



Ontario Lung Screening Program Referral Form

Submit this completed form to the Ontario Lung Screening Program (OLSP) site hospital in your area. Please visit cancercareontario.ca/lungscreeninglocations to get the contact information for the OLSP site hospitals you can refer patients to.

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	M	F	VERSION CODE
2. REFERRAL CRITERIA			
<p>To be referred to the OLSP for a risk assessment, 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, which means there could be times when they did not smoke) <p>My patient meets all of the above referral inclusion criteria.</p> <p>A patient must have OHIP coverage to participate in the OLSP except for Quebec residents of the Akwesasne First Nation.</p> <p>Not everyone who meets the referral inclusion criteria will be eligible for lung cancer screening in the OLSP (see Frequently Asked Questions).</p>		<p>A patient should not be referred to the OLSP if they:</p> <ul style="list-style-type: none"> • have been diagnosed with lung cancer • are under surveillance for lung nodules • have had hemoptysis of unknown cause or unexplained weight loss of more than 5 kg (11 lbs) in the past year* • are currently undergoing diagnostic assessment, treatment or surveillance for life-threatening conditions (e.g., a cancer with a poor prognosis) as assessed by the referring health care provider <p><small>* If your patient has these symptoms, please ensure appropriate diagnostic investigation and consultation.</small></p>	
3. HISTORY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)			
PREVIOUS DIAGNOSIS OF COPD?	YES	NO	UNKNOWN
4. HISTORY OF CHEST COMPUTED TOMOGRAPHY (CT)			
PREVIOUS CHEST CT?	YES	NO	UNKNOWN
DATE (YYYY/MM/DD) AND LOCATION (I.E., HOSPITAL NAME) OF PREVIOUS CHEST CTs			
1.			2.
5. ADDITIONAL PATIENT INFORMATION: Please indicate if there is any additional information about your patient or any accommodations they may need that would be helpful for OLSP site hospital staff to be aware of (e.g., low vision, hearing loss, anxiety).			
6. REFERRING PROVIDER (OR AFFIX LABEL)			
FIRST AND LAST NAME		REGISTRATION NUMBER	
TELEPHONE NUMBER	FAX NUMBER	OHIP BILLING NUMBER	
I AM THIS PATIENT'S PRIMARY CARE PROVIDER			
YES		NO (if "no," complete section 7 and if "yes," skip section 7)	
This patient does not have a primary care provider			
7. 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
8. SIGNATURE			
If your patient is eligible for screening based on a risk assessment, by signing this form as the referring health care provider, you:			
<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, according to OLSP guidance • authorize your patient's referral for lung diagnostic assessment, if recommended by the reporting radiologist • authorize the OLSP 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)	



Ontario Lung Screening Program Referral Form FREQUENTLY ASKED QUESTIONS

Will everyone who is referred be eligible for lung cancer screening in the Ontario Lung Screening Program (OLSP)?

Not everyone who is referred will be eligible for lung cancer screening in the OLSP.

Determining eligibility is a two-step process. Only people who meet the criteria in steps 1 and 2 will be eligible to get screened for lung cancer through the OLSP.

- In step 1, health care providers refer people who meet the age and smoking history referral inclusion criteria to an OLSP site hospital. People can also self-present (contact the OLSP site hospital on their own) to have the criteria assessed.
- In step 2, an OLSP site hospital screening navigator conducts a risk assessment with anyone who meets the age and smoking history criteria in step 1. The results of the risk assessment in step 2 determine whether someone is eligible to get screened for lung cancer through the OLSP.

When health care providers refer their patients to an OLSP site hospital in step 1, they must complete the OLSP referral form to authorize the use of low-dose computed tomography in case their patient is found to be eligible for the OLSP in step 2. People who self-present to an OLSP site hospital and are found to be eligible in step 2 will still need a referral from a health care provider to participate in lung cancer screening in the OLSP.

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

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

What are the next steps after I refer someone?

The OLSP site hospital will contact your patient to arrange a risk assessment appointment with a screening navigator. Anyone who is referred or self-presents for screening does a risk assessment by telephone with the OLSP site hospital screening navigator to determine whether they are eligible for the OLSP.

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

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

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 OLSP site hospital will communicate screening results, incidental findings (i.e., findings other than lung nodules) and next steps to referring health care providers and primary care providers (if different);
- a seamless transition for lung diagnostic assessment for investigation of findings that could be cancer;
- smoking cessation support at the OLSP site hospital, including a counselling appointment for at least 10 minutes with a trained smoking cessation counsellor at the LDCT scan visit; and
- navigation support throughout the screening process without any judgement.

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

As a referring health care provider, what are my responsibilities?

As the referring health care provider, 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 an LDCT scan; and
- notify the OLSP about whether a patient should stop screening.

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

Please visit cancercareontario.ca/lungscreeninglocations to get the contact information for the OLSP site hospitals you can refer patients to.

For general inquiries:

Email: cancerinfo@ontariohealth.ca
Phone: 1-866-662-9233

For more information about the OLSP, visit cancercareontario.ca/highrisklungscreening