Erie St. Clair
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

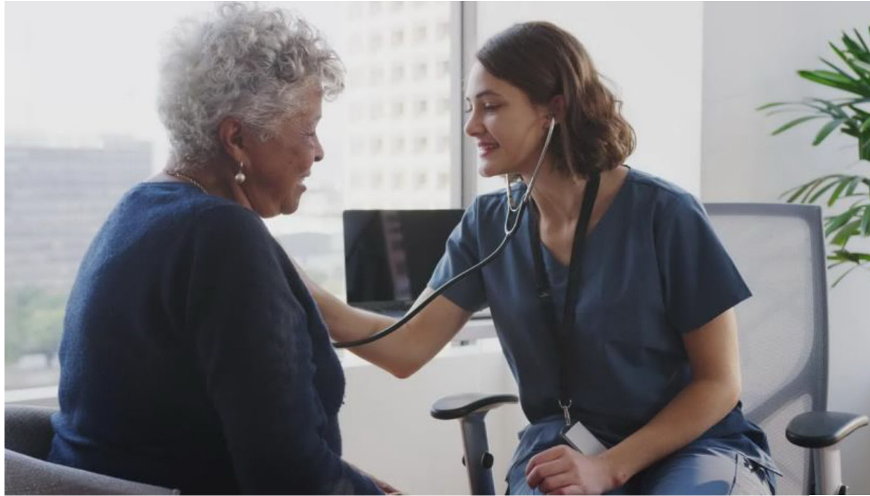
Primary Care Perspective: New Diagnostic/Screening Guidelines

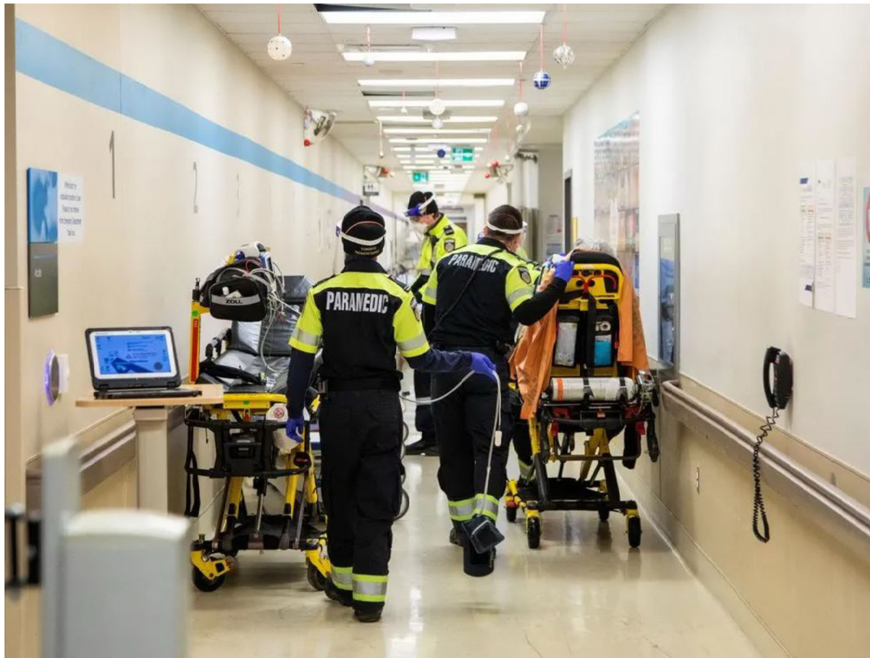
Presenter Disclosure

- Regional Primary Care Lead for the Erie St. Clair Regional Cancer Program since March 2022

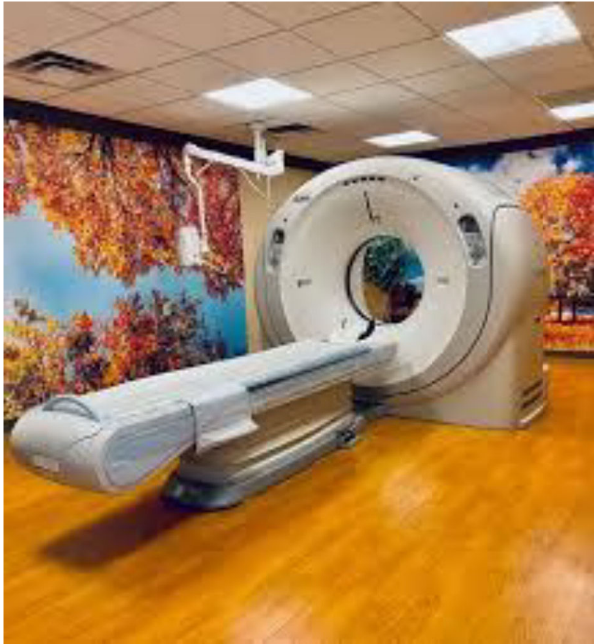
- No presenter disclosures

My Encounters Diagnosing Lung Cancer





Ontario Lung Screening Program Assessment



- 55-74 years old
- Have smoked cigarettes daily for at least 20 years cumulative

What about the Canadian and United States Preventive Services Task Force Guidelines?

Erie St. Clair
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Ontario Lung Screening Program Eligibility

Lung-RADS® Version 1.1

Assessment Categories Release date: 2019

Category Descriptor	Lung-RADS Score	Findings	Management	Risk of Malignancy	Est. Population Prevalence
Incomplete	0	Prior chest CT examination(s) being located for comparison Part or all of lungs cannot be evaluated	Additional lung cancer screening CT images and/or comparison to prior chest CT examinations is needed	n/a	1%
Negative No nodules and definitely benign nodules	1	No lung nodules Nodule(s) with specific calcifications: complete, central, popcorn, concentric rings and fat containing nodules	Continue annual screening with LDCT in 12 months	< 1%	90%
Benign Appearance or Behavior Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth	2	**Perifissural nodule(s)** *(See Footnote 11)* < 10 mm (524 mm^3) **Solid nodule(s):** < 6 mm (< 113 mm^3) new < 4 mm (< 34 mm^3) **Part solid nodule(s):** < 6 mm total diameter (< 113 mm^3) on baseline screening **Non solid nodule(s) (GGN):** <30 mm (<14137 mm^3) **OR** ≥ 30 mm (≥ 14137 mm^3) and unchanged or slowly growing **Category 3 or 4 nodules unchanged for ≥ 3 months**			
Probably Benign Probably benign finding(s) - short term follow up suggested; includes nodules with a low likelihood of becoming a clinically active cancer	3	**Solid nodule(s):** ≥ 6 to < 8 mm (≥ 113 to < 268 mm^3) at baseline **OR** new 4 mm to < 6 mm (34 to < 113 mm^3) **Part solid nodule(s)** ≥ 6 mm total diameter (≥ 113 mm^3) with solid component < 6 mm (< 113 mm^3) **OR** new < 6 mm total diameter (< 113 mm^3) **Non solid nodule(s)** (GGN) ≥ 30 mm (≥ 14137 mm^3) on baseline CT or new	6 month LDCT	1-2%	5%
Suspicious Findings for which additional diagnostic testing is recommended	4A	**Solid nodule(s):** ≥ 8 to < 15 mm (≥ 268 to < 1767 mm^3) at baseline **OR** growing < 8 mm (< 268 mm^3) **OR** new 6 to < 8 mm (113 to < 268 mm^3) **Part solid nodule(s):** ≥ 6 mm (≥ 113 mm^3) with solid component ≥ 6 mm to < 8 mm (≥ 113 to < 268 mm^3) **OR** with a new or growing < 4 mm (< 34 mm^3) solid component **Endobronchial nodule**	3 month LDCT; PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm^3) solid component	5-15%	2%
Very Suspicious Findings for which additional diagnostic testing and/or tissue sampling is recommended	4B	**Solid nodule(s)** ≥ 15 mm (≥ 1767 mm^3) **OR** new or growing, and ≥ 8 mm (≥ 268 mm^3) **Part solid nodule(s) with:** a solid component ≥ 8 mm (≥ 268 mm^3) **OR** a new or growing ≥ 4 mm (≥ 34 mm^3) solid component	Chest CT with or without contrast, PET/CT and/or tissue sampling depending on the *probability of malignancy and comorbidities. PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm^3) solid component. *For new large nodules that develop on an annual repeat screening CT, a 1 month LDCT may be recommended to address potentially infectious or inflammatory conditions*	> 15%	2%
	4X	Category 3 or 4 nodules with additional features or imaging findings that increases the suspicion of malignancy			
Other Clinically Significant or Potentially Clinically Significant Findings (non lung cancer)	S	**Modifier - may add on to category 0-4 coding**	As appropriate to the specific finding	n/a	10%

IMPORTANT NOTES FOR USE:

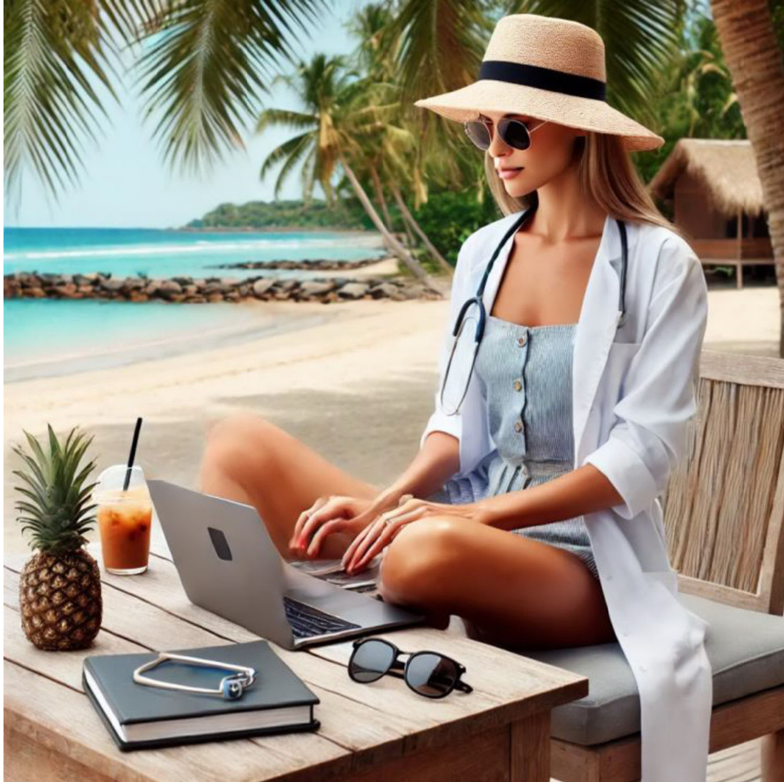
1) Negative screen: does not mean that an individual does not have lung cancer
2) Size: To calculate nodule mean diameter, measure both the long and short axis to one decimal point, and report mean nodule diameter to one decimal point
3) Size Thresholds: apply to nodules at first detection, and that grow and reach a higher size category
4) Growth: an increase in size of > 1.5 mm (> 2 mm^3)
5) Exam Category: each exam should be coded 0-4 based on the nodule(s) with the highest degree of suspicion
6) Exam Modifiers: S modifier may be added to the 0-4 category
7) Lung Cancer Diagnosis: Once a patient is diagnosed with lung cancer, further management (including additional imaging such as PET/CT) may be performed for purposes of lung cancer staging; this is no longer screening
8) Practice audit definitions: a negative screen is defined as categories 1 and 2; a positive screen is defined as categories 3 and 4
9) Category 4B Management: this is predicated on the probability of malignancy based on patient evaluation, patient preference and risk of malignancy; radiologists are encouraged to use the McWilliams et al assessment tool when making recommendations
10) Category 4X: nodules with additional imaging findings that increase the suspicion of lung cancer, such as spiculation, GGN that doubles in size in 1 year, enlarged lymph nodes etc
11) Solid nodules with smooth margins, an oval, lentiform or triangular shape, and maximum diameter less than 10 mm or 524 mm^3 (perifissural nodules) should be classified as category 2
12) Category 3 and 4A nodules that are unchanged on interval CT should be coded as category 2, and individuals returned to screening in 12 months
13) LDCT: low dose chest CT

***Additional resources available at -** https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads

***Link to Lung-RADS calculator -** https://brocku.ca/lung-cancer-screening-and-risk-prediction/risk-calculators/

- People with a two percent or greater risk of developing lung cancer over the next six years (PLCOm2012 risk calculator)
- Low-Dose Computed Tomography (LDCT)
- Lung-RADS® classification

The Family Practitioner



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Wed, 2016-03-09 Calendar | Schedule | Today | Month

Hello Peter Hutten-Czapski

Enter Lastname GO Group: .default

W S Hutten-Czapski, Peter *

08:00
08:15
08:30
08:45
09:00 .DOCS MEETIN
11:00 Macdonald,J | E2 | E | In | -B | M | Rx
11:15 Ray,Faye | E2 | E | In | B | M | Rx
11:30 # Pickford,Ma | E2 | E | In | B | M | Rx
12:00 .DO_NOT_BOOK
13:00 Macdonald,J | E2 | E | In | B | M | Rx
13:15
13:30 A Trudeau,Pie | E2 | E | In | B | M | Rx
14:15 ex-prime minister of Canada | Rx
15:00 N Mcluhan,Mar | E2 | E | In | B | M | Rx
15:15

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How To Refer For LDCT

CT REQUISITION

Fax requests to:

Phone: (519) 254-1727 Fax: (519) 255-2125

INCOMPLETE / ILLEGIBLE REQUESTS WILL BE RETURNED - Resulting in delay of appointment booking

Patient Information (Please Print)

Name: ______ Date of Birth (MM/DD/YYYY): ______ Sex: ☐ M ☐ F

Address: ______ WSIB: ______ Patient's Weight: ______ lbs ______ Kgs

Primary Contact # ( ) ______ Secondary # ( ) ______ Patient's Height: ______ ft ______ in

Health Card #: ______ Version ______ Patient arriving from external healthcare facility: ☐ Y ☐ N

TYPE OF SCAN - AREAS OF CONCERN

- ☐ HEAD - Area of concern: ______
- ☐ HEAD / ORBIT
- ☐ SINUS/FACE
- ☐ NECK
- ☐ CHEST
- ☐ CHEST ABDOMEN PELVIS
- ☐ ABDOMEN**
- ☐ PELVIS**
- ☐ ABDOMEN / PELVIS** ______
- ☐ CT ENTEROCLYSIS
- ☐ CT RENAL COLIC: ______
- ☐ CERVICAL SPINE - Indicate Levels: ______
- ☐ THORACIC SPINE - Indicate Levels: ______
- ☐ LUMBAR SPINE - Indicate Levels: ______
- ☐ CT ANGIO - Area of Concern: ______
- ☐ LOW DOSE CHEST
- ☐ CT BIOPSY - Area: ______
- ☐ EXTREMITIES: ______
- ☐ BONY PELVIS - No prep
- ☐ Virtual Colonoscopy - ***Patient will be required to pick-up preparation package at WRO pharmacy***
- ☐ Other: ______

CLINICAL INFORMATION / DIFFERENTIAL DIAGNOSIS - PLEASE PRINT

Does patient have allergy to dye? ☐ Yes ☐ No

Does patient require assistance on/off table (wheelchair)? ☐ Yes ☐ No

RELEVANT PREVIOUS DIAGNOSTIC EXAMS - MR / CT / US / NUCMED / XRAY - ATTACH REPORTS

Is the Patient over the age of 70?	☐ Yes	☐ No	Sepsis	☐ Yes	☐ No
Dehydration or volume contraction	☐ Yes	☐ No	HIV / AIDS	☐ Yes	☐ No
Previous Chemotherapy	☐ Yes	☐ No	Organ Transplant	☐ Yes	☐ No
Vascular Disease / Nephrotoxic Drugs	☐ Yes	☐ No	Acute Hypotension	☐ Yes	☐ No
Collagen Vascular Disease	☐ Yes	☐ No	Diabetes Mellitus	☐ Yes	☐ No
Renal Disease or Solitary kidney	☐ Yes	☐ No	First Nation Person	☐ Yes	☐ No
Hypertension / High Blood Pressure	☐ Yes	☐ No			

IF YES, to any of these questions attach lab results with creatinine level.

Canadian Association of Radiologists Consensus guidelines for the prevention of contrast induced nephrophy (Approved June 17, 2011)

RADIOLOGIST USE

RADIOLOGIST: RA BA AB LB PC MC FD KF IG DG JH MK WR RS JS MT WT MR VS ______

CT PROTOCOL	**PRIORITY LEVEL**	**TIME FRAME**
☐ WITH CONTRAST	☐ 1	Within 24 hours
☐ WITHOUT CONTRAST	☐ 2	Within 48 hours
☐ W-WO CONTRAST	☐ 3	Within 10 days
☐ ORAL	☐ 4	Within 27 days

Exam Name: ______

Print Referring Physician: ______ Fax Number: ______

Referring Physician Signature: ______

Physicians who require copy of report: ______

APPOINTMENT:

DATE (MM/DD/YYYY): ______ **TIME:** ______ **CAMPUS:** ______

1048-U DI R4 (Rev: 04/27/2021) **ePC:** Return to DI Page 1 of 1

Ocean Provider Network

Find any health service

New Referral - Windsor Regional Hospital Diagnostic Imaging

Windsor Regional Hospital Diagnostic Imaging

1995 Lens Ave, Windsor, Ontario N8W 1L9

519-254-5577

519-254-0163

English

Please be aware that sending requests to a specific campus of Hospital (Met or Ouellette Site) does not guarantee that the ex that site. Patients will be booked on a first come, first serve ba spot at their campus.

Outpatient imaging requests are not scheduled as emergent or requests and may be scheduled within weeks or months from department receives the request. If this is an emergent or urg the patient to the Emergency Department. Follow up of medi requests/tests should comply with the "CPSO Managing Tests'

If you feel your patient's Diagnostic Imaging needs are of an u phone the department to speak to the Emergency Radiologist

Your cooperation is appreciated.
Dr. Deljit Dhanoa
Chief of Diagnostic Imaging

Health Service Offerings

Select offering for wait times and more details

Breast Ultrasound · CT · Carbon 14 Urea Breath Test · Diagnostic Imaging · Show 16 More

Send eReferral

Add Site Notes

Patient Information · Import from EMR...

Surname: ______ Mobile #: ______
First: ______ Home #: ______
DOB: yyyy/mm/dd Business #: ______
Gender: ◉ Male ○ Female ○ Other Email: ______
HN: province | health number | VC
Address: street | line 2 | city

** indicates a required field*

Patient Information

CC Phyisician(s): ______

Alternative Phone Number: ______

- ☐ Interpreter Required
- ☐ Special Needs/Requirements *(i.e. patient requires assistance with transfers from a wheelchair)*
- ☐ Patient resides in a nursing home or other external healthcare facility
- ☐ RAAMP Clinic
- ☐ WSIB

Does patient carry an Epipen: No Yes

Allergies:

Imaging Decision Support & Resources

Patient presenting in primary care with: Headache · Knee Pain · Low Back Pain · Hip Pain (Oste

The Headache, Knee Pain, and Low Back Pain Imaging Decision Support & Resources is based on the D Appropriateness Project (2015), a collaborative effort between the Joint Department of Medical Imag Sinai Health Systems, Women's College Hospital), Health Quality Ontario, and the Ministry of Health a

Learn More About DI-App Tools in Primary Care

Is the request(s) urgent in nature? If yes, please select below.

☐ Urgent

Requisitions

Select all that apply:

- ☐ Breast Imaging Requisition
- ☐ Carbon 14 Urea Breath Test Requisition
- ☑ CT Requisition

Clinical Information / Differential Diagnosis

Reason for Exam: *

Select Region(s) / Organ(s) of Interest *

- ☐ Head / Neck
- ☑ Chest

Next Steps

DIAGNOSTIC ASSESSMENT PROGRAM

❑ LUNG DAP

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

PHYSICIAN REFERRAL FORM

Patient Details		Physician Details	
Patient Name:	DOB: ___/_____/___ (dd/mmm/yy)	Referring Physician:	CPSO#
Address:	City:	Telephone:	Fax:
Postal Code:	M___ F___	Family Physician/Nurse Practitioner:	
Telephone 1:	Interpreter ❑	Patient notified of referral to DAP:	❑ Yes ❑ No
Telephone 2:	Language: ________	Patient aware of cancer risk:	❑ Yes ❑ No
HCN & VC:		Date patient informed:	________
		*Patient MUST be informed of referral reason	

History of presenting illness / concern: ____________________

Smoking History:

Allergies:

LUNG DIAGNOSTIC ASSESSMENT PROGRAM

REASON FOR REFERRAL Note: Patient *must* meet one of the following 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

DIAGNOSTIC TESTS: ** MUST BE COMPLETED & REPORTS INCLUDED WITH REFERRAL **

DIAGNOSTIC TEST:	Ordered by	Date	Facility
Chest X-ray			
CT Scan - chest, liver & adrenals			
CBC, SMA7, INR, PTT, Alkaline Phosphatase, Bilirubin, AST, ALT, Calcium, Albumin, Creatinine			
DIAGNOSTIC TESTS: PLEASE INCLUDE REPORT IF COMPLETE OR INDICATE IF ORDERED.			
Pulmonary Function Test			

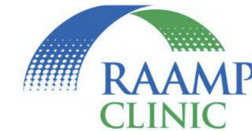
Preferred Respirologist or Surgeon: ____________________

Preferences honoured provided consultation with PT occurs within 14 days.

The Lung DAP *Nurse Navigator*
Phone: 519-254-5577 ext. 58614

Physician signature: **Date:**

Fax completed forms to: 519-255-8688



RAPID ASSESSMENT AND MANAGEMENT PROGRAM

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Printable Referral Form - Healthcare Professional

Online Referral Form - Healthcare Professional

* Required Fields

Patient Information

Surname *	Date of Birth * (yyyy-mm-dd)
Given Name *	Gender * (Female)
Street Address	Home Phone
City	Cell
Postal Code	OHIP#

Referring Physician Information

Referring Physician *	Referring Physician Billing (Billing Number) *
Referring Physician Phone	Family Physician Fax

☐ Please check here if you belong to a FHN, FHO or FHT so that you will <u>not</u> be negated

Reason for Referral

*Please attach all pertinent laboratory or imaging investigations.

1. RAPID ASSESSMENT (check what applies)

☐ VTE - PE or DVT

Abnormal CBC (check what applies below)

- ☐ Anemia: Microcytic
- ☐ Normocytic
- ☐ Macrocytic
- ☐ Pancytopenia
- ☐ Thrombocytopenia
- ☐ Luekocytosis
- ☐ Leukopenia
- ☐ Polycythemia
- ☐ Thrombocytosis

Other CBC Abnormality

Unexplained Constitutional Symptoms (check what applies)

- ☐ Drenching night sweats OR fevers / chills
- ☐ Unintentional wight loss (>10% body weight in 3-6 months)

☐ Suspicious Skin Lesion

☐ Lymphadenopathy

Localized ☐ Generalized

Suspicious Mass on Imaging (check what applies)

- ☐ Breast
- ☐ Renal
- ☐ Lung
- ☐ Bone
- ☐ Gyne
- ☐ Liver
- ☐ Pancreatic
- ☐ CBD Dilatation
- ☐ Adrenal

Other

Contact Us!

braedonhendy@gmail.com