BC CANCER LUNG SCREENING
Provincial Health Services Authority

Lung Screening Program: **Eligibility Assessment Request**

If your patient meets the inclusion criteria (see STEP 2), encourage them to call 1-877-717-5864 or 604-877-6274 and the Lung Screening Program will conduct the 5- to 10-minute eligibility assessment over the phone. A referral form is not needed. For patients who you consider may experience barriers to self-referral (e.g., language barrier, screening hesitancy), complete and fax this form to 1-604-877-6115.

Check if you are using the most current version of this Eligibility Assessment Request Form at screeningbc.ca/health-professionals.

STEP 1 Patient Information (or affix label)

PATIENT FIRST NAME	**PATIENT LAST NAME**
PHN NUMBER	**OTHER HEALTH NUMBER (E.G. REFUGEE, MILITARY)**
DATE OF BIRTH (YYYYMMDD)	**SEX** ☐ FEMALE ☐ MALE ☐ UNK ☐ UN
PATIENT ADDRESS	**CITY/TOWN** **PROVINCE** **POSTAL CODE**
HOME PHONE **MOBILE PHONE**	**ADDITIONAL NOTES**
ALTERNATE CONTACT (INCLUDING INTERPRETATION OR OTHER SUPPORT)	
NAME **RELATIONSHIP TO PATIENT**	**REQUIRES INTERPRETATION SERVICES?** ☐ Yes (list language):
HOME PHONE **MOBILE PHONE**	Select One:

STEP 2 Confirm Assessment Eligibility (Patient must meet both inclusion criteria to be assessed)

ELIGIBLE FOR LUNG SCREENING

To be eligible for a lung screening risk assessment*, a patient must:

☐ Be 55 to 74 years of age; **AND**

☐ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc.), currently or in the past.

* Not everyone who meets the referral inclusion criteria will be eligible for the Lung Screening Program. The patient's lung cancer risk will be assessed using a validated risk calculator. Generally, risk for lung cancer increases with the following factors:

- Higher smoking intensity (e.g., more cigarettes per day) and longer smoking duration/currently smoking
- Older age
- 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.

If you are interested, use the online risk calculator to review the factors that determine a patient's eligibility and how different characteristics affect their risk score: evidencio.com/models/show/10810

INELIGIBLE FOR LUNG SCREENING

Do not refer the patient for lung screening if the patient:

- Has ever been diagnosed with lung cancer;
- Is under surveillance for lung nodules;
- Is currently undergoing diagnostic assessment, treatment or surveillance for major co-morbidities such as severe chronic obstructive pulmonary disease (including 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;
- Is unable to lie flat and hold their arms above their head for a CT scan; OR
- Is experiencing symptoms* possibly indicative of lung cancer, including coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of more than 10% in the past year.

* People with these symptoms should receive appropriate diagnostic investigation and consultation.

STEP 3 Provider Information (or affix label)

REFERRING PROVIDER (NAME, ADDRESS, MSC #)
NAME ADDRESS MSC #

PROVIDER TO RECEIVE RESULTS, IF DIFFERENT FROM ABOVE (NAME, ADDRESS, MSC #) The Program can only send results to ONE provider, either GP/NP or specialist, not both.
NAME ADDRESS MSC #

PROVIDER SIGNATURE	**REFERRAL DATE** (YYYYMMDD)

STEP 4 Fax Form to BC Cancer Lung Screening: **1-604-877-6115**

Patients will be contacted by a Navigator to confirm lung screening eligibility. You will only be notified if your patient is NOT eligible.

Facsimilie communications are intended only for the use of the addressee and may contain information that is previleged and confidential. Any disseminaton, distribution or copying of this communicaton by unauthorized individuals is strictly prohibited. If you receive this communication in error, please notify the Lung Screening Program immediately by telephone at 1-877-717-5864.