



# CT LUNG CANCER SCREENING REQUISITION AND PATIENT CONSENT

FORM SF0067

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Rev. 01/2019

Name: \_\_\_\_\_

Male  Female

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Card Number #: \_\_\_\_\_

Please fax completed form to 416-756-6192

**NOTE:** It is the responsibility of the referring physician to arrange recommended follow-up tests and specialist referrals

- 1) Is this a follow up study?  Yes (patient signature not required)  No
- 2) Currently accepted high risk criteria as per the U.S. Preventive Services Task Force Statement (2014) or National Comprehensive Cancer Network (NCCN) guidelines (2015):  
**Patient must have no known health problems substantially limiting life expectancy and an ability/willingness to have curative lung surgery AND**
  - Age 55 to 80 with a 30 pack-year or more smoking history and is currently smoking or has quit within the last 15 years
  - OR**
  - Age 50 to 80 with a 20 pack-year or more smoking history, and one or more of the following risk factors:
    - Chronic Obstructive Pulmonary Disease (COPD) and/or Pulmonary Fibrosis
    - Occupational exposure (asbestos, arsenic, beryllium, cadmium, chromium, coal smoke, diesel fumes, nickel, silica, soot)
    - Radon exposure
    - History of prior cancer (lung, lymphoma, head and neck)
    - Family history of lung cancer
    - Prior thoracic radiation (i.e. from breast cancer or lymphoma)
- 3) Benefits and harms of low dose CT chest (LDCT) screening for lung cancer reviewed with patient.
  - Benefits:
    - Low dose CT (LDCT) is currently the only recommended screening test for lung cancer.
    - LDCT can provide a 20% reduction in mortality from lung cancer.
  - Harms:
    - Screening cannot prevent most lung cancer deaths; only smoking cessation can.
    - False positive results occur when a test appears to be abnormal but no lung cancer is found. Abnormal findings may require additional testing to determine whether or not cancer is present. These tests, such as additional CT exams or more invasive tests in which a piece of lung tissue is removed (called a biopsy), have risks and may cause a patient anxiety. Positive rates of both lung and non-lung related incidental findings as high as 40-60%. Greater than 95% will not be due to lung cancer (false positive).
    - Test results that appear to be normal even when lung cancer is present are called false-negative results. A person who receives a false-negative test result may delay seeking medical care.
    - Not all of the cancer detected by LDCT will be found in the early state of the disease. Screening that detects lung cancer may not improve your health or help you live longer if the disease has already spread beyond the lungs to other places in the body.
    - LDCT lung screening and all other screening exams can lead to the detection and treatment of cancer which may never have harmed you. This can result in unnecessary treatment, complications and cost.
    - There is a theoretical small risk of cancer from exposure to low dose radiation.
- 4) Smoking cessation links reviewed with patient:
  - American Cancer Society – Deciding to Quit Smoking and Making a Plan: <https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quit-smoking/deciding-to-quit-smoking-and-making-a-plan>
  - American Lung Association – How to Quit Smoking: <http://www.lung.org/stop-smoking/how-to-quit/>

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Provider Billing Number: \_\_\_\_\_