

Lung Cancer Screening Pilot for People at High Risk APRIL 2019

INFORMATION FOR HEALTHCARE PROVIDERS

Importance of lung cancer screening

Lung cancer is the leading cause of cancer death for people in Ontario

Many of these deaths are due to diagnosis at an advanced stage, when treatment is less likely to be successful

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

National Lung Screening Trial:

Was a randomized controlled trial with over 53,000 participants

Compared annual screening with LDCT to chest X-ray in people at high risk over approximately 2 years

Found that people who got screened with LDCT had a 20% reduction in lung cancer mortality over 6 years, compared to those screened with chest X-ray*

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 in the screened population

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

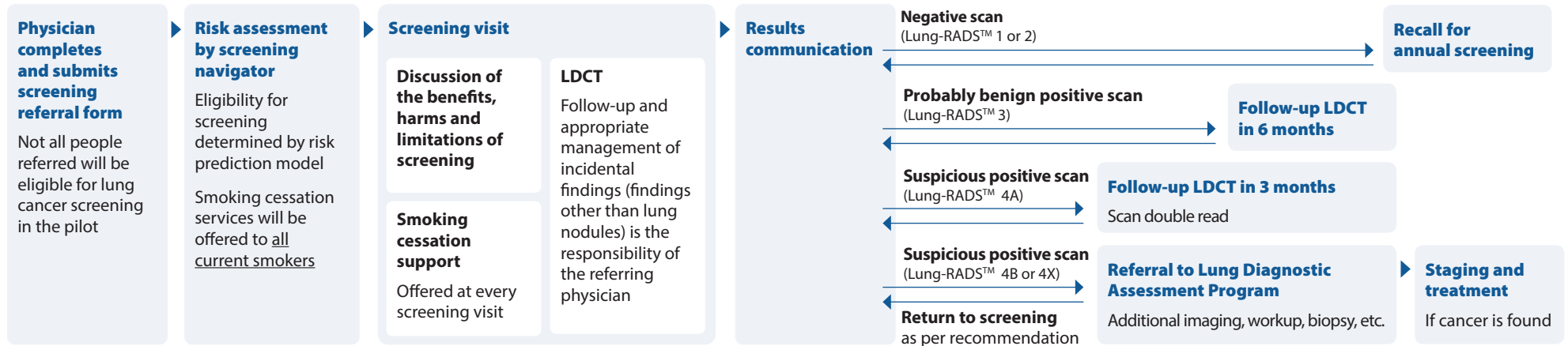
The Lung Cancer Screening Pilot for People at High Risk

Cancer Care Ontario introduced a pilot for people at high risk of developing lung cancer in June 2017, which takes place at specific screening sites; one of these sites is located at Lakeridge Health

Eligible participants are offered LDCT screening

Evaluation data collected over 2 years will inform the design and implementation of 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

* Aberle DR, Adams AM, Berg CD, Black WC, Clapp JD, Fagerstrom RM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. United States; 2011 Aug 4;365(5):395-409

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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 20 years in a row)

People should not be referred if they:

Have ever 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 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

If a patient has lung cancer symptoms, follow the Program in Evidence-Based Care's guidelines for referral of suspected lung cancer (cancercareontario.ca/en/guidelines-advice/types-of-cancer/216) and Cancer Care Ontario's lung cancer diagnosis pathway. For more information on recommended next steps, refer to the lung cancer diagnosis pathway (cancercareontario.ca/sites/ccocancercare/files/assets/LungDiagnosisPathwayMap.pdf)

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 pilot referral form to authorize LDCT

- A screen-eligible patient who self-presents to a pilot site can contact, or have the pilot site contact, their primary care provider to get a signed referral form

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

Pilot sites determine screening eligibility

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

The risk assessment is done using a statistical prediction model that gives a percentage estimate of someone's risk of developing lung cancer in the next 6 years - the assessment considers age and smoking history, as well as other factors such as body mass index, personal history of cancer, chronic obstructive pulmonary disease and family history of lung cancer

People with a $\geq 2\%$ risk of developing lung cancer over the next 6 years are eligible to participate in the pilot

Not all people referred will be eligible for lung cancer screening in the pilot

Communications from the pilot

Referring physicians and primary care providers (if different) are provided with:

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

** The American College of Radiology's Lung-RADS™ is used to standardize classification and follow-up of lung nodules found by screening

For more information and resources, visit www.yourcancerexperts.ca

Need this information in an accessible format?

1.855.460.2647, TTY 416.217.1815 publicaffairs@cancercare.on.ca

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