Champlain
Regional Cancer Program
in partnership with Cancer Care Ontario

Lung Cancer Screening Pilot for People at High Risk Referral Form

FAX THIS COMPLETED FORM TO THE PILOT SITE IN YOUR AREA: **613-728-6333**

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

To be referred to lung cancer screening (i.e., low-dose computed tomography—LDCT), a patient must be:

- **55 to 74** years old
- A daily **cigarette** smoker (current or former) for **20 or more years** (not necessarily consecutive)

Patients should **not** be referred if they:

- Have been previously diagnosed with lung cancer
- Have had hemoptysis (coughing up blood) of unknown etiology in the past year*
- Are under surveillance for lung nodules
- Have had unexplained weight loss of more than 5 kg (11 lb) in the past year*

☐ My patient meets all the referral criteria.

All patients need to complete a lung cancer risk assessment with a screening navigator to determine if they are eligible for screening in the lung cancer screening pilot for people at high risk.

* If your patient is exhibiting these symptoms, please ensure appropriate diagnostic investigation and consultation.

3. HISTORY OF CHEST CT

PREVIOUS CHEST CT? ☐ YES ☐ NO ☐ UNKNOWN

DATE(S) (YYYY/MM/DD) AND LOCATION(S) (I.E., HOSPITAL) OF PREVIOUS CHEST CT(S)

1.	3.
2.	4.

4. 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 you checked "no," complete section 5)		

5. PRIMARY CARE PROVIDER: Your patient s primary care provider will be copied on all communications related to your patient s lung cancer screening activity. Please notify your patient s primary care provider of this referral.

FIRST AND LAST NAME	TELEPHONE NUMBER **(###) ###-####**	FAX NUMBER

☐ My patient does not have a primary care provider.

6. SIGNATURE

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/or follow-up of nodules, as recommended by the program.
- Authorize your patient's referral to a lung diagnostic assessment program, as recommended by the reporting radiologist.
- Authorize the Lung Cancer Screening Pilot for People at High Risk 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)

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Lung Cancer Screening Pilot for People at High Risk Referral Form FAQ

A) Who can be referred to the pilot?

REFERRAL CRITERIA:

- Must be age 55 to 74;
- Must be a current or former smoker who has smoked **cigarettes** daily for 20 or more years (not necessarily consecutive years); and
- Must have a valid OHIP number or be a Quebec resident of the Akwesasne First Nation.

People cannot be referred to the pilot if they:

- have been previously diagnosed with lung cancer;
- are under surveillance for lung nodules; or
- have had hemoptysis of unknown etiology in the past year* or unexplained weight loss of more than five kilograms (11 pounds) in the past year*.

*Patients exhibiting these symptoms, should receive appropriate diagnostic investigation and consultation.

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

Years of cigarette smoking, not pack-years, are being used as referral criteria for the pilot. To be referred to the pilot, a patient should have smoked cigarettes daily for 20 or more **years** (not necessarily consecutive years).

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

History of active **cigarette** smoking should be used to assess whether a patient should be referred to the pilot. Other forms of commercial tobacco (e.g., cigars, pipe tobacco, chewing tobacco or e-cigarettes) or exposure to second-hand smoke should not be considered for this assessment. Research evidence does not currently support screening for lung cancer in populations other than those at high risk due to a history of heavy cigarette smoking.

D) Will patients who meet the referral criteria be eligible for screening?

It is estimated that one in three patients who are referred will be eligible for screening in the pilot.

Patients referred to the pilot will need to complete a lung cancer risk assessment by telephone with a screening navigator to determine whether they are eligible for screening. The referral criteria are intended to identify people who should undergo this risk assessment.

E) What are the next steps after I refer a patient to the pilot?

Pilot site staff will contact your patient to arrange a telephone risk assessment appointment with a screening navigator. During this appointment, the navigator will ask your patient detailed questions about smoking history and other risk factors, such as body mass index, personal history of cancer and family history of lung cancer.

The assessment will use a risk calculator to determine your patient's risk of developing lung cancer in the next six years. People with at least a two percent chance of developing lung cancer in the next six years are eligible for lung cancer screening.

People who are eligible for lung cancer screening will be booked for an appointment, which involves:

- a discussion with a screening navigator before the low-dose computed tomography (LDCT) scan to facilitate informed participation;
- a LDCT scan if someone decides to participate;
- smoking cessation counselling (for those who currently smoke and who accept help quitting); and
- a discussion with a screening navigator after the LDCT scan about next steps (e.g., annual recall, interval follow-up appointment or referral to a Lung Diagnostic Assessment Program).

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

F) As a referring physician, what are my responsibilities with respect to the pilot?

As the referring physician, it is your responsibility to:

- refer only patients 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 patients 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 on a low-dose computed tomography scan; and
- notify the pilot if a patient should stop screening.

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

CONTACT YOUR PILOT SITE: **1-844-394-1124**

VISIT YOUR PILOT SITE'S WEB PAGE:
ottawahospital.on.ca/lungscreening

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

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