Resource Package

Friday, December 13, 2024

This package includes lung cancer resources as well as specific supports pertaining to the care of lung cancer patients. We invite you to explore the various sections of the package to learn more.

Questions and Answers

Thank you for your questions during Cancer Education Day: Lung Cancer and in the evaluation survey following the event. Below is a summary of the questions asked and answers from the speakers.

Question	Answer
What do you estimate is the percentage of eligible patients in our region who are getting screening right now?	There is no data being tracked on this at the current time. The younger primary care providers are sending a lot of screening CTs to Radiology for patients with any smoking history.
The concern is always with smaller lung nodules – how long do we follow lung nodules that are 3-6 mm?	Below 4 mm size is difficult to follow. At 6 mm, if not high-risk, follow at 6 and 12 months. A 3 mm nodule in a non-smoker, does not require any immediate action. Risk factors are very patient-specific and should be discussed with the Radiology team.
If you have a 65 yr old non-smoker whose 2 siblings had lung cancer and were non-smokers – what would you advise re screening?	They would not qualify for the lung screening criteria and guidelines; however, if you feel your patient would benefit from screening, you should proceed. Use the patient's history and physical to aid in risk assessment.
If we follow the lung nodules every 6 months to 1 year for 1 to 2 years, does the radiation exposure add up too?	Yes, radiation is additive and there are radiation registries; however, there is no concern. After two years you should stop following lung nodules that are stable.
What about nodules 6-9 mm size, what needs to be done?	Fleischner Society Guidelines for incidental pulmonary nodules: https://pubs.rsna.org/doi/10.1148/radiol.2017161659
How would you address a patient's question if their screening CT is negative, but having risk factors, thus having continued risk of the evolution of a lung cancer over future years. Is	Follow the current guidelines. Have the patient involved in the screening program. Focus on patient risk factors (how can they be reduced) in order to maintain a lower incidence of potential lung cancer in the future. Lean on the expertise of the screening

screening a lifelong objective which could have major health cost implication when considering other health care funding needs.	program so they can continue to be monitored for eligibility without requiring imaging.
Should FP/GP be sending patients outside the official Ontario lung cancer screening program considering the nearest official site is in Hamilton?	Dr. Hendy shared he has been sending based on Canadian CT guidelines for ldct at Erie Shores and Windsor and tracking in the EMR. If any further questions for Dr. Hendy, he can be reached by email at braedonhendy@gmail.com
When referring to LCAP should just a CT chest be ordered or is it better to order CT chest/abdo/pelvis and brain all at the same time?	A CT chest and abdomen is likely adequate enough if this is a smaller nodule. If you are highly suspicious that this is malignancy already (mass), then a CT chest/abdo/pelvis together with a CT brain is reasonable.
For BITE drugs… are patients risk stratified for admission for administration? Or are all patients required admission for administration and toxicity management? Is it only Cycle 1?	For BiTEs, patients are usually admitted for the first cycle, or at least part of it, to monitor for CRS and ICANS. If they are stable, they usually continue treatment as outpatient. For tarlatamab, which is used for ES-SCLC, admission is done day 1 and day 8 of cycle 1. Assuming the patient does well with no reactions, they continue treatment as outpatient thereafter.
Can you talk about cryotherapy for lung nodules? I just found out this was offered in Windsor	Cryotherapy as well as microwave treatment are offered. Stereotactic radiotherapy is more commonly offered. Peripheral tumour target required (closer to the chest wall as opposed to deeper in) to be eligible for non-radiation ablative treatment due to the distance of the probe. Tumour target needs to be less than 4 cm in size (due to risk of pneumothorax). Ablative treatments given as salvage treatment.
How many synch oligome lung met would you treat with SBRT	Typical standard is 5; however, you must decide based on what is safe to deliver and what the clinical context is. Look at the V20 (if less than 10-15%; it is a radiation technical factor that looks at safety as it relates to pneumonitis), use as a guide for feasibility. Look at the motion of tumour target when doing mapping to determine how many can be treated simultaneously or if they have to be divided up.
Is there any implication on OS on when they need to stop smoking? Before, during or after completion of therapy?	The earlier the better. However, being understanding that patients may be overwhelmed by their initial diagnosis, so allow some flexibility. Introduce the idea of smoking cessation at time of consult to allow time to process and understand the importance. Each subsequent visit readdress the idea and benefits of smoking cessation in addition to treatment with increased chance of survival to be gained.

How can we advocate for better resources within CCO for our smoking cessation programs?	Make your RVP aware, to which they can carry that message forward to the table where RVPs meet. Advocate for more resources and more counsellors in our cancer centres. Reach out to MPPs to indicate smoking cessation makes a difference in the setting of cancer patients. Advocate to the government to make more resources available so that cancer patients can have better outcomes.
How do you frame your conversation with patients with non-lung cancer to encourage smoking cessation?	With non-cancer patients, talk about the various health risks, not limited just to lung cancer, but at least 16 other different types of cancers that are linked to smoking. Smoking effects every organ system of your body because all of the chemicals in the cigarette smoke get absorbed, circulate in your body and place you at risk of everything (from cataracts to impotence, to everything in between).
What about vaping and/or smoking cannabis?	It is not wise to put anything foreign into your lungs except clean air. Vaping aerosols do contain some of the same carcinogens as in cigarette smoke just in less quantity. We don't know the long-term impacts of vaping. However, individuals who are trying to stop smoking but can't quit using the evidence-based approach (NRT, pharmacotherapy and counselling), then vaping may be a way of stopping. As far as cannabis is concerned, we don't have any evidence of it causing cancer; however, again putting anything foreign into your lungs is not recommended.
Question for Palliative Care… Patients with more than one year life expectancy if required pain and symptom management, where can we refer those patients?	Referral to the Cancer Centre for palliative care patients is up to 18 months life expectancy; however, with some flexibility. Inpatients are sometimes seen immediately at time of diagnosis and followed by a Palliative Care team member and referral made to the Cancer Centre Palliative Care if appropriate. Patients with 3+ year's life expectancy are to be followed by Primary Care and Oncologists to manage symptoms. Contact a member of the Palliative Care team for treatment recommendations, if necessary, for patients with longer life expectancy that are ineligible for their program.
Is pulmonary rehab program to be arranged by family doctor or do we need respirologist to order it? Is it at Prince Road?	Dr. Stephen Chao indicated Respirology, as well as Internal Medicine, can refer to the Pulmonary Rehab Program.

Erie St. Clair Cancer Clinic Webpages

- The cancer clinics below provide exceptional cancer care to residents of Sarnia-Lambton, Chatham-Kent and Windsor-Essex:
    - Bluewater Health Cancer Clinic
    - Chatham-Kent Health Alliance Cancer Clinic
    - Erie Shores HealthCare – Satellite Site
    - Windsor Regional Cancer Centre
        - To refer a patient to the Windsor Regional Cancer Centre, complete the New Patient Referral Form and fax to 519-253-5364.
- My Cancer Journey has been developed by patients, family members, and our care team to guide your patients through the cancer experience. It includes directions to the Windsor Regional Cancer Centre, important phone numbers, what to bring, and community resources in addition to other helpful information.

Cancer Care Ontario

Lung Cancer Pathway Map:

- This pathway map provides an overview of best practices for the management of patients in Ontario during specific phases of the lung cancer continuum
    - https://www.cancercareontario.ca/en/pathway-maps/lung-cancer

Lung Cancer Screening Information for Healthcare Providers:

- Lung Cancer Screening Information for Healthcare Providers | Cancer Care Ontario
- Ontario Lung Screening Program | Cancer Care Ontario
- Ontario Lung Screening Program Referral Form (cancercareontario.ca)
- Diagnostic Assessment Program (DAP) Locations List | Cancer Care Ontario
- Diagnostic Assessment Program Referral Forms | Cancer Care Ontario

Canadian Cancer Society

- Lung cancer | Canadian Cancer Society
- Get screened for lung cancer | Canadian Cancer Society

Lung Cancer Assessment Program (LCAP) – Windsor Regional Hospital

Lung Cancer Assessment Program (LCAP) referral criteria - Patient must meet one of the following:

- Solitary pulmonary nodules (0.5 – 3.0 cm)
- Hoarseness with lung mass or adenopathy
- Pneumonia non-responsive to antibiotics in 4 weeks
- Recurrent non-massive hemoptysis
- Non-resolving pleural effusions with lung lesions
- Abnormal CXR including mass, atelectasis 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 less than 10% of body weight)
- Lung lesions or pleural effusions in presence of previous malignancies

- **Patient must be aware of referral reason**
- **Diagnostic tests must be completed**

Please see the accompanying Lung Cancer Assessment Program (LCAP) referral form

Palliative Care

Palliative care aims to improve the quality of life of patients who are diagnosed with life-limiting illnesses. This medical approach looks at each individual as a whole - physically, emotionally, psychologically, and spiritually.

Patients must be **active patients**, and meet **all three** criteria to be seen:

- The life expectancy of less than 1 year.
- Malignant pain (if the pain is an issue).
- The patient must be aware of the referral.

Systemic Therapy

Systemic Therapy for Lung Cancer:

- Chemotherapy for lung cancer | Canadian Cancer Society

Radiation Therapy

Radiation Therapy for Lung Cancer:

- Radiation therapy for lung cancer | Canadian Cancer Society

Palliative Radiation for Symptom Control - Lung Cancer:

- Palliative Radiotherapy for Locally Advanced and Metastatic NSCLC (bccancer.bc.ca)

Smoking Cessation

Smoking Cessation Resources for Healthcare Providers:

- **Smoking Cessation and Cancer | Ontario Health E-Learning** an online learning module for healthcare providers that provides an overview of the benefits of smoking cessation for people with cancer; how to deliver smoking cessation interventions; and overcoming barriers to smoking cessation.
- **Smoking Cessation Information for Healthcare Providers** (Ontario Health-Care Care Ontario)
- **CAMH - Smoking Cessation: Tools and Resources**

Smoking Cessation Resources for Patients:

- **Ontario Health-Cancer Care Ontario:** Provides an overview of the benefits of quitting smoking for individuals with a diagnosis of cancer, and the various interventions available to aid in smoking cessation.
- **Windsor-Essex County Health Unit: Ways to Quit Program:** Provides overview of local smoking cessation resources.

- **Chatham-Kent Public Health:** Patients can call 519-352-7270 ext. 2488 or email CKSmokefree@chatham-kent.ca to receive information on available resources.
- **Lambton Public Health:** Provides information on smoking and vaping cessation resources.
- **Ministry of Health - Support to Quit Smoking:** Provides an overview of resources and smoking cessation recommendations, benefits, etc.
- **Smokers' Helpline:** Online and phone programs, as well as text-message support.
- **Smoking Treatment for Ontario Patients (STOP) - CAMH**: Provides up to 26 weeks of NRT treatment and counseling to individuals who would like to reduce or quit smoking.
- **Health811**: Patients can call 811 for supports to help quit smoking. **Click here** to access the Health 811 Ontario Smoking Cessation Referral Form.

Additional Resources

Patient Support References:

- Lung Cancer Canada - Lung Cancer Canada
- Mental Wellness & Coping with Cancer | Cancer Resources | WE SPARK HEALTH Institute
- Quit Smoking or Vaping | The Windsor-Essex County Health Unit (wechu.org)
- Quit Smoking – The Benefits for People with Cancer | Cancer Care Ontario
- Coping with changes | Canadian Cancer Society
- Palliative care | Canadian Lung Association