

Lung Cancer Screening Program at Michael Garron Hospital (MGH)

FREQUENTLY ASKED QUESTIONS

Who can be referred to the Lung Cancer Screening Program at MGH?

Referral Criteria

To be referred, a patient must:

- be age 55 or older,
- be a current or former smoker who has smoked any amount of commercial tobacco (i.e. cigarettes, cigars, loose tobacco, pipes or bidi/beedi) daily for at least 20 years (not necessarily 20 years in a row) AND,
- have OHIP

Patients cannot be referred if they:

- have lung cancer or have already had lung cancer,
- are already in screening for lung nodules,
- are coughing up blood, *
- have had unexplained weight loss of more than five kilograms (11 pounds) in the past year*, or
- are currently having tests or treatment for life-threatening conditions (such as a cancer with a bad prognosis). *

* If you have these, see your doctor right away

Do I need to know how many pack-years a patient has smoked for before referring them for lung cancer screening?

Years of smoking, and not pack-years, are used as referral criteria for the lung cancer screening program referral form.

Can patients who have used different forms of tobacco or been exposed to second-hand smoke for 20 or more years be referred for lung cancer screening?

Yes. Patients who have smoked a lot of commercial tobacco (i.e. cigarettes, cigars, loose tobacco, pipes or bidi/beedi) for many years may qualify for lung cancer screening. Patients who have had second-hand smoke exposure, e-cigarette, radon, air pollution, or asbestos exposure do not qualify for lung cancer screening unless they have also smoked a lot of tobacco. This does not mean a patient is at low risk of developing lung cancer. Consultation from a Respiriologist at the MGH CHEST Centre is available upon request (<https://www.tehn.ca/programs-services/medicine/respirology-chest-centre>).

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

Not all patients who are referred will be eligible for lung cancer screening. The lung cancer screening navigator will complete a final risk assessment to see if the patient is eligible for lung cancer screening as per Cancer Care Ontario guidelines.

What are the next steps after a patient is referred?

The Lung Cancer Screening Navigator (Navigator) will review the referral.

The referral will be reviewed for completeness.

Patients who do not meet the referral criteria will be informed as such and provided smoking cessation options.

Patients who meet the referral criteria will have a risk assessment done by the Navigator using a risk calculator. This risk calculator helps to estimate a patient's risk of developing lung cancer in the next six years. The risk calculator uses several variables like age, smoking history, body mass index, education, personal history of cancer, chronic obstructive pulmonary disease (COPD), and family history of lung cancer.

For information on the risk calculator model used to determine screening eligibility, visit cancercareontario.ca

People with a two percent or greater risk of developing lung cancer over the next six years are considered eligible to undergo a lung cancer screening CT scan.

People who are eligible for lung cancer screening will be provided with:

- a talk with the navigator about the low-dose CT scan (LDCT) to allow them to make an informed decision about participating in screening. A CT scan is a special type of x-ray.
- An initial LDCT scan. The results, including incidental findings (i.e., findings other than lung cancer), will be sent to the referring doctor and the patient's family doctor or nurse practitioner.
- An appointment with the Time-To-Treat Lung Diagnostic Assessment Program for CT scans that are very worrisome for lung cancer, and
- smoking cessation options.

As a referring physician, what are my responsibilities?

As the referring physician, it is your responsibility to:

- refer only patients who meet the referral criteria,
- determine whether lung cancer screening is appropriate for your patient 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,
- provide appropriate follow-up and management of all findings including incidental findings (i.e., findings other than lung cancers) on the LDCT scan, and
- notify the program about whether a patient should stop screening.

What should I do about smoking cessation?

As a referring physician, it is your duty to discuss smoking cessation with your patients, whether or not they qualify for screening. People who stop smoking greatly reduce their risk of disease and early death. The MGH lung cancer screening website has links to smoking cessation tools.

(<https://www.tehn.ca/programs-services/medicine/respirology-chest-centre>).

For additional questions about patient referrals,

Visit the MGH Lung Cancer Screening website

Email: lungcancerscreening@tehn.ca

Phone: 416-469-6580 ext. 3475

Fax: 416-469-7753