it is your responsibility to:

- refer only people who meet referral criteria;
- determine whether lung cancer screening is appropriate for your patients based on your assessment of their overall health – screening may not be appropriate for people with conditions or illnesses that could limit their ability to participate in or benefit from lung cancer screening;
- ensure the appropriate follow-up of incidental findings (i.e., findings other than lung nodules) on a low-dose computed tomography (LDCT) scan; and
- notify the pilot about whether a patient should stop screening.

What should I do if I have patients who might be at high risk of developing lung cancer and may be eligible for screening, but are not located near a pilot site?

If you feel like one of your patients needs a computed tomography scan because their risk of developing lung cancer is high, it is important to consider whether the benefits would outweigh the potential harms of a scan. Decisions about someone's care must be made based on their individual circumstances at the discretion of their primary care provider.

For information on benefits of organized lung cancer screening, visit cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/lung-cancer-screening-pilot-people-at-high-risk/faqs-healthcare-providers

There has been high demand for lung cancer screening in the areas served by the pilot sites, but limited capacity has led to longer wait times. To help reduce the anxiety levels of eligible people located near the pilot sites, the current priority is to minimize their wait times, specifically the time between the risk assessment and LDCT appointment.

To ensure that the pilot can properly assess the effectiveness of recruitment and screening participation, it is critical that local, harder-to-reach populations are able to access the pilot sites.

You are encouraged to discuss smoking cessation with your patients, whether or not they qualify for screening. People who stop smoking greatly reduce their risk of disease and early death.

Please direct questions about patient referrals to the pilot site in your area.

CONTACT YOUR PILOT SITE:

VISIT YOUR PILOT SITE'S WEB PAGE:

For general inquiries:

Email: screenforlife@cancercare.on.ca

Phone: 1-866-662-9233