

# Assessing Patient Eligibility for Lung Screening:

# Information for Health Care Providers

## Who is eligible for lung screening?

Lung screening is recommended for people ages 55 to 74 who are at high-risk for lung cancer and not experiencing lung cancer symptoms. After a patient is referred or self-refers to the program, the Lung Screening Program will conduct a risk assessment to further assess their screening eligibility. During the risk assessment, the Lung Screening Program will determine lung screening eligibility based on:

#### 1 Rasic Inclusion Criteria

The patient must:

- Be between ages 55 and 74; and
- Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc), currently or in the past.



#### 2 ) Patient Characteristics

The patient's lung cancer risk will be assessed using a validated risk calculator. Generally, risk for lung cancer **increases** with the following factors:



Longer smoking duration/currently smoking

Older age

Being of a certain ethnicity

Has a family history of lung cancer

Has a personal history of cancer

Has COPD, emphysema or chronic bronchitis

Has a BMI < 25

Has an education level of high school training or less

In general, 75% of people who have smoked heavily for 20 or more years would be eligible for screening. Learn more about the risk calculator on the next page.

#### Who is not eligible for lung screening?

Do **not** refer a patient for a risk assessment if they: have ever been diagnosed with lung cancer; are currently under surveillance for lung nodules; have major comorbidities such as severe chronic obstructive pulmonary disease (such as those using home oxygen or who cannot climb two sets of stairs), congestive heart failure, renal failure on dialysis, other cancers on active treatment or follow-up; are unable to lie flat and hold their arms above their head for a CT scan.

People who are experiencing symptoms possibly indicative of lung cancer (e.g., coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of 15 pounds or more in the past year) should be referred for appropriate diagnostic investigation and consultation.

# How can I support my patients with accessing lung screening?

**Encourage patient to call the Lung Screening Program** 



#### Tear-Off Slips

Patients can call 1-877-717-5864 and the Lung Screening Program will conduct the 5-10 minute risk assessment over the phone.

Provide tear-off slip with the Lung Screening Program's contact information. Order more tear-off pads at <a href="https://www.screeningbc.ca/health-professionals">www.screeningbc.ca/health-professionals</a>. OR

#### For patients who require more support



#### Fax Risk Assessment Request Form

For patients who you consider may experience barriers to self-referral (e.g., language barrier, screening hesitancy), complete and fax the Risk Assessment Request Form to 1-604-877-6115. The Lung Screening Program will call the patient to determine screening eligibility.

#### **JK**

# Complete the Risk Assessment Questionnaire with Patient

If your patient cannot be contacted by phone or would need support answering the risk assessment questions, complete the assessment together with the patient and fax the responses to the Lung Screening Program. The Lung Screening Program will review your assessment and facilitate referral for screening if the patient is eligible.

Email <u>lungscreeningprogram@bccancer.bc.ca</u> to request a copy of the questionnaire.

Note: Not everyone will be eligible for lung screening. Remind the patient that they may not be eligible after the risk assessment if they are not considered at high-risk for lung cancer. See the next page for more information about the risk score and why screening is for those at high-risk.

### Sample Patient Scenarios: Lung Cancer Risk Calculator

A patient's lung cancer risk is determined by various patient characteristics. In the following examples, although all 3 patients stopped smoking cigarettes 5 years ago, their individual lung cancer risk increases or decreases as their other characteristics are entered into the risk calculator:





Want to try the risk calculator?

Visit www.evidencio.com/ models/show/10810\* or



#### Sylvie

Quit smoking 5 years ago (20 cigarettes a day for 30 years)	1.14%
Age: 55	-0.48%
Race/Ethnicity: Asian	0%
No family or personal history of cancer	0%
University graduate	-0.05%
BMI: 22	+0.09%

Sylvie's lung cancer risk in 6 years = **0.70%** 

) Change in risk

\*This model is for information purposes and intended for health care provider use only

Because Sylvie's risk for lung cancer is below the 1.50% eligibility threshold, she is likely not eligible for lung screening at this time



#### **Jackson**

Quit smoking 5 years ago (25 cigarettes a day for 25 years)	1.17%
Age: 62	0%
Race/Ethnicity: Indigenous	+2.12%
Has a family history of lung cancer	+2.38%
Has post high school training	+0.55%
BMI: 22	+0.85%

Jackson's lung cancer risk in 6 years = **7.07%** 

Change in risk

Because Jackson's risk for lung cancer is above the 1.50% eligibility threshold, he is eligible for lung screening at this time.



#### Walter

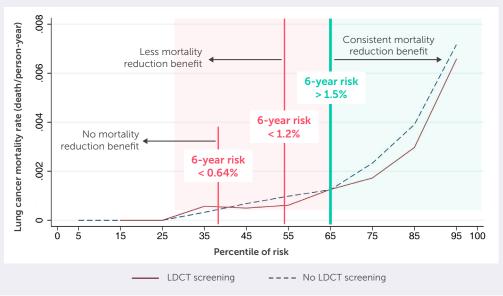
0.62%
+0.52%
0%
+0.48%
+0.28%
+0.28%

Walter's lung cancer risk in 6 years = 2.18%

Change in risk

Because Walter's risk for lung cancer is above the 1.50% eligibility threshold, he is eligible for lung screening at this time.

# Why is lung screening not recommended for everyone?



# **Helpful Resources**



Health Professionals - Lung Screening www.bccancer.bc.ca/ screening/healthprofessionals/lung



Lung Screening Program's Standards and Protocols www.bccancer.bc.ca/ screening/Documents/Lung-Screening-Standards-Protocols. pdf



Screening Guidelines for all four provincial cancer screening programs

www.bccancer.bc.ca/ screening/Documents/ Screening-Guidelines.pdf Lung screening is unique because it targets a specific high-risk population that is largely determined by smoking history.

▶ People who are not at high-risk of getting lung cancer should not get screened because lung screening has not been shown to prevent lowerrisk individuals from dying from lung cancer, and may introduce more harm than good.

#### Sign up for email updates

Get the latest resources, tools and information for health care providers about cancer prevention and screening directly to your inbox.

Go to <a href="http://eepurl.com/i0TQM2">http://eepurl.com/i0TQM2</a> or scan the QR code to sign up.

For more information, email Melissa.Yan@bccancer.bc.ca

