



Lung Cancer

Prevention, Screening

and

Care of Patients

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Faculty/Presenter Disclosures

- **Faculty:** Dr. Lee Donohue
- **Relationship with Commercial Interests:** OntarioMD Peer Leader
- **Disclosure of Commercial Support:** None
- **Mitigation of Potential Bias:** Not applicable

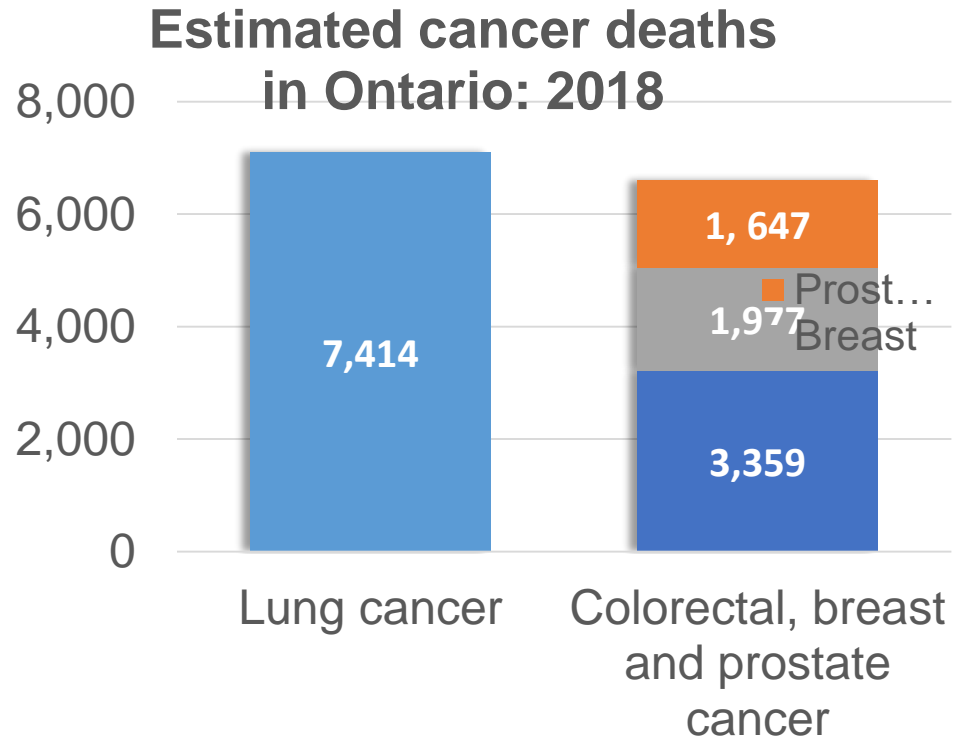


Learning Objectives

- Identify risk factors for lung cancer and how to document these in the EMR
- Identify patients eligible for high risk lung cancer screening and tobacco cessation programs
- Learn how to implement early access to palliative care for patients with lung cancer and how to use EMR tools for comprehensive palliative care



Lung Cancer



Impact of lung cancer in Ontario¹:

- The leading cause of cancer death for women and men
- 2018: An estimated 7,414 people will die of lung cancer – more than colorectal, breast and prostate cancer combined



Lung Cancer: Prevention

RISKS

- Tobacco use...in your practice what percent of your patients are daily or occasional smokers?
- Other risk factors: ???

Think about.....

How can you use your EMR to identify people at risk for lung cancer?



Lung Cancer: Incidence and Survival

Importance of screening for lung cancer:

- Incidence in Ontario....70 per 100,000
 - 5 year survival for patients with lung cancer... 20.8%
- if lung cancer is found earlier.....



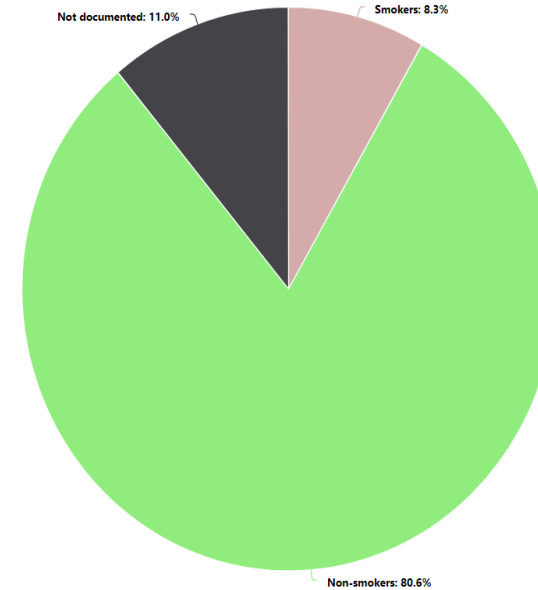
EMR How to get it to work for you

Who is at risk?

What will reduce risks?

- Tobacco use
- Occupation
- Lung disease

Tobacco Cessation



Smokers Home - Smoking status patients of A. Donohue							Not documented Home - Smoking status patients of A. Donohue						
Report							Report						
Pati...	Surname	First Name	Age	Home Ph...	Business ...	Mobile P...	Pati...	Surname	First Name	Age	Home Ph...	Business ...	Mobile



Lung Cancer: Screening

Importance of screening for lung cancer:

- People are usually diagnosed with lung cancer when the disease is at an advanced stage and treatment options are limited
- Low-dose computed tomography (LDCT) screening can detect lung cancers earlier, when treatment is more likely to be successful



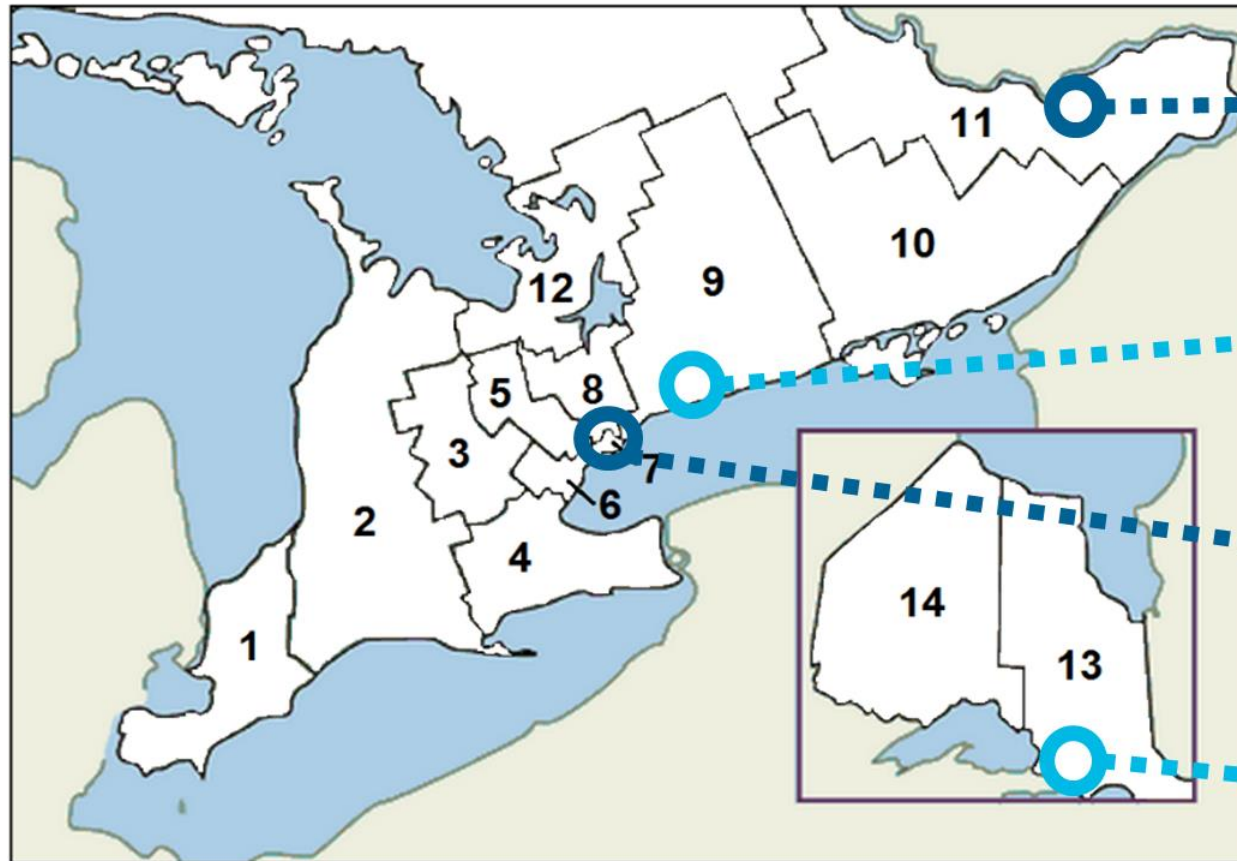
Cancer Care Ontario Lung Cancer Screening

Recommendations:

- Lung cancer screening should take place within an organized program
- LDCT should be the screening modality for lung cancer in high risk populations
- Chest X-ray should not be used for screening high risk populations
- Smoking cessation should be embedded in the screening program



High Risk Lung Cancer Screening...Pilot Site Locations



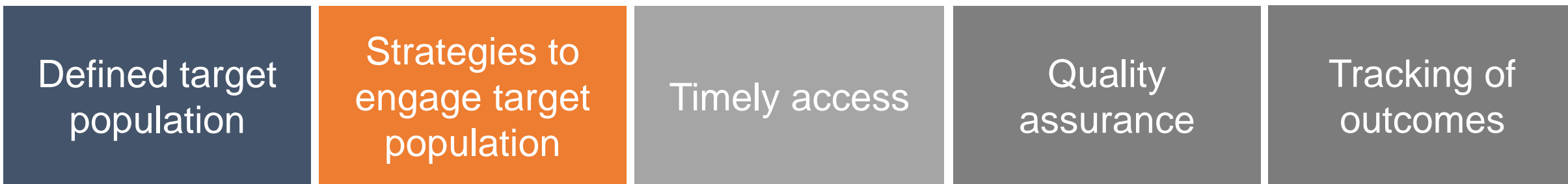
Champlain LHIN:
The Ottawa Hospital with
Renfrew Victoria Hospital and
Cornwall Community Hospital

Central East LHIN:
Lakeridge Health

Toronto Central LHIN:
University Health Network

North East LHIN:
Health Sciences North

Characteristics of Organized Lung Cancer Screening



Screening pathway

Recruitment



Risk
assessment



Smoking
cessation



LDCT



Diagnosis



Treatment

Target Population for Recruitment

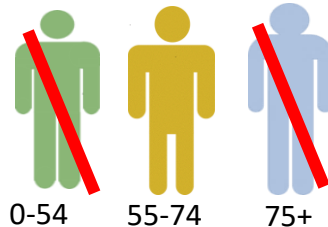
Referral Criteria

Smoking History



Smoked cigarettes daily for at least 20 years (not necessarily 20 years in a row)

Age



Between ages 55 and 74 years

Exclusion Criteria:

- Have been diagnosed with lung cancer;
- Are under surveillance for lung nodules;
- Have experienced hemoptysis of unknown cause or unexplained weight loss of more than five kilograms in the past year; or
- Are currently undergoing diagnostic assessment, treatment or surveillance for life-threatening conditions (such as a cancer with a poor prognosis) as assessed by the referring physician



HRLCS: Identifying patients for referral

Total patients in my practice	1587
• Total 55-74 years	326 {male=118 female=204}
• No data on tobacco use	5
• Cancer	5
• possible eligible any tobacco use =	145
	+ 20 years 83
Current smokers	23
CT thorax in last 12m	11



Learn More

<https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/lung-cancer-screening-pilot-people-at-high-risk>



Lung Cancer Screening Pilot for People at High Risk APRIL 2019

INFORMATION FOR HEALTHCARE PROVIDERS

Importance of lung cancer screening

Lung cancer is the leading cause of cancer death for people in Ontario

Many of these deaths are due to diagnosis at an advanced stage, when treatment is less likely to be successful

Low-dose computed tomography (LDCT) screening can find lung cancer at an early stage, when treatment is more likely to be successful

Evidence to support lung cancer screening

National Lung Screening Trial:

Was a randomized controlled trial with over 53,000 participants

Compared annual screening with LDCT to chest X-ray in people at high risk over approximately 2 years

Found that people who got screened with LDCT had a 20% reduction in lung cancer mortality over 6 years, compared to those screened with chest X-ray*

Potential benefits and harms of lung cancer screening

Potential benefits

- Finding lung cancer at an early stage, when treatment is more likely to be successful
- Reducing lung cancer mortality in the screened population

Potential harms

- Radiation exposure
- False-positive results
- Over-diagnosis

Cancer Care Ontario recommends using LDCT to screen people at high risk of getting lung cancer through an organized screening program

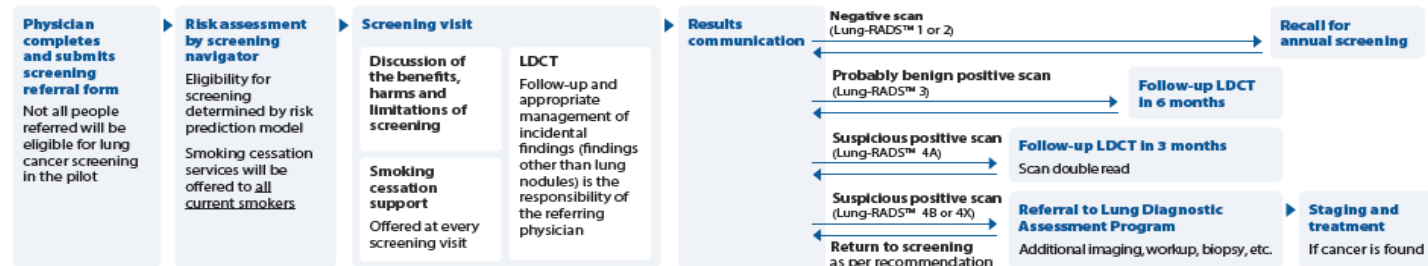
The Lung Cancer Screening Pilot for People at High Risk

Cancer Care Ontario introduced a pilot for people at high risk of developing lung cancer in June 2017, which takes place at specific screening sites; one of these sites is located at The Ottawa Hospital

Eligible participants are offered LDCT screening

Evaluation data collected over 2 years will inform the design and implementation of a provincial program

Lung cancer screening pilot pathway



Pilot site screening navigators book appointments, coordinate smoking cessation support, provide screening results and facilitate next steps

* Aberle DR, Adams AM, Berg CD, Black WC, Clapp JD, Fagerstrom RM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. United States; 2011 Aug 4;365(5):395-409





Lung Cancer and Advanced Care Planning

STEP 1 IDENTIFY

Use the following triggers to identify patients who could benefit from a palliative care approach:

- ✓ **The Surprise Question:** "Would you be surprised if this patient were to die in the next year?"
- ✓ Does the patient have general indicators of decline or specific indicators related to certain conditions?
- ✓ Has the patient indicated a preference or need for palliative care?

STEP 2 ASSESS

- ✓ **Symptoms** Assess symptoms and needs across all domains. Screen using Edmonton Symptom Assessment System (ESAS) for:
 - Pain
 - Nausea
 - Depression
 - Tiredness
 - Lack of Appetite
 - Anxiety
 - Drowsiness
 - Shortness of Breath
 - Wellbeing
- ✓ **Performance Status** Use Palliative Performance Scale (PPS) as a trigger for when to assess:
 - how well the patient's care needs are being met
 - need for current resources in the home
 - level of caregiver coping/distress

Key Features of Specific PPS Ratings:

 - **(PPS 70)** Can no longer carry out normal job, work, occupation or some hobbies or housework activities
 - **(PPS 60)** A few times a week needs assistance with at least one of: Transfer out of bed, walk, wash, toilet, eat
 - **(PPS 50)** Mainly sits in chair or lies in bed. Needs help every day to do some of the activities listed
 - **(PPS 40)** Mainly lies in bed
- ✓ **Understanding**
 - Ensure the patient and family/substitute decision-maker (SDM) understand the incurable and progressive nature of the illness
 - Understand the patient's values, beliefs and goals of care. Be prepared to address "what to expect".
 - Document discussion.



STEP 3 PLAN/MANAGE

- ✓ **Manage Symptoms**
 - Manage symptoms using guidelines (CCO Symptom Management Guides, Fraser Health Guidelines)
 - Consider local community resources and connecting with Community Care Access Centre (CCAC).
- ✓ **Plan Care – If PPS:**
 - ≥ 70 : Initiate Advance Care Planning (ACP) with patient and their SDM
 - ≤ 60 : Initiate End Of Life (EOL) Care Planning with patient and their SDM
 - ≤ 50 : Initiate urgent assessment of understanding, goals of care and EOL Care Plan.
- ✓ **Consults and Referrals**
 - If PPS ≤ 60 , refer to CCAC
 - Consider consult to palliative care and psychosocial resources for complex symptom management issues
 - Consider local resources for additional care support.



Palliative Care and Advanced Care Planning

- Identify Assess Plan Manage
- Use e-forms for Palliative Performance Scores (PPS), advanced care planning
- Use cohort/registry for monitoring
- Use toolbars and reminders for recall and efficient workflow

  Last Checked: **Aug 24, 2019** Update: never smoked current smoker ex-smoker Init Visit E079: F/U Visit K039: Q042:

Settings Patient View Data

- Edit Stamps...
- Edit Custom Forms...
- Edit Searches...
- Edit Cohorts...

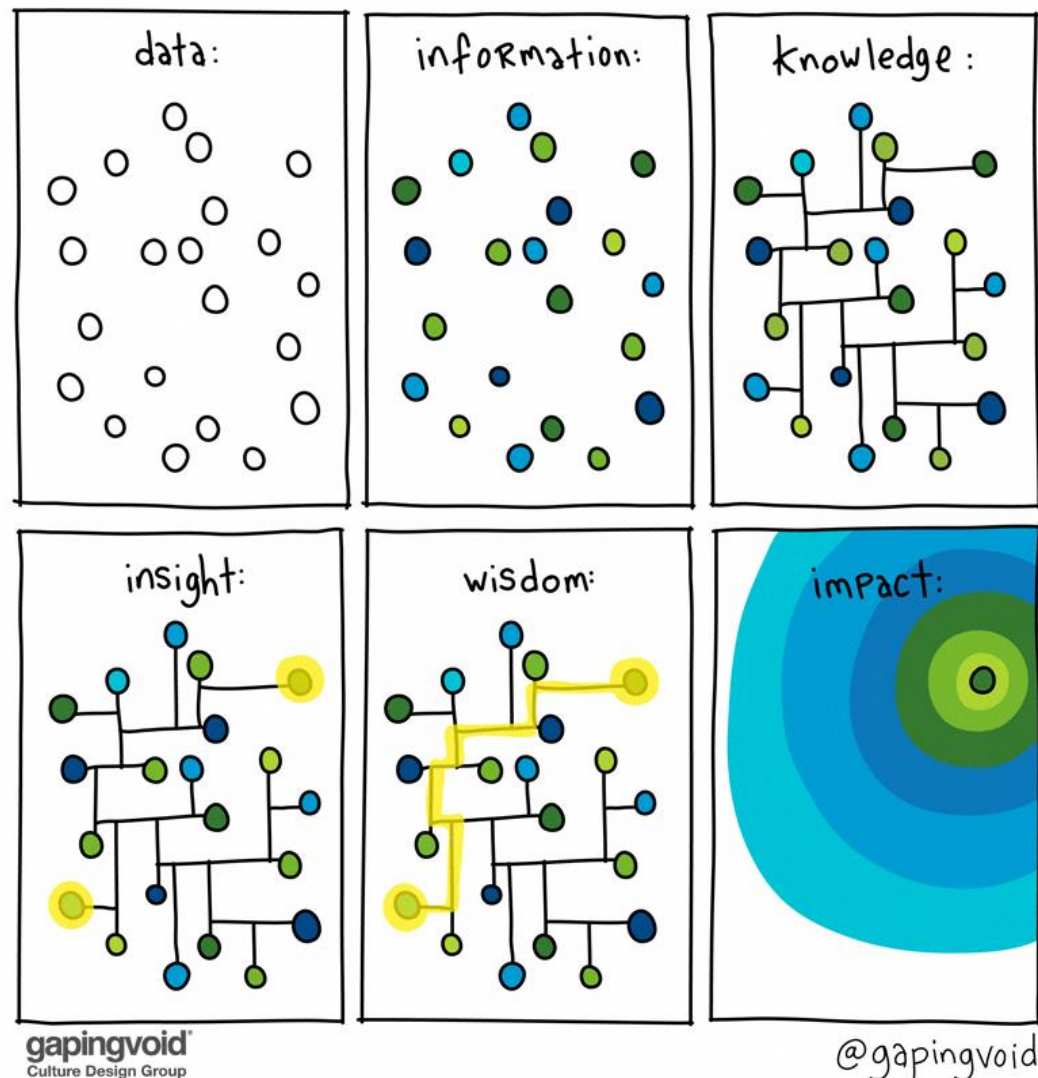
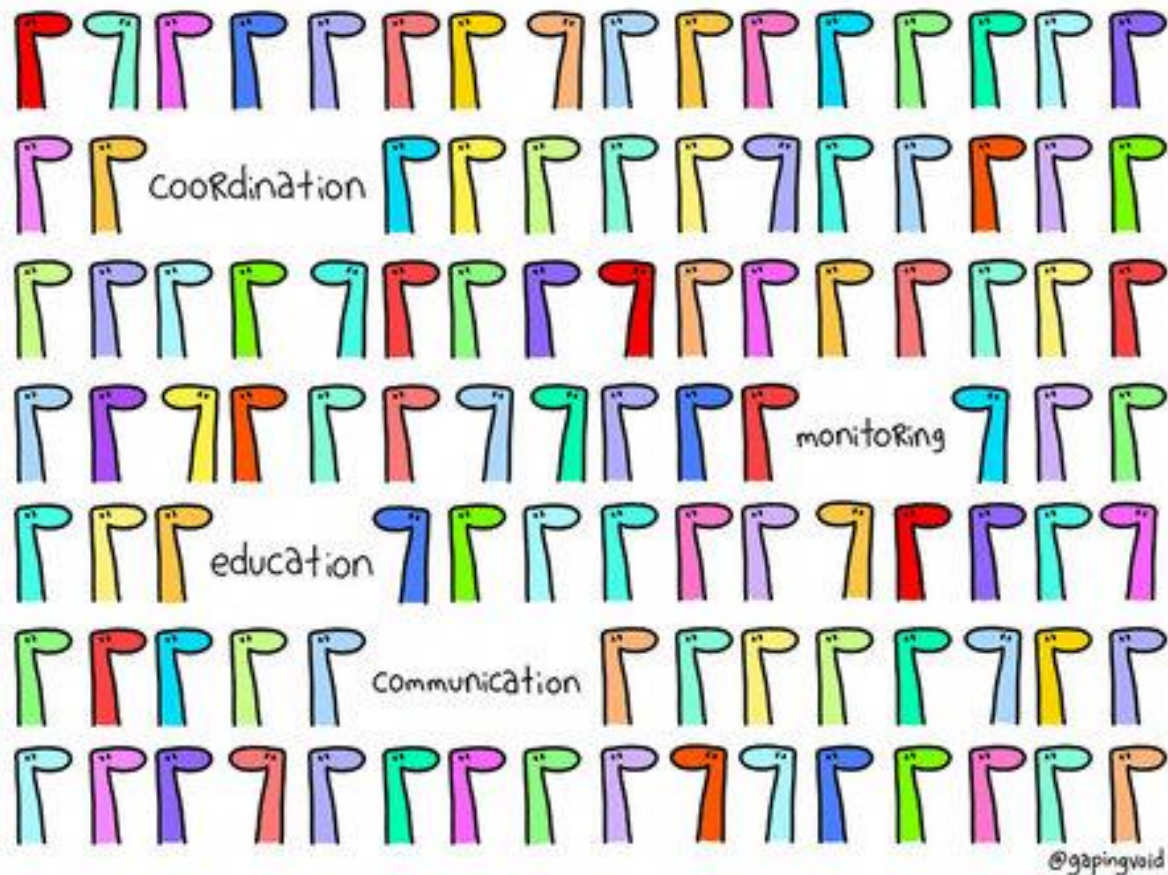


Summary

- Risk factors for lung cancer
- Identify patients eligible for
 - tobacco cessation,
 - high risk lung cancer screening,
 - early access to palliative care
- EMR documentation and i4C Dashboard



Thank you!





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