



COVID-19 Tip Sheet: Guidance for Screening Services in the Lung Cancer Screening Pilot for People at High Risk (HR LCSP)

14 - Cancer Screening-Lung Cancer Screening Pilot for People at High Risk - 2020-06-29

To: Regional Vice President and Regional Directors

From: Lung Cancer Screening Pilot for People at High Risk (HR LCSP), Ontario Health (Cancer Care Ontario)

Re: Guidance for resuming HR LCSP services during COVID-19

Preamble

In May 2020, *A Measured Approach to Planning for Surgeries and Procedures during the COVID-19 Pandemic* and *COVID-19 Operational Requirements: Health Sector Restart* were released by Ontario Health and the Ontario government, respectively. These documents identify requirements to allow for the gradual reintroduction of deferred non-essential medical services during the COVID-19 pandemic. In June 2020, *Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care* was released by Ontario Health. This document outlines principles to support planning and decision-making related to gradually increasing care delivery during the pandemic. Lung Cancer Screening Pilot for People at High Risk (HR LCSP) sites should ensure that they have met the requirements and recommendations applicable to them outlined in these documents prior to resuming lung cancer screening services. This tip sheet is intended to supplement the provincial guidance with specific considerations for screening of participants within the HR LCSP. It is not intended to replace or supersede provincial guidance, government directives or public health measures. Additional guidance for organizing cancer diagnostic imaging services overall is addressed in *COVID-19 Tip Sheet #11 – Considerations for CT and MRI Services during Recovery* released by Ontario Health (Cancer Care Ontario).

Issue Summary

As the COVID-19 pandemic evolves, it is important to consider the impact of deferred care and develop a plan to resume services while maintaining COVID-19 pandemic preparedness. Regional Cancer Programs and HR LCSP sites have requested guidance as sites resume lung cancer screening, recognizing that HR LCSP sites may experience capacity challenges due to the ongoing COVID-19 pandemic.

Background

HR LCSP sites are expected to continue to follow current HR LCSP screening guidance, as outlined in the HR LCSP policies, as closely as possible during COVID-19. However, Ontario Health (Cancer Care Ontario) recognizes that HR LCSP sites may experience capacity challenges due to the ongoing pandemic. The tip sheet is provided to support decision making for the gradual increase of HR LCSP lung cancer screening services at pilot sites. This guidance will be continually assessed and updated as the situation evolves.

Approach

The prioritized lung cancer screening services presented in this tip sheet were determined after considering evidence on lung cancer risk and detection rates from lung cancer screening studies,¹⁻³ data collected during the first year of the HR LCSP, and the American College of Radiology's Lung CT Screening Reporting and Data System (Lung-RADS®) version 1.1.⁴ The HR LCSP Clinical, Scientific and Radiology Quality Leads, along with the Provincial Primary Care Lead, were consulted in the development of this guidance.

Priority classification framework for HR LCSP services

A risk-based prioritization framework for the provision of low-dose computed tomography (LDCT) in the HR LCSP is presented in Table 1

Implementation considerations

- As per the documents mentioned in the Preamble, the resumption of services should begin gradually, taking into account local factors such as:
 - Availability and impact on resources (e.g., personal protective equipment [PPE], staffing and physical space); and
 - Local trends of COVID-19 infection.
- HR LCSP sites should consider the prioritization guidance in this tip sheet when re-booking services that were delayed during the pandemic, as well as new services.
- The guidance is intended to allow for flexibility based on radiologist discretion and clinical circumstance.
- The implementation of the guidance may differ across HR LCSP sites, based on local context and available resources.

LDCT services in the HR LCSP

Table 1: Prioritization framework for HR LCSP LDCT during the COVID-19 pandemic

Priority level*	LDCT indication
I	3 month follow-up scan (Previous screening result was a Lung-RADS® score of 4A)
	1 month follow-up scan (Previous screening result was a Lung-RADS® score of 4B assigned to a new large nodule identified on an annual recall LDCT scan and the reporting radiologist suspects an infection or inflammation)
II	6 month follow-up scan (Previous screening result was a Lung-RADS® score of 3)
III	Baseline scan
IV	12 month recall scan (Previous screening result was a Lung-RADS® score of 1 or 2)

*It is recommended that within each priority level, provision of LDCT scans be prioritized based on Tammemägi risk scores.

Lung diagnostic assessment services

- When Ontario Health (Cancer Care Ontario) recommended the deferral of routine cancer screening, it was also recommended that follow-up of screening results that were highly suspicious of cancer continue during the pandemic.
- Prioritization of lung diagnostic assessment services is out of scope for this tip sheet, however sites are encouraged to regularly consider the capacity for diagnostic assessment at their site to ensure that HR LCSP participants who are found to have an abnormality highly suspicious of lung cancer (i.e., Lung-RADS® scores of 4B or 4X) receive timely diagnostic assessment.

Operational considerations

- To reduce in-person contact between potential or current participants and HR LCSP site staff, it is recommended that hospital-based smoking cessation counselling and the informed participation conversation (pre-scan consultation with screening navigator) occur by telephone, and in alignment with hospital policies on infection prevention and control. This is an exception to items 3.1 and 6 in the Smoking Cessation Policy and items 2 through 2.2.3, 3, 3.1.2 and 4 in the Informed Participation Policy.
- HR LCSP sites are encouraged to develop a process to manage incoming HR LCSP referrals if capacity issues develop at the HR LCSP site (e.g., queue for referrals).
- Recognizing that there may be limited capacity for CT due to COVID-19, sites should consider adjusting any planned recruitment activities to ensure that they can prioritize provision of LDCT scans for deferred screening services as outlined in Table 1 (e.g., follow-up of Lung-RADS® 3 and 4A).

Additional resources

As the COVID-19 pandemic evolves, additional resources may be developed for HR LCSP sites based on need

Recommended next steps

Please share this guidance with HR LCSP sites in your region, primary care providers and others, as you feel appropriate.

For more information

Should you have any questions regarding this guidance, please contact the Lung Cancer Screening Pilot for People at High Risk at screenforlife@cancerca.on.ca

References

1. Tammemägi MC, Katki HA, Hocking WG, Church TR, Caporaso N, Kvale PA, et al. Selection criteria for lung-cancer screening. *N Engl J Med*. 2013 Feb 21;368(8):728-36.
2. Kavanagh J, Liu G, Menezes R, O’Kane GM, McGregor M, Tsao M, et al. Importance of long-term low-dose CT follow-up after negative findings at previous lung cancer screening. *Radiology*. 2018;289:218-224.
3. Aggarwal R, Lam ACL, McGregor M, Menezes R, Hueniken K, Tateishi H, et al. Outcomes of long-term interval rescreening with low-dose computed tomography for lung cancer in different risk cohorts. *J Thorac Oncol*. 2019;14(6):1003-1011.
4. Acr.org. Lung-RADS Version 1.1 Assessment Categories. [Internet] 2019 [cited 2020 Jun]. Available from: www.acr.org/-/media/ACR/Files/RADS/Lung-RADS/LungRADSAssessmentCategoriesv1-1.pdf?la=en