



Lung Cancer Screening Pilot for People at High Risk Referral Form

Submit this completed form to the pilot site hospital in your area. Please visit cancercareontario.ca/lungreferrals to get the contact information for the pilot 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 pilot 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 should not be referred to the pilot 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 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 everyone who meets the referral inclusion criteria will be eligible for lung cancer screening in the pilot. Anyone who is referred or self-presents to the pilot and meets the referral inclusion 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? 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. _____	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	YES	NO (if "no," complete section 6 and if "yes," skip section 6)
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

If your patient is eligible for screening based on a risk assessment, by signing this form as the referring physician, you:

- 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 pilot guidance
- authorize your patient's referral for lung diagnostic assessment, 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) for a risk assessment?

REFERRAL INCLUSION CRITERIA

To be referred to the pilot for a risk assessment, a patient must be:

- 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)

People cannot be referred to the pilot if they:

- 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 five kilograms 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 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.

Will everyone who is referred be eligible for lung cancer screening in the pilot?

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

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 pilot.

- In step 1, physicians refer people who meet the age and smoking history referral inclusion criteria to a pilot site hospital. People can also self-present (contact the pilot site hospital on their own) to a pilot site hospital to have the criteria assessed.
- In step 2, a pilot 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 pilot.

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

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

No. 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?

People who have smoked a lot of **cigarettes** for many years may be eligible for lung cancer screening in the pilot. 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 pilot 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 pilot. This does not mean your patient is at low risk of developing lung cancer.

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

The pilot 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 pilot site hospital screening navigator to determine whether they are eligible for the pilot.

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 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 hospital site will communicate screening results, incidental findings (i.e., findings other than lung nodules) and next steps to referring physicians 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 pilot 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 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 an 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 hospital?

If you feel that your patient 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. Primary care providers should use their discretion and consider a patient's individual circumstances when making a decision about their care.

If you refer individuals who live outside of pilot recruitment catchment areas, you must confirm the pilot site hospitals have received the referrals and work with the pilot site hospitals to make sure appropriate diagnostic follow-up is organized.

We encourage you to discuss smoking cessation with your patients. People who stop smoking greatly reduce their risk of disease and early death. Smoking cessation services can help reduce the morbidity and mortality for lung cancer, other cancers and chronic diseases associated with smoking, such as stroke and coronary heart disease.

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

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

For general inquiries:

Email: screenforlife@cancercare.on.ca
Phone: 1-866-662-9233

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