



Lung Screening for Métis People

What is lung cancer?

Lung cancer is cancer that is found in the lungs. It starts when abnormal cells grow in an uncontrolled way in the lungs. Lung cancer is the most common cancer among Métis people in Canada¹. In the past, most people with lung cancer died because their cancer was found late, when treatment may not work as well. Now there is an effective way to screen (check) people for lung cancer so it can be found early, when treatment has a better chance of working.

What is cancer screening?

Cancer screening is testing done on people who have a chance of getting cancer but have no symptoms and generally feel fine.

The Ontario Lung Screening Program (OLSP) is Ontario's lung cancer screening program. The OLSP encourages people who are at high risk of getting lung cancer to get screened regularly for the disease.

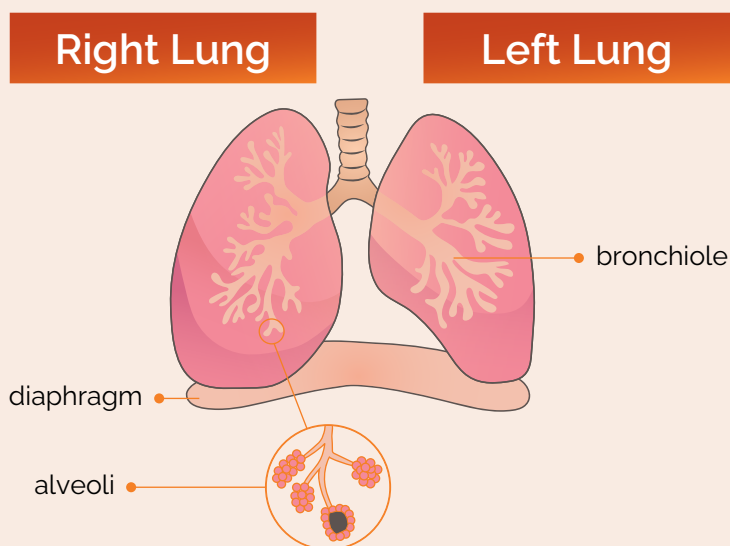
Who should get screened for lung cancer?

Lung cancer screening is recommended for people at high risk for lung cancer. You may qualify for lung cancer screening if you:

- Are age 55 to 80; and
- Have smoked cigarettes every day for at least 20 years — it does not have to be 20 years in a row, which means there could be times when you did not smoke.

If you meet these criteria you should talk to your health care provider being referred to an OLSP location, or you can contact an OLSP location directly.

Call **1-866-662-9233** or visit cancercareontario.ca/lungscreeninglocations to get the names of OLSP locations you can contact.



How can I find out if I qualify for lung cancer screening?

Not everyone who is referred to the OLSP will qualify to get screened.

An OLSP location will call you to learn more about your risk of getting lung cancer and ask questions about your health and smoking history. Based on your answers to these questions, the OLSP site will tell you if you qualify for lung cancer screening.

What happens during a lung cancer screening test?

If you qualify to get screened, you will be offered a type of computed tomography (CT) scan, called a low-dose CT scan. During the scan, you lie on an open table that passes through a large donut-shaped machine called a scanner. The scanner uses a small amount of radiation to take detailed pictures of your lungs. The test **only takes a few minutes and is not painful**. There are no medications or needles given during the test.

Hospital staff will be there to support you when you get screened. You can also bring a friend or family member with you.



How often should I get screened?

The OLSP recommends that you get screened every year if you qualify for the program.

What if I do not qualify for lung cancer screening?

Your risk of developing lung cancer can change over time. If an OLSP site tells you that you do not qualify for screening, you should check again in 3 years to see if you qualify.

You should check again sooner if you have:

- Started smoking again (if you had quit)
- Been told you have chronic obstructive pulmonary disease (COPD)
- A new family history of lung cancer

Where can I get help to quit smoking cigarettes?

Quitting smoking is one of the best things a person can do to improve their overall health, including reducing their chance of getting cancer.

Quitting can be hard, but it is possible, and someone is more likely to quit if they get help. If someone currently smokes and comes to one of the OLSP locations, they will be offered free services to help them quit smoking.

People can also contact the following services directly for help to quit smoking:

- Talk Tobacco: by dialing 1-833-998-TALK (8255) or visiting talktobacco.ca
- Health811: by dialing 811 (TTY: 1-866-797-0007)

People can also visit the Indigenous Tobacco Program website for Indigenous-specific smoking cessation resources: Tobaccowise.com

For more information on lung cancer screening, please visit cancercareontario.ca/lung



¹ Mazereeuw MV, Withrow DR, Nishri ED, Tjepkema M, Vides E, Marrett LD. Cancer incidence and survival among Métis adults in Canada: results from the Canadian census follow-up cohort (1992–2009). CMAJ Can Med Assoc J [Internet]. 2018 Mar 19 [cited 2025 Jan 24];190(11):E320–6. Available from: ncbi.nlm.nih.gov/pmc/articles/PMC5860893/