NORTH YORK GENERAL

LUNG CANCER SCREENING CT
Requisition and Patient Consent

Medical Imaging Department
4001 Leslie Street, Toronto ON M2K 1E1
Bookings: 416-756-6190 Fax Line: 416-756-6192

Name:
MRN: :
DOB:
Address:
Telephone:
Health Card #:

FORM SF0067 **PAGE 1 of 1** **Rev. 03/2024**

Patient Name:_____ **Patient Email Address:**_____
By providing your patient's email address you are giving permission to contact the patient via email with appointment time and information

❒ **Is this a follow-up study?** ☐YES ☐NO **If YES, indicate date of desired follow-up imaging:** _____

❒ **Currently Accepted High Risk Criteria** National Comprehensive Cancer Network Guidelines (2015)

- Age – 55-74
- > 30 pack-year smoking history or has quit < 15 years ago

OR

- Age – 50-74
- > 20 pack-year smoking history
- At least 1 additional following risk factors:
  - COPD and/or Pulmonary Fibrosis
  - Occupational exposure (any carcinogen)
  - Radon Exposure
  - History of prior cancer (lung, lymphoma, head and neck)
  - Family history of lung cancer
  - Prior thoracic radiation (ie. from breast cancer or lymphoma)

AND

- No known health problem substantially limiting life expectancy
- Ability or willingness to have curative lung surgery

❒ **Benefits and harms of low dose CT (LDCT) chest screening for lung cancer reviewed with patient.**

- **Benefits:**
  - LDCT is currently 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 and false positive results may require additional tests including biopsy
  - Not all cancers 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
  - LDCT lung screening and all other screening exams can lead to the detection and treatment of cancer which may have never harmed you. This can result in unnecessary treatment, complications and cost

❒ **It is the responsibility of the referring physician to arrange the recommended follow-up tests and referrals as appropriate**

❒ **Smoking Cessation links reviewed:**

Get help to quit smoking | Canadian Cancer Society | Quitting smoking: Deciding to quit - Canada.ca

By signing this form as the referring health care provider, you:

- authorize the use of low dose computed tomography (LDCT) for your patient's baseline scan, ongoing routine annual screening, and follow-up of nodules, according to OLSP guidance
- Authorize your patient's referral for lung diagnostic assessment
- Authorize the OLSP to facilitate the booking of LDCT scans
- Confirm that you are responsible for ensuring appropriate follow-up of incidental findings

Physician Name: _____

Physician Signature: _____

Date: _____

REQUESTING PROVIDER

Address:_____

City:_____Postal Code:_____

Telephone Number:_____

Fax Number:_____

Billing Number:_____

Copy to:_____