

CANCER EDUCATION DAYS

Lung Cancer Assessment Program

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Presenter Disclosure

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 - Advisory Boards: None

Cancer Landscape in Ontario



Ontarians will develop cancer in their lifetime

46% MALE

41% FEMALE

CANCER is the leading cause of premature death in Ontario



Ontarians will die of the disease



EVERY SEVEN MINUTES someone in Ontario is diagnosed with cancer

Due to our aging population, our health care system will continue to face increased demand for cancer screening, diagnostic testing, and treatment services

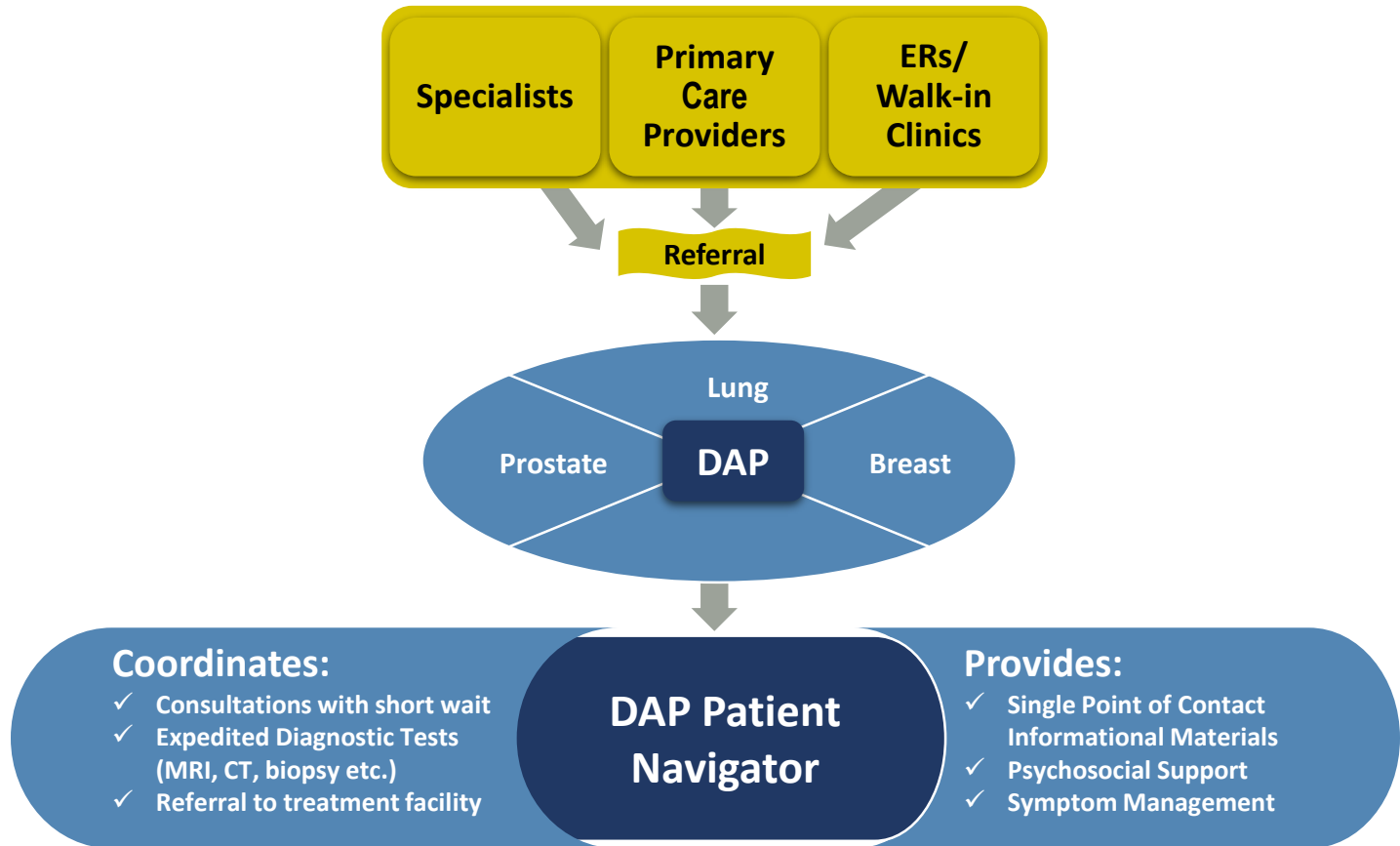
Local Barrier to Diagnosis

- Presentation at advanced stage.
- Stigma
 - Societal association of smoking and lung cancer
 - Perception of self-induced disease / guilt
- Misconception that treatments don't help.
- Disorganized delivery of care.

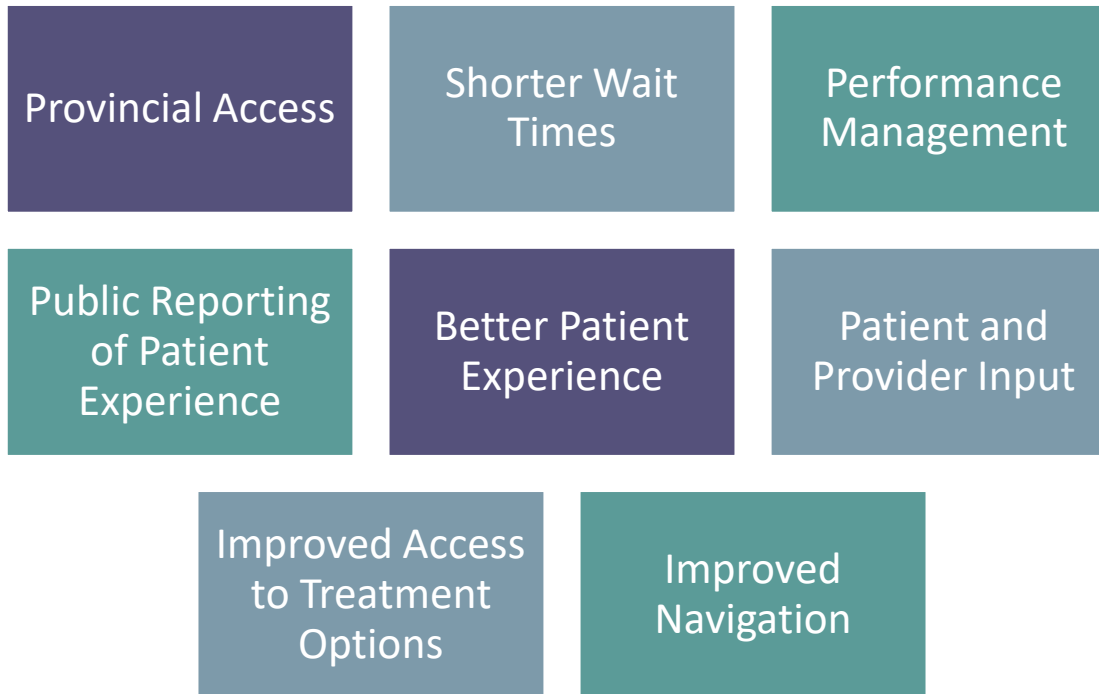
Overcoming Barriers to Diagnosis

- ✓ Single point of entry (Diagnostic Assessment Program)
- ✓ Rapid Initiation of initial diagnostic testing / coordination of testing if further testing required
- ✓ Communication and consistent messaging
- ✓ System approach to Navigation
- ✓ Personalized approach
- ✓ Inclusion of family and friends for support
- ✓ Education

How do DAPs Work?



DAP Accomplishments



Lung Cancer Assessment Program

- **Local experience:**

- ✓ Single point of entry - LCAP
- ✓ CT scan chest required for referral
- ✓ CT scans triaged by Lead MD – prioritize CT Bx vs Bronch vs Thoracentesis
- ✓ Coordination of further testing if required
- ✓ Communication and consistent messaging
- ✓ Assist with Staging of patients diagnosed with Cancer
- ✓ Personalized approach – identify pts benefiting from early intervention like Neoadj. Chemo + immunotherapy, Lung MDT Clinic

Lung Cancer Assessment Program



LUNG CANCER ASSESSMENT PROGRAM (LCAP)

All information **MUST** be complete. Incomplete referrals **will be** returned.

Demographic data

Physician Referral Form	
Patient Details	Physician Details
Patient Name:	Referring Physician Name:
Street Address:	Billing #:
City:	Telephone #:
Postal Code:	Fax #:
Phone Number—Home:	Patient notified of referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number—Cell:	Patient aware of cancer risk: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Date patient informed: mm / dd / yyyy
DOB: mm / dd / yyyy <input type="checkbox"/> Male <input type="checkbox"/> Female	Does Patient see a respirologist? <input type="checkbox"/> Yes, who? _____ <input type="checkbox"/> No
HCN: _____ VC: _____	Interpreter: <input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No
History of presenting illness / concern:	

Referral reason

Reason for Referral - Patient must meet one of the following criteria	
<input type="checkbox"/> Solitary pulmonary nodules (0.5 - 3.0 cm)	<input type="checkbox"/> Abnormal CXR including mass, atelectasis or adenopathy
<input type="checkbox"/> Hoarseness with lung mass or adenopathy	<input type="checkbox"/> Pancoast tumor (pain shoulder area/arms, drooping eyelid, tumor in superior sulcus of lung)
<input type="checkbox"/> Pneumonia non responsive to antibiotics in 4 wks	<input type="checkbox"/> Lung mass with obvious metastatic disease (bone pain, jaundice, weight loss less than 10% of body weight)
<input type="checkbox"/> Recurrent non massive hemoptysis	<input type="checkbox"/> Lung lesions or pleural effusions in presence of previous malignancies
<input type="checkbox"/> Non resolving pleural effusions with lung lesions	
⚠ Patient must be aware of referral reason	

DIAGNOSTIC TESTS			
⚠ DI TESTS MUST BE COMPLETED			
Diagnostic Test	Ordered By	Date (mm/dd/yyyy)	Facility
Chest X-ray			
CT Scan (Chest, Liver & Adrenals)			
Other DI TESTS			
Diagnostic Test	Ordered By	Date (mm/dd/yyyy)	Facility
Pulmonary Function Test			
CBC, SMA7, INR PTT, Alkaline Phosphatase, Bilirubin, AST, ALT, Calcium, Albumin, Creatinine			

If you have any questions, please contact the LCAP at: 519-254-5577 ext. 55527 after 2 pm on weekdays.

Physician Signature: _____ Date (mm/dd/yyyy): _____

Fax completed forms to: 519-985-2668
Patients will be contacted within 2 weeks to book an appointment. Please ensure all contact information is correct.



Referral Criteria

Referral Criteria:

- Solitary pulmonary nodules (0.5 - 3.0cm)
- Abnormal CXR including mass, atelectasis or adenopathy
- Pneumonia non responsive to antibiotics in 4 weeks
- Recurrent non massive hemoptysis
- Non resolving pleural effusions with lung lesions
- Hoarseness with lung mass or adenopathy
- Pancoast tumor (pain shoulder area/arms, drooping eyelid, tumor in superior sulcus of lung)
- Lung mass with obvious metastatic disease (bone pain, jaundice, weight loss >10% of body weight)
- Lung lesions or pleural effusions in the presence of previous malignancies

Exclusions:

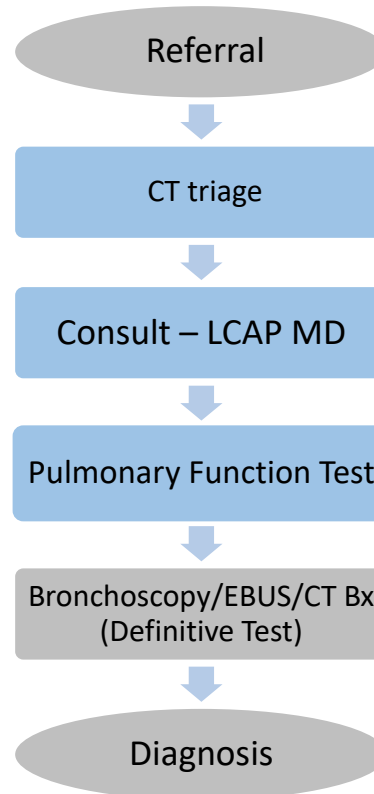
- Active WRCC Patients
- Inpatients with no plans for discharge within 24 hours
- Patients with positive pathology
- Patients who have had a failed biopsy

Lung Cancer Assessment Program

- ✓ Dedicated fax line , clerical staff part time, Lead MD
- ✓ Referrals – avg. 40 monthly
- ✓ Distribution: 80% Windsor Essex, 20% Chatham Kent
- ✓ Average # pts seen/clinic – initially 4 and now 6
- ✓ Diagnostic test – Bronchoscopy with EBUS 3 dedicated spots weekly.
- ✓ PET scans: expedited appointments for potential surgical candidates
- ✓ Lung MCC – identify pts benefiting from early intervention like Neoadj. Chemo + immunotherapy, Lung MDT Clinic
- ✓ Dedicated CT slots for urgent LCAP pts would be beneficial

Lung Cancer Assessment Program

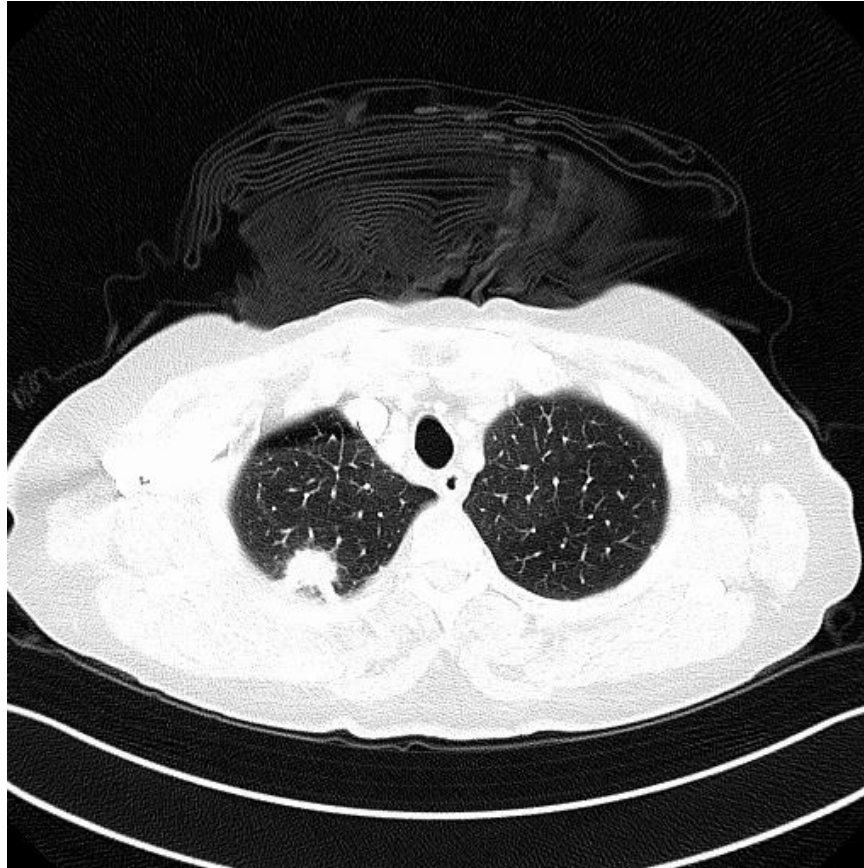
Patient Flow



Lung Cancer Assessment Program

- Case
 - 75 y.o. lady reformed smoker
 - h/o 50 pack yrs.
 - h/o COPD, Anxiety
 - Initial symptom right shoulder pain
 - CXR followed by CT scan thorax is done

Lung Cancer Assessment Program



Lung Cancer Assessment Program



Lung Cancer Assessment Program

Timelines:

- Oct 25 - Referral to LCAP program
- Nov 11 – Consult with LCAP MD
- Nov 11 – PFT
- Nov 14th - Bronchoscopy with EBUS biopsy
- Nov 22nd – Pathology results available
- Total time from referral to diagnosis = 28 days

Question & Answer