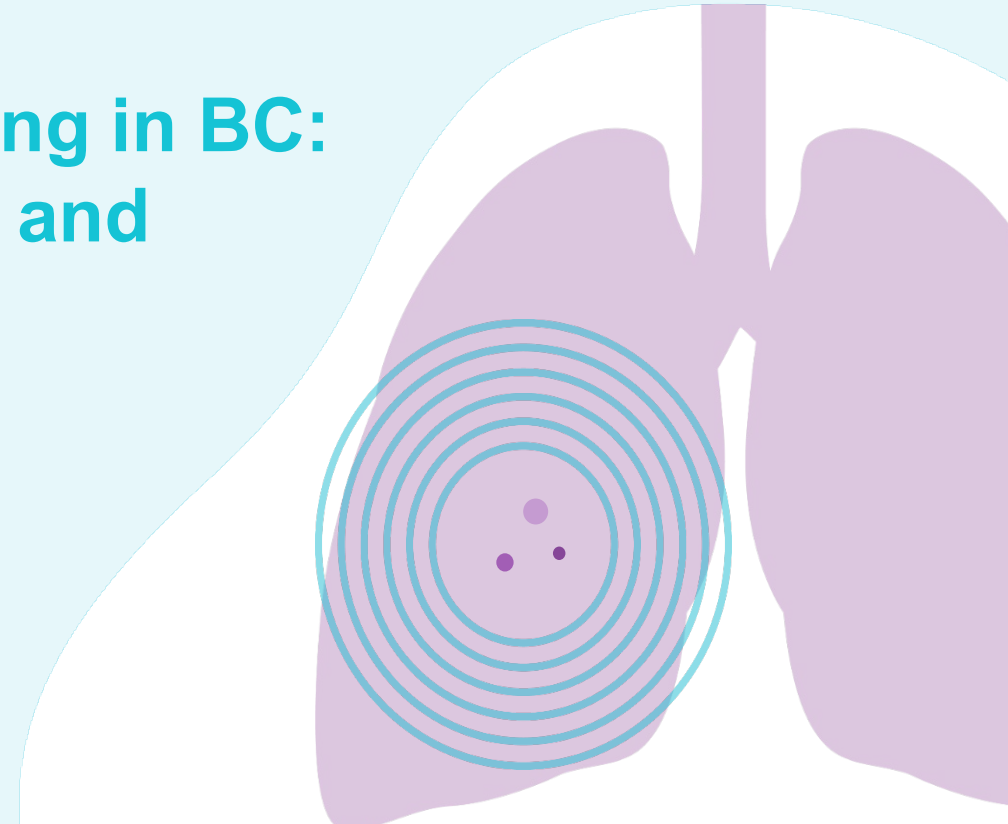
BC CANCER

Provincial Health Services Authority

Lung Cancer Screening in BC: Eligibility, Diagnosis, and Follow-Up Care

May 7, 2025



We acknowledge with gratitude, that we are gathered on the traditional, ancestral and unceded territories of the ***xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish), and səl̓ílwətaʔ (Tsleil-Waututh) First Nations*** *who have nurtured and cared for the lands and waters around us for all time. I give thanks for the opportunity to live, work and support care here.*

Provincial Health Services Authority

Accreditation

The Division of Continuing Professional Development, University of British Columbia Faculty of Medicine (UBC CPD) is fully accredited by the Continuing Medical Education Accreditation Committee (CACME) to provide CPD credits for physicians.

This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD. You may claim a maximum of **1.50 hours** (credits are automatically calculated). This activity meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to **1.50 Mainpro+®** Certified Activity credits. Each physician should claim only those credits accrued through participation in the activity.

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Continuing Professional Development
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Speakers and Disclosures

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Disclosures:

- Expert Advisor, Canadian Partnership Against Cancer & Chair, Pan-Canadian Lung Cancer Screening Network
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Disclosures:

- None.

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Disclosures:

- None.

Mitigation of Potential Bias

- Evidence-based discussion
- **Dr. Stephen Lam** does not speak on behalf of the Canadian Partnership Against Cancer or the International Cancer Screening Network

Learning Objectives

By the end of this session, you will be able to:

- Describe the risks and benefits of lung cancer screening
- Describe eligibility criteria and assessment process for the lung cancer screening program and know when to refer patients
- Describe the process of lung cancer diagnosis
- Manage incidental findings with patients
- Provide smoking cessation pharmacotherapies to patients
- Access related resources for patients and providers

Today's Case-Based Scenarios

The sample cases, images, and names presented in this webinar are fictitious.

Any resemblance to actual persons or scenarios are purely coincidental.

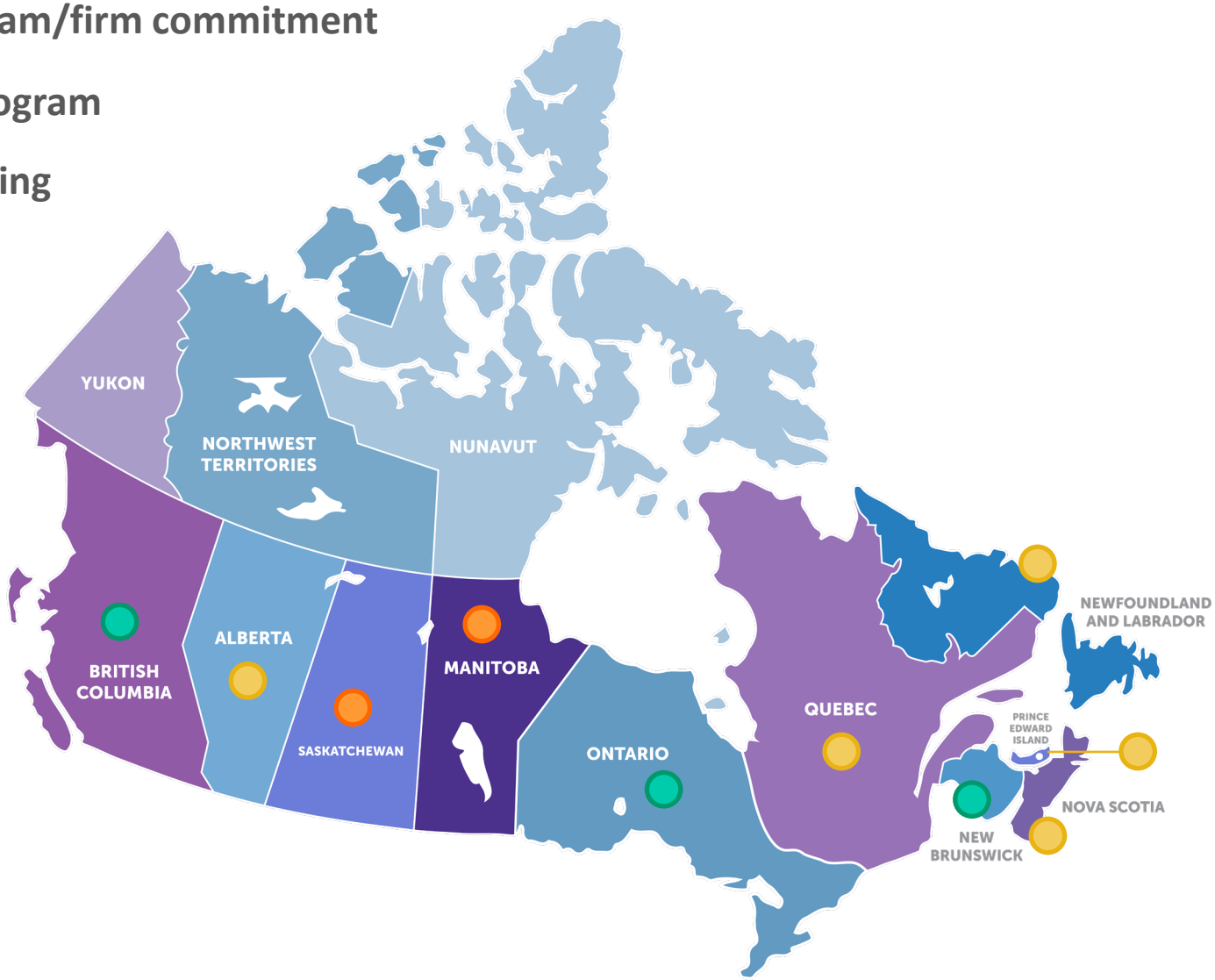
Format

- 90-minute webinar
  - 45-minute presentation
  - 45-minute Q&A
- Speaker and slides visible on the screen

Lung Screening in Canada

Current Status of Lung Cancer Screening in Canada

- Organized Program/firm commitment
- Pilot/phased program
- Advanced planning



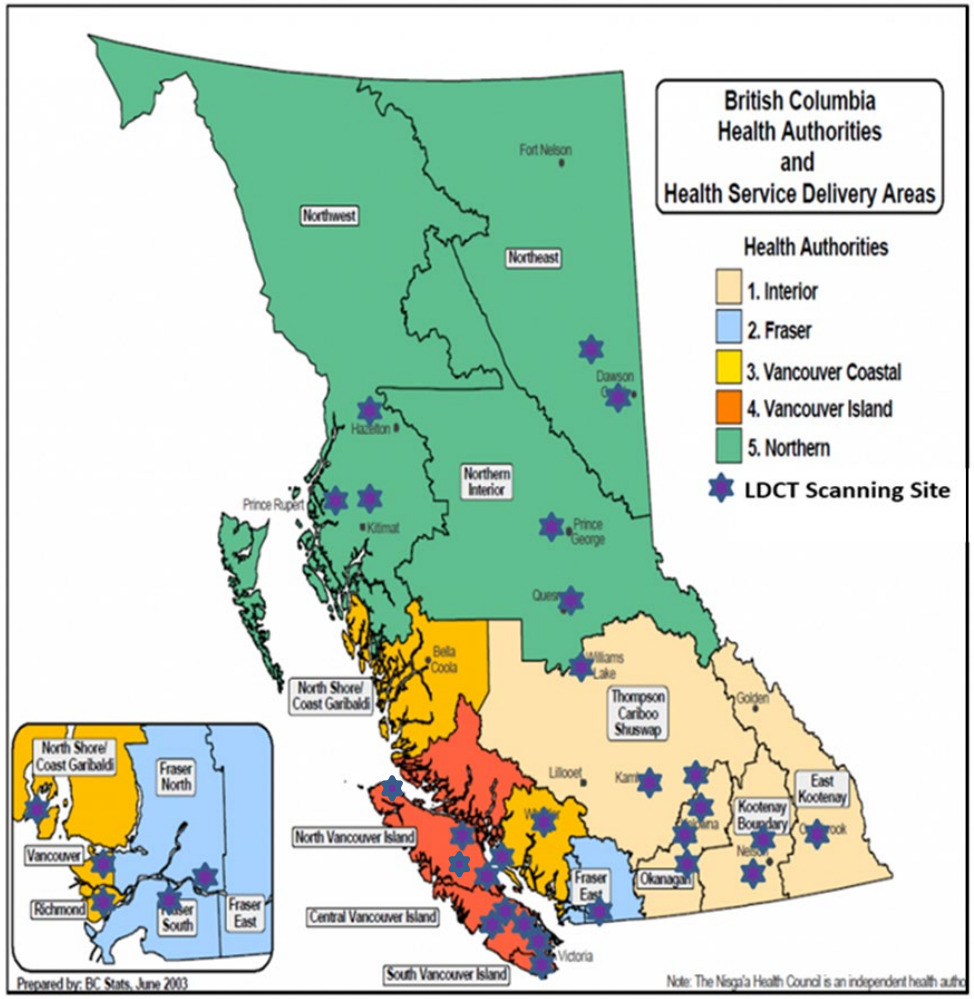
Lung Screening in BC

BC is the first province in Canada to launch a province-wide Lung Screening Program

- ✓ Covering an area of **944,735 km²** (>2 times California, USA)
- ✓ **1.3 million people** between ages 55 to 74

BC Lung Screening Program

- **2008-2015, 2016-20:** Pilot trials
- **September 14, 2020:** Phased roll-out
- **May 2022:** First health authority went live
- **November 2022:** All 5 health authorities began screening
- **May 2023:** All 36 sites operational
- **Today:** 38 sites (1 mobile), 20 radiologists



Overview of Lung Screening Program

Eligibility → Screening → Diagnosis → Re-screening + Surveillance

BC CANCER SCREENING
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BC Cancer Screening Program oversees: provincial policies, guidelines, standards; promotion strategies; patient results and surveillance reminders; quality assurance and quality improvement; and system performance and outcome monitoring.

Primary care providers:

- Identify eligible patients
- Support patients with abnormal results and follow up on incidental findings
- Provide smoking cessation pharmacotherapies

Regional Health Authorities oversee capacity planning and service delivery for:

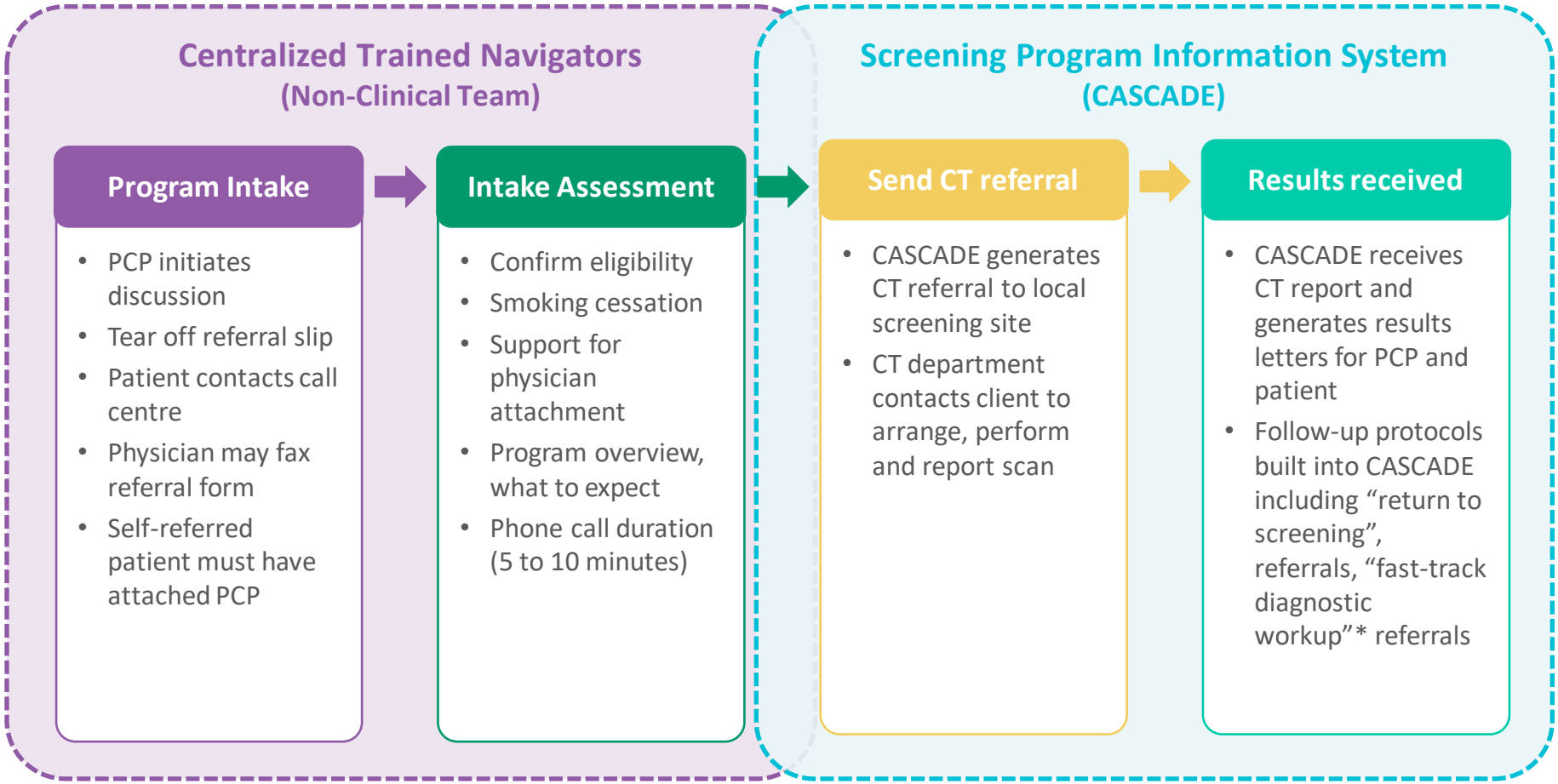
- Medical imaging
- Diagnostic work-up
- Laboratory and pathology

Key Partners

- Radiologists
- Respirologists
- Thoracic Surgeons
- Clerks
- Technologists
- Indigenous Cancer Control
- Health Promotions
- Leadership
- IT and Data Teams

Lung Screening Centralized Program Workflow

- Allows for standardized policies and procedures, consistency, timely data collection and reporting



*Screening Program initiates fast-track referral to a designated diagnostic team

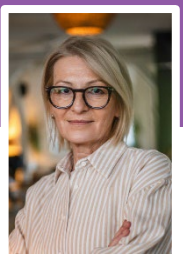
Benefits and Risks of Lung Screening

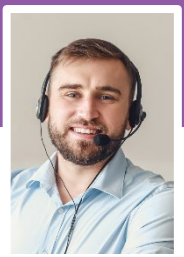
Meet Danika (She/Her)

- Age: 55
- Smoked 15 cigarettes a day starting at age 18
- Stopped smoking 5 years ago
- Her father died of lung cancer

Danika has been thinking about her lung cancer risk, knowing she smoked for over 30 years and her father had lung cancer. Now that she's 55 years old, she calls the Lung Screening Program to find out if she's eligible for screening…

Danika is Not Eligible for Lung Screening





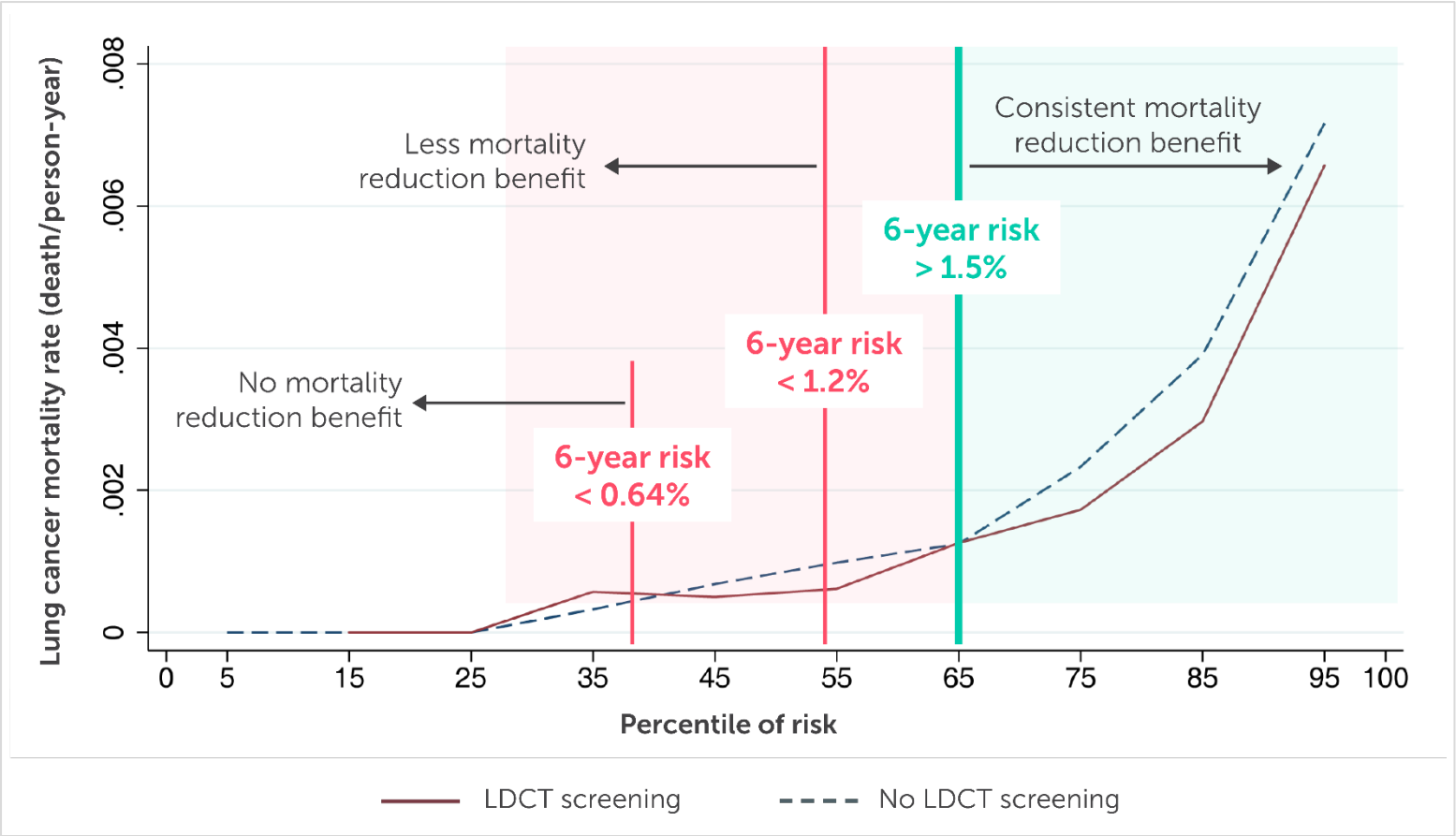
After conducting the risk assessment over the phone, the Lung Screening Program informs Danika that she is **not eligible for lung screening** because she is **not at sufficient risk for lung screening** based on the assessment.

The Lung Screening Program:

- Acknowledges Danika for her enthusiasm to screen and **encourages her to call again in 2 years**, because the risk for lung cancer increases with age.
- Reminds Danika to book an appointment with a health care provider if she **notices any symptoms**, including coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of 15 pounds or more in the past year.

Lung Screening Only Benefits High-Risk Individuals

- Low-dose CT (LDCT) screening only benefits individuals with sufficient lung cancer risk that outweighs potential harms



N Engl J Med 2013;368:728-36.
PLoS medicine 2014; 11(12):e1001764.

Lung Screening Reduces Mortality

- LDCT screening reduces lung cancer mortality by over 20%

Cochrane Library
Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

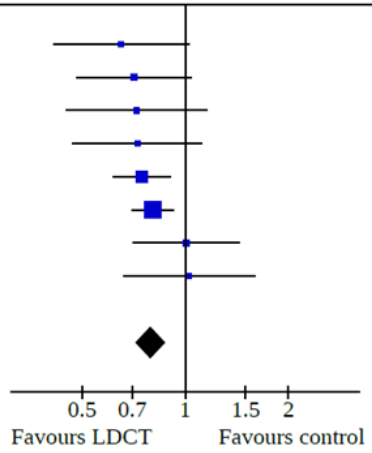
Analysis 1.1. Comparison 1: Primary outcome: lung cancer-related mortality, Outcome 1: Lung cancer-related mortality - planned time points

Study or Subgroup	LDCT Events	LDCT Total	Control Events	Control Total	Weight	Risk Ratio M-H, Random, 95% CI
Field 2021	30	1987	46	1981	4.2%	0.65 [0.41 , 1.03]
Paci 2017	43	1613	60	1593	5.9%	0.71 [0.48 , 1.04]
Becker 2020	29	2029	40	2023	3.9%	0.72 [0.45 , 1.16]
Pastorino 2012	40	2376	40	1723	4.7%	0.73 [0.47 , 1.12]
De Koning 2020	181	7900	242	7889	24.3%	0.75 [0.62 , 0.90]
Aberle 2011	356	26722	443	26732	45.7%	0.80 [0.70 , 0.92]
Infante 2015	59	1264	55	1186	6.8%	1.01 [0.70 , 1.44]
Wille 2016	39	2052	38	2052	4.5%	1.03 [0.66 , 1.60]
Total (95% CI)		**45943**		**45179**	**100.0%**	**0.79 [0.72 , 0.87]**
Total events:	777		964			

Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 4.79$, df = 7 (P = 0.69); $I^2 = 0\%$

Test for overall effect: Z = 4.92 (P < 0.00001)

Test for subgroup differences: Not applicable



Bonney A, et al. Impact of low-dose computed tomography (LDCT) screening on lung cancer-related mortality. The Cochrane database of systematic reviews 2022; 8: CD013829.

False Positive Rate, Radiation Exposure, Overdiagnosis

- Related to nodule management protocol and screening frequency
- **Overdiagnosis**: Refers to the finding of a cancer, that would not have had a clinical impact on the individual had the cancer not been detected through screening

An overdiagnosed cancer is a true cancer

- Age and competing comorbidities leading to death of the individual before the lung cancer would have become clinically evident
- Indolent behaviour that cannot be predicted at diagnosis

J Thorac Oncol. 2024 Dec;19(12):1606-1617

Assessing Eligibility

Who is Eligible for Lung Screening?

The patient **must** be:

- ✓ Between the ages of 55 and 74;

  and

- ✓ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc.), currently or in the past.

Who is NOT Eligible for Lung Screening?

A patient is **not eligible** for lung screening if they:

- Have ever been diagnosed with lung cancer;
- Are under surveillance for lung nodules;
- Are currently undergoing diagnostic assessment, treatment or surveillance for major comorbidities;
- Are unable to lie flat and hold their arms above their head for a scan;

or

- Are experiencing symptoms possibly indicative of lung cancer (e.g., coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of 15 pounds or more in the past year)

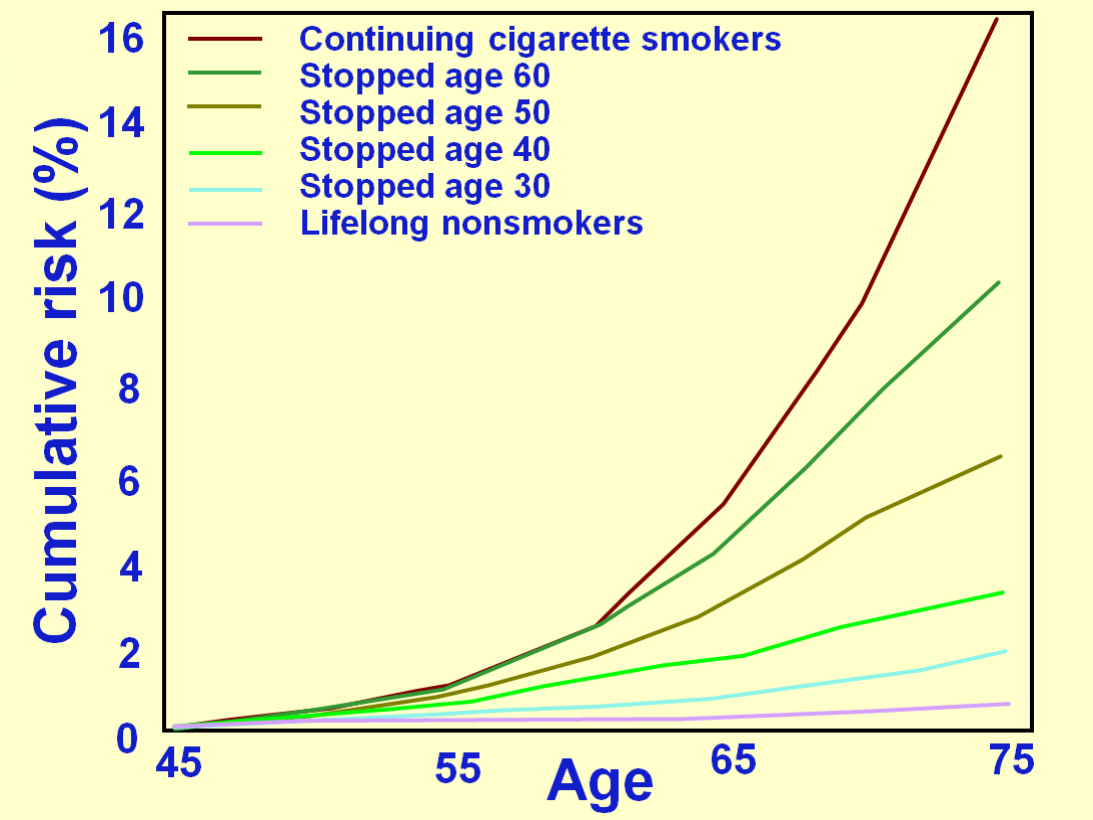
PLCOm2012 Risk Prediction Model

The Lung Screening Program will assess a patient's lung cancer risk and confirm their eligibility for lung screening using the **PLCOm2012 Risk Prediction Model**, which considers:

- Age
- Education (proxy for socioeconomic status)
- Family history of lung cancer
- Body mass index
- Chronic obstructive pulmonary disease (COPD)
- Smoking duration
- Smoking intensity
- Smoking quit time (if any)
- Personal history of cancer
- Race (White/Asian/Hispanic, Black, Indigenous)

People Who Quit Smoking are Still at Risk for Lung Cancer

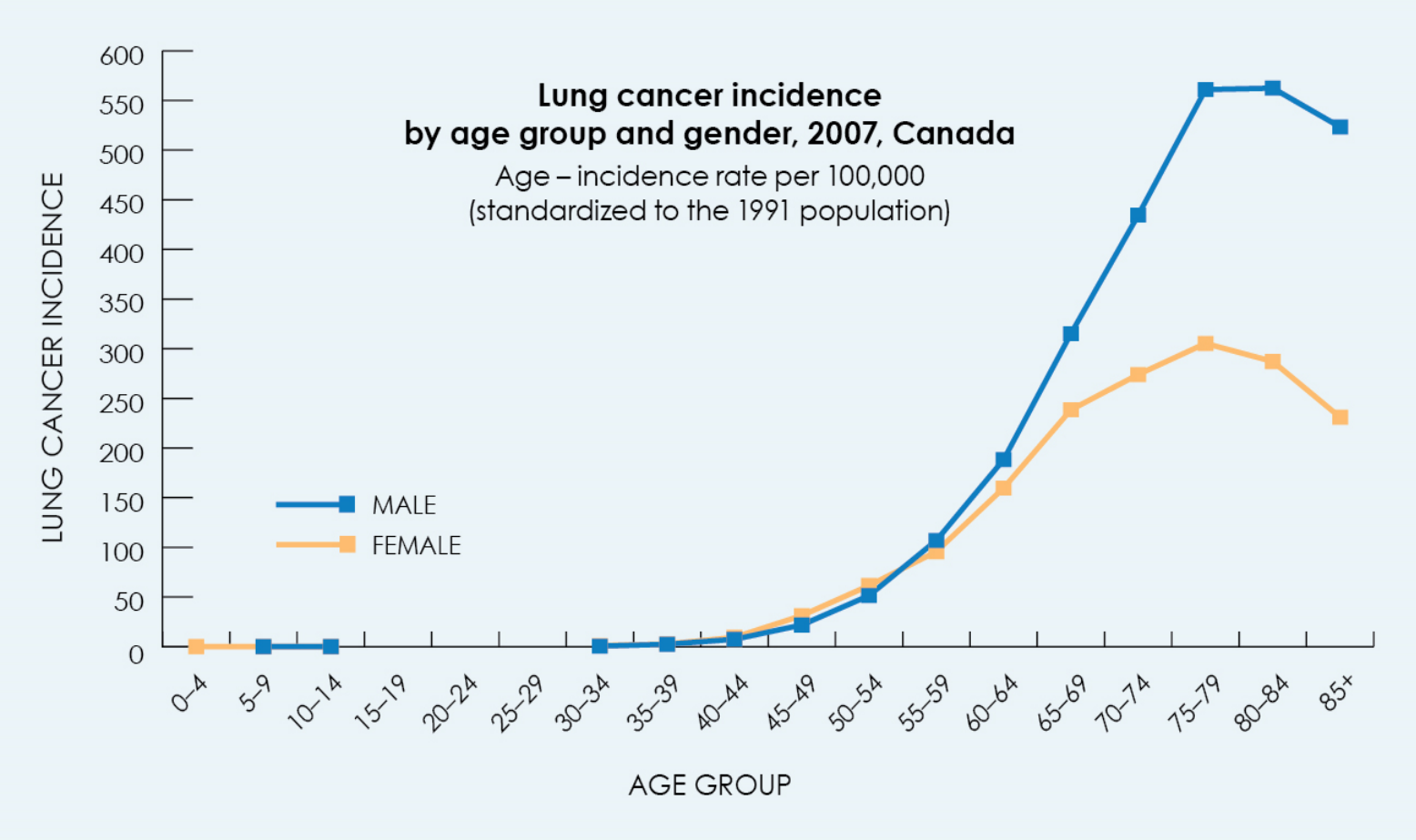
Individuals who used to smoke long-term but have quit are **still at risk of lung cancer and should get screened**



Peto et al., BMJ 321: 323-329, 2000

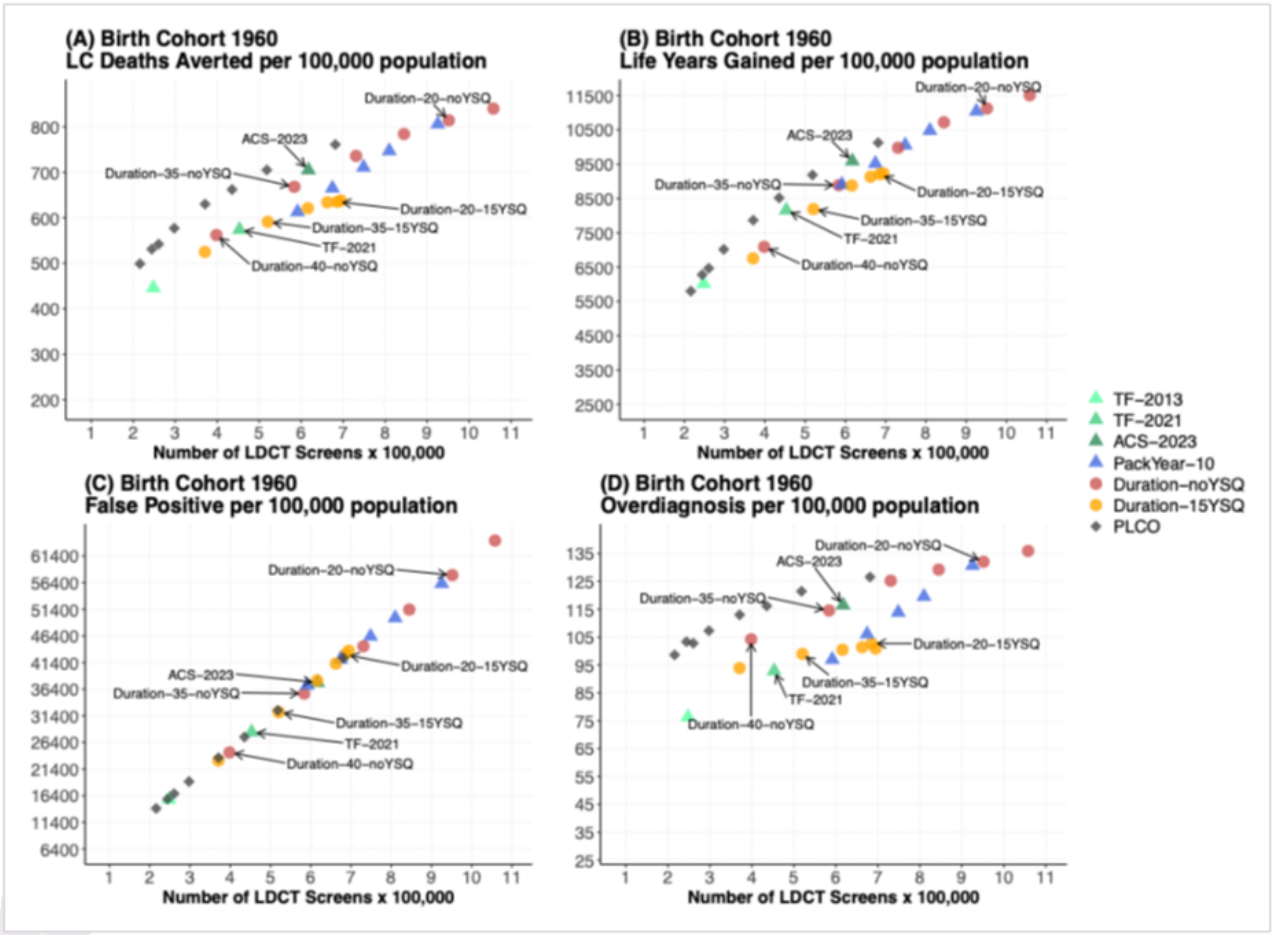
Screening is Not a One-Time Process

Risk increases with age ➡ Importance of repeat screening until upper age limit



Assessing Eligibility: Rule of Thumb

People who have smoked cigarettes for **at least 20 years** should be further assessed for screening eligibility



Cao, Meza et al, in preparation

Starting the Conversation with Your Patients

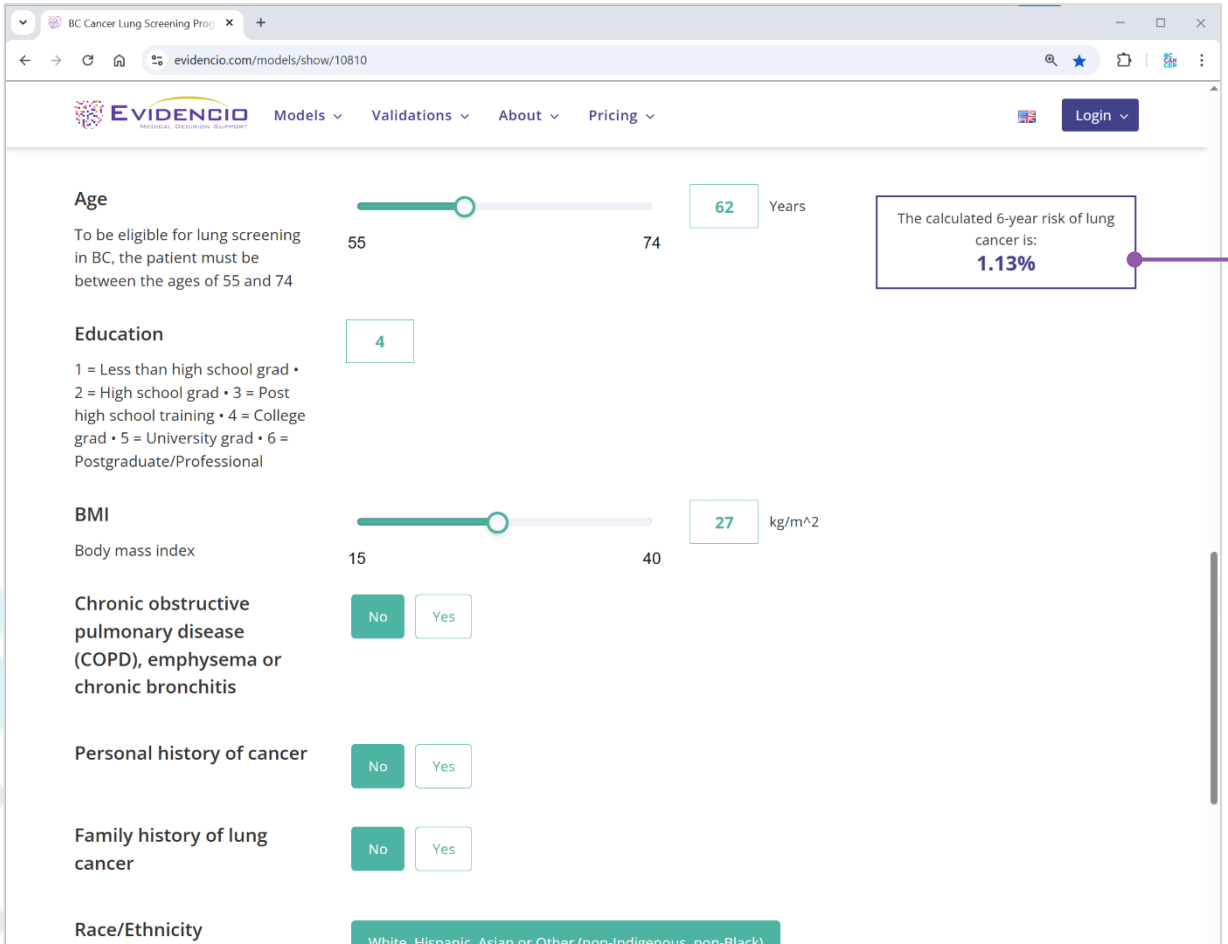
Better shared decision-making can help optimize screening uptake

- Ask: **"I'd like to talk to you today about lung screening. Before we begin, could you tell me what you already know or have heard about lung screening?"**
- Determine the patient's feelings about the screening process – address fears of "what if"

- Avoid asking: "Do you want to be screened or not?"
- Avoid emphasizing the negatives of screening

Access the PLCOm2012 Lung Cancer Risk Calculator

- For health care provider information purposes only
- Go to www.evidencio.com/models/show/10810 or scan the QR code



Patients are eligible for lung screening if their **calculated 6-year risk of lung cancer is 1.5% or greater**

How to Support Patients with Accessing Lung Screening

Encourage patient to call the Lung Screening Program

Patients can call **1-877-717-5864** and the Lung Screening Program will conduct the 5- to 10-minute risk assessment over the phone

- Provide the patient with a green tear-off slip with the Lung Screening Program's contact information

Fastest option

OR

For patients who require more support

- Complete and fax the **Risk Assessment Request Form** to 1-604-877-6115 and the Lung Screening Program will call the patient to determine eligibility

OR

- Complete the Assessment with the patient: Email lungscreeningprogram@bccancer.bc.ca to request a copy of the assessment questions

How to Support Patients with Accessing Lung Screening

Encourage patient to call the Lung Screening Program	OR	For patients who require more support
Patients can call **1-877-717-5864** and the Lung Screening Program will conduct the 5- to 10-minute risk assessment over the phone		• Complete and fax the Risk Assessment Request Form to 1-604-877-6115 and the Lung Screening Program will call • OR • Complete the Assessment with the patient: Email lungscreeningprogram@bccancer.bc.ca to request a copy of the assessment questions

Not everyone will be eligible for lung screening.

Meet Nelson (He/Him)

- Age: 64
- Lives in Terrace
- Has been smoking 15 cigarettes a day since he was 23
- Has a new primary care provider

Nelson is meeting his primary care provider for his intake appointment…

Primary Care Provider Asks Nelson about His Tobacco Use

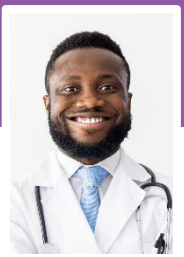
“As part of our intake process, to help us know you and support you better, we ask everyone about their tobacco use. Is it okay if we talk about it today?”

Primary Care Provider Assesses Nelson's Eligibility for Lung Screening

After entering Nelson's patient characteristics into the online risk calculator, the primary care provider determines that Nelson is likely eligible for screening because his lung cancer risk in 6 years is over 1.5%.

The primary care provider asks Nelson what he has heard or knows about lung screening.

Nelson Has Questions about Screening



“Screening for lung cancer? Me? What’s the point when I feel fine?”

That’s a great question. Screening works by finding cancer early, before symptoms appear, when there are more treatment options and a better chance of success.

Normally, lung cancer symptoms don’t appear until the disease is already at an advanced stage and has spread… that’s why it’s important to screen when you’re not experiencing any symptoms.

Nelson is Worried about the Risks

“Hmm… I heard you get exposed to radiation when you’re in the machine. Is that safe?”

The low-dose CT scan is a safe and effective way to screen for lung cancer. It uses only a small amount of radiation to take pictures of your lungs, but the images are much clearer and more detailed than a chest x-ray.

The scan takes less than 15 seconds and is not painful. You don’t need to take any medications or receive any needles for this test either!

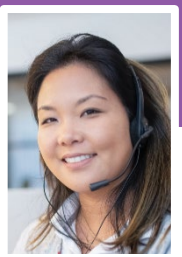
Primary Care Provider Reassures Nelson

“Okay, if it’s safe, I’ll do it. What do I need to do next?”

That’s great! Here is the number for the Lung Screening Program – give them a call and they’ll ask some questions about you and your health to confirm whether you’re eligible. It will only take about 5 to 10 minutes.

There’s a chance you may not be eligible if the assessment shows that you’re not at high risk for lung cancer. It’s a good thing to not be at high risk! If that’s the case, they’ll ask you to call back in 2 years to be assessed again.

Nelson Calls the Lung Screening Program



Nelson speaks to one of the Patient Navigators, who confirms that Nelson is **eligible for screening**.

The Lung Navigator facilitates the referral for the scan to Nelson's local Screening Centre in Terrace:

BC CANCER LUNG SCREENING
Provincial Health Services Authority

LUNG SCREEN CT SCAN REFERRAL
Baseline Scan or Routine Follow-up. Please arrange a CT scan.

REFERRAL INFORMATION

Referral Date:	25 Aug 2025
Medical Imaging Facility:	Kysen Regional Hospital
Address:	2800 TETRAULT ST, TERRACE, BC V8G 2W8

CLIENT INFORMATION

PHN:	9862243711		
Name:	NELSON JONES	Sex:	M
DOB:	23 May 1961	Age:	64
Address:	3215 EBY ST, TERRACE, BC V8G 2X8		
Home Phone:	250-635-6311	Cell Phone:	250-638-4777
Alt Contact Name:		Alt Contact Cell:	
Notes:			

HEALTH CARE PROVIDER CONTACT INFORMATION
Referral is for Unattached Patient. Use Screening MSC #99985 as referring/ordering provider and copy results to the following linked provider:

Name:	DR. MATTHEW GORDON		
Address:	3412 KALUM ST, TERRACE, BC V8G 4T2		
Phone:	250-631-4200	Fax:	250-638-2264

EXAM REQUESTED - LOW DOSE CT LUNG SCREENING

Reason for Exam:	BASELINE SCAN	Exam Date:	

RELEVANT HISTORY

Family History of Lung Cancer:	Yes	Wheelchair:	No
Height (cm):	172	Previous Chest CT Date:	
Weight (kg):	82	Previous Chest CT Location:	

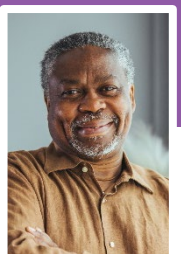
EXAM REQUESTED - LOW DOSE CT LUNG SCREENING

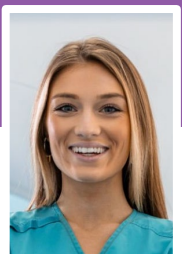
Reason for Exam:	BASELINE SCAN	Exam Date:	

RELEVANT HISTORY

Family History of Lung Cancer:	No	Wheelchair:	No

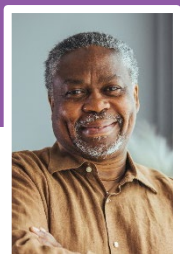
Screening Centre Schedules Appointment



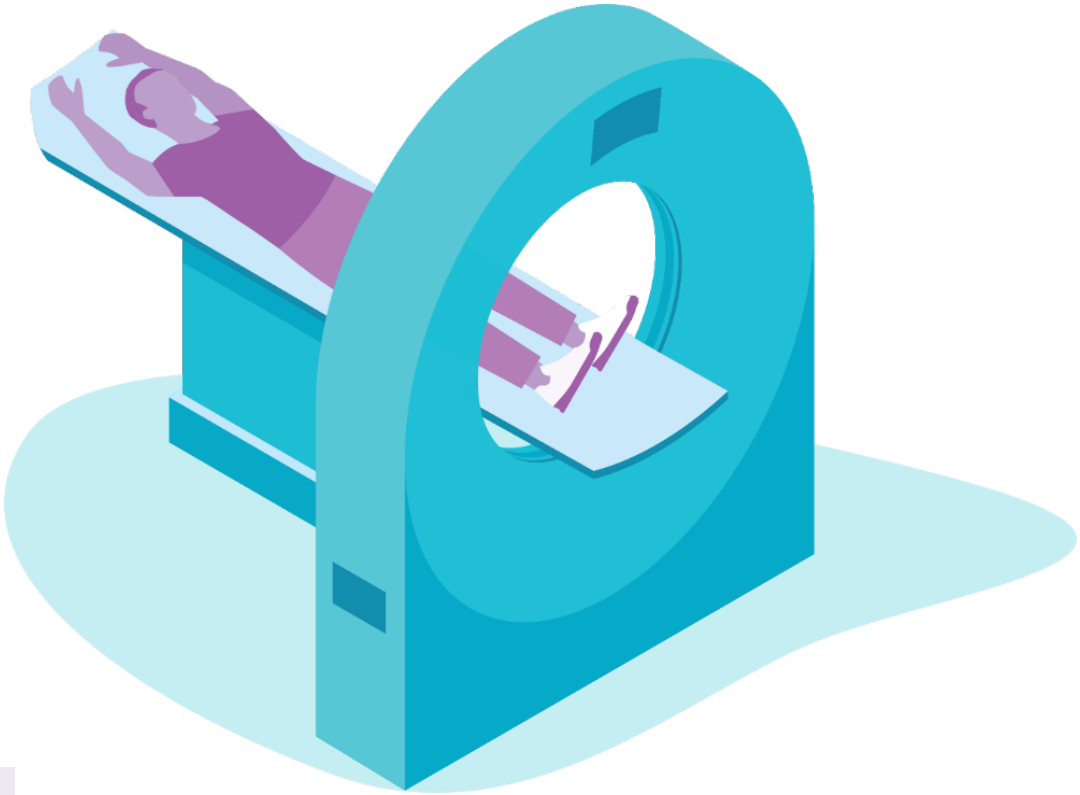


The Screening Centre calls Nelson directly to schedule his LDCT scan:

Nelson Gets Screened

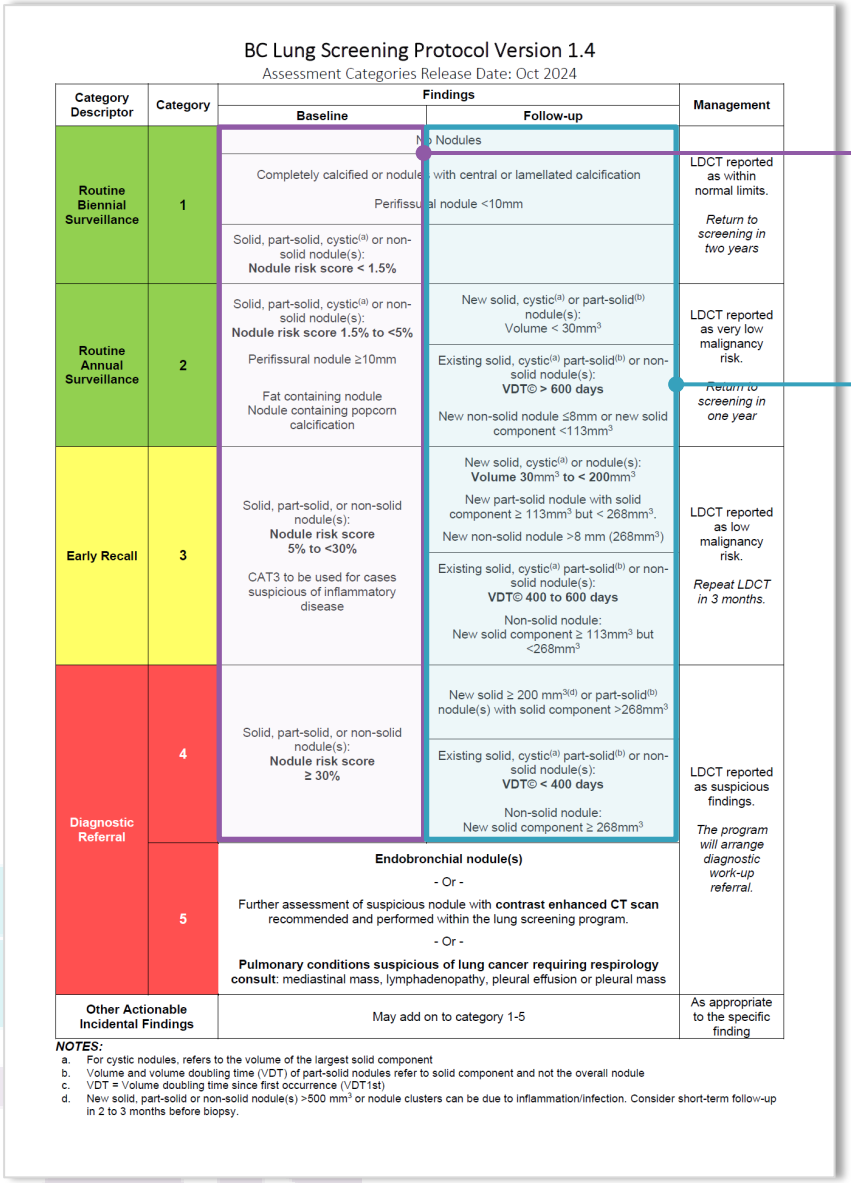


After Nelson gets screened, the Lung Screening Program will send the report to the patient and primary care provider.



Lung Screening Results

BC Lung Nodule Management Protocol (Version 1.4)



BC Lung Screening Protocol Version 1.4

Assessment Categories Release Date: Oct 2024

Category Descriptor	Category	Findings: Baseline	Findings: Follow-up	Management
Routine Biennial Surveillance	1	No Nodules Completely calcified or nodule with central or lamellated calcification Perifissural nodule <10mm Solid, part-solid, cystic[a] or non-solid nodule(s): **Nodule risk score < 1.5%**		LDCT reported as within normal limits. *Return to screening in two years*
Routine Annual Surveillance	2	Solid, part-solid, cystic[a] or non-solid nodule(s): **Nodule risk score 1.5% to <5%** Perifissural nodule ≥10mm Fat containing nodule Nodule containing popcorn calcification	New solid, cystic[a] or part-solid[b] nodule(s): Volume < 30mm³ Existing solid, cystic[a] part-solid[b] or non-solid nodule(s): **VDT© > 600 days** New non-solid nodule ≤8mm or new solid component <113mm³	LDCT reported as very low malignancy risk. *Return to screening in one year*
Early Recall	3	Solid, part-solid, or non-solid nodule(s): **Nodule risk score 5% to <30%** CAT3 to be used for cases suspicious of inflammatory disease	New solid, cystic[a] or nodule(s): **Volume 30mm³ to < 200mm³** New part-solid nodule with solid component ≥ 113mm³ but < 268mm³. New non-solid nodule >8 mm (268mm³) Existing solid, cystic[a] part-solid[b] or non-solid nodule(s): **VDT© 400 to 600 days** Non-solid nodule: New solid component ≥ 113mm³ but <268mm³	LDCT reported as low malignancy risk. *Repeat LDCT in 3 months.*
Diagnostic Referral	4	Solid, part-solid, or non-solid nodule(s): **Nodule risk score ≥ 30%**	New solid ≥ 200 mm³[d] or part-solid[b] nodule(s) with solid component >268mm³ Existing solid, cystic[a] part-solid[b] or non-solid nodule(s): **VDT© < 400 days** Non-solid nodule: New solid component ≥ 268mm³	LDCT reported as suspicious findings. *The program will arrange diagnostic work-up referral.*
	5	**Endobronchial nodule(s)** - Or - Further assessment of suspicious nodule with **contrast enhanced CT scan** recommended and performed within the lung screening program. - Or - **Pulmonary conditions suspicious of lung cancer requiring respirology consult**: mediastinal mass, lymphadenopathy, pleural effusion or pleural mass		
Other Actionable Incidental Findings		May add on to category 1-5		As appropriate to the specific finding

NOTES:

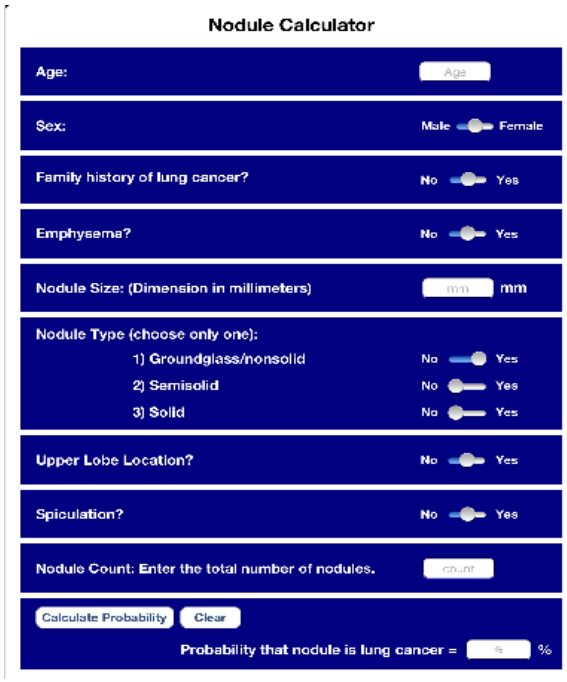
a. For cystic nodules, refers to the volume of the largest solid component
b. Volume and volume doubling time (VDT) of part-solid nodules refer to solid component and not the overall nodule
c. VDT = Volume doubling time since first occurrence (VDT1st)
d. New solid, part-solid or non-solid nodule(s) >500 mm³ or nodule clusters can be due to inflammation/infection. Consider short-term follow-up in 2 to 3 months before biopsy.

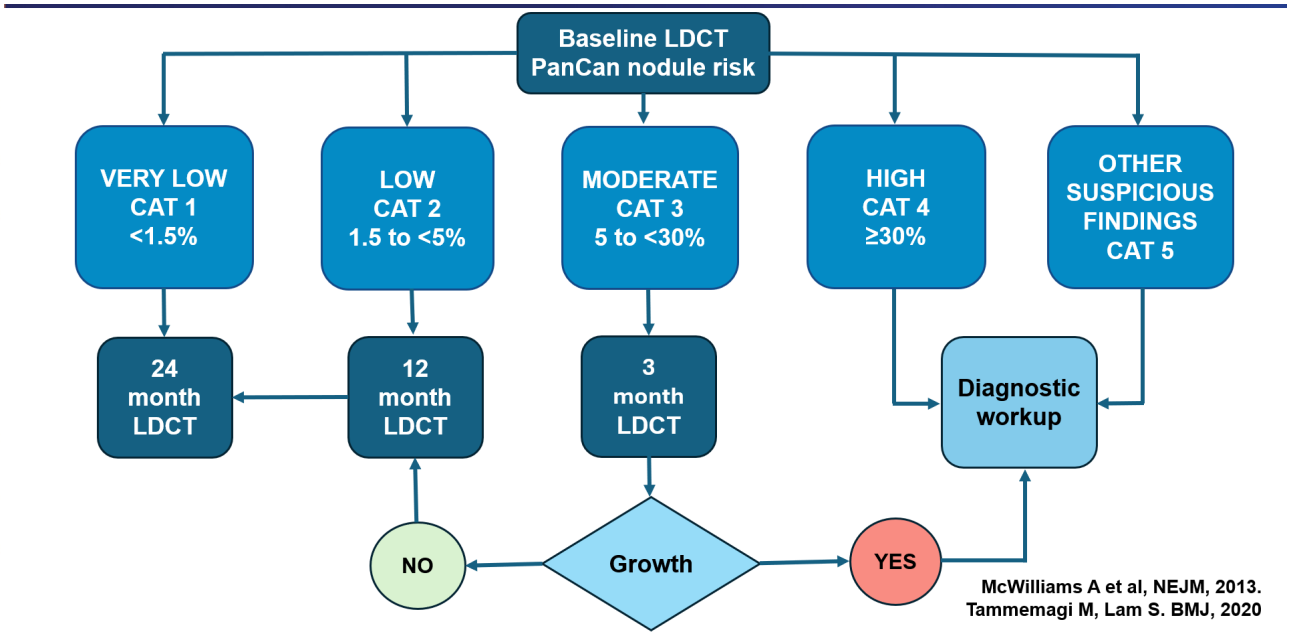
PanCan Nodule Risk Calculator

Growth (Volumetric Analysis)
New Nodule

N Engl J Med, 2013;369(10): 910-9.
BMJ. 2014 May 27;348:g2253
Canadian J Health Technologies December 2021 Volume 1 Issue 12

PanCan Nodule Malignancy Risk Calculator



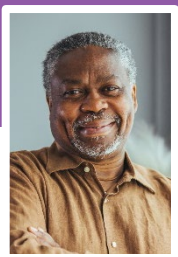


Canadian J Health Technologies December 2021 Volume 1 Issue 12
https://brocku.ca/lung-cancer-screening-and-risk-prediction/risk-calculators/?

Baseline LDCT Triage Categories

Next Step Recommendation	BC Pilot	BCLSP Real World Data (May 2022 to Dec 2023)
24 months Repeat	66%	68%
12 months Repeat	17%	16%
3 months Early Recall	13%	13%
Diagnostic Workup	3% PPV 48%	3% PPV 43%

Nelson Receives His Results



Nelson gets a copy of his results in the mail and on Health Gateway:

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Lung Screening Results Notification

Notice Date: 09 SEP 2025
Exam Date: 25 AUG 2025

Nelson Jones
3215 Eby St
Terrace, BC V8G 2X8

Dear Nelson Jones,

LUNG SCREEN RESULTS:

Your lung screening CT scan was reviewed by a radiologist and shows suspicious spots that require further investigation. This does not mean that you have cancer, but it is important that you attend all recommended follow-ups.

More detailed results have been sent to your health care provider. Some people may have other findings not related to cancer and your health care provider will contact you if further follow-up is required.

NEXT STEPS:

A referral has been sent to the Diagnostic Assessment Clinic within your Health Authority. They will contact you directly to arrange an appointment and discuss next steps. If you do not hear from the clinic within two weeks of receiving this letter, please call the Lung Screening Program at 1-877-717-5864.

You may be sent for more tests, including more scans or a biopsy to find out more information about your result. You always have the right to ask for more information or to refuse other tests.

If you would like more information, please speak with your health care provider.

You should see your health care provider right away if you have symptoms such as shortness of breath, chest pain, or coughing up blood, even if you have had a recent lung screening CT scan.

It was indicated at time of intake that you were smoking or had recently quit. Stopping smoking doubles the benefits of lung screening and significantly improves your lung health. Please see the enclosed brochure for information and resources on smoking cessation. Studies have found that prescription drugs such as Varenicline can improve your chances of quitting. We recommend you reach out to your health care provider to discuss smoking cessation prescription drugs that may be covered by the BC Smoking Cessation Program.

Thank you for attending the BC Cancer Lung Screening Program.

Dr. Stephen Lam
Lung Screening Medical Director

"Your lung screening CT scan was reviewed by a radiologist and **shows suspicious spots that require investigation**. This does not mean that you have cancer, but it is important that you attend all recommended follow-ups."

"A **referral has been sent to the Diagnostic Assessment Clinic** within your Health Authority. They will contact you directly to arrange an appointment and discuss next steps."

Primary Care Provider Receives Nelson's Results

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Notice Date: 09 SEP 2025
Exam Date: 25 AUG 2025

DR. MATTHEW GORDON
3412 KALUM STREET
TERRACE, BC V8G 4T2

RE: NELSON JONES, 23 May 1961, 9862243711

LUNG SCREENING RESULTS NOTIFICATION – ABNORMAL

RECOMMENDATIONS:
Additional investigation is recommended. A FAST TRACK REFERRAL HAS BEEN SENT TO BC Cancer Vancouver Centre and the patient will be contacted by the clinic within two weeks of this report. Please fax all relevant patient history including a complete list of medications, allergies, and relevant investigations to BC Cancer Vancouver Centre at 604-675-8099.

Smoking Cessation information is provided below. Please speak with your patient about their options.

IMPRESSION:
1. BC lung cancer screening category 4. Several small pulmonary nodules within both lungs measured 4.1 mm. No concerning pulmonary nodules identified. Follow up with biopsy.
2. Small calcified granuloma Left lower lobe.
3. 4.1 cm cyst arising from the upper pole of left kidney. Previous cholecystectomy.

COMPARISON (Last CT test date):

Reported by: Dr. Raderick Olgy

Note: Low-dose CT screening for lung cancer does not detect all early malignancies. Symptoms should be investigated as clinically appropriate.

Smoking Cessation Recommendations:
Your patient has reported that they are still smoking, or have recently quit. Current clinical practice guideline recommends initiation of pharmacotherapy for tobacco dependent adults whether or not the patient is ready to stop tobacco use. Varenicline is recommended over Bupropion or nicotine patch.[1] For highly tobacco dependent adults (first smoke within 5 minutes of waking up), a combination of varenicline and nicotine patch is recommended. Extended-duration (>12 wk) may be needed over standard-duration (6–12 wk).

1. Initiating Pharmacologic Treatment in Tobacco-Dependent Adults. An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2020 Jul 15;202(2):e5-e31. doi: 10.1164/rccm.202005-1982ST.
Additional resources for providers are available on the BC Smoking Cessation Program website and included below: https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/bc-smoking-cessation-program

Smoking Cessation Prescription Drugs

Generic Name	Brand Name	Dosage Type	Strength	Instruction
Varenicline	Apo-Varenicline[1] Teva-Varenicline[1]	tablet	0.5 mg and 1 mg	0.5 mg orally a day for 3 days and then twice a day for 4 days. Take with a full glass of water (8 oz) after eating. Take the second dose earlier in the evening after dinner. If no side effects such as nausea, headaches, drowsiness or unusual dreams and if patient is still

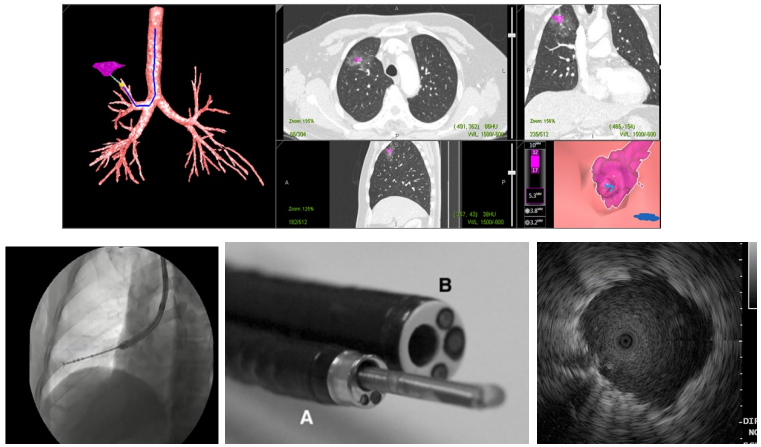
For more information on the Lung Screening Program, please visit www.screeningbc.ca/lung. If you have received this report in

"**Additional investigation is recommended.** A FAST TRACK REFERRAL HAS BEEN SENT TO BC Cancer Vancouver Centre and the patient will be contacted by the clinic within two weeks of this report."

Smoking Cessation Recommendations

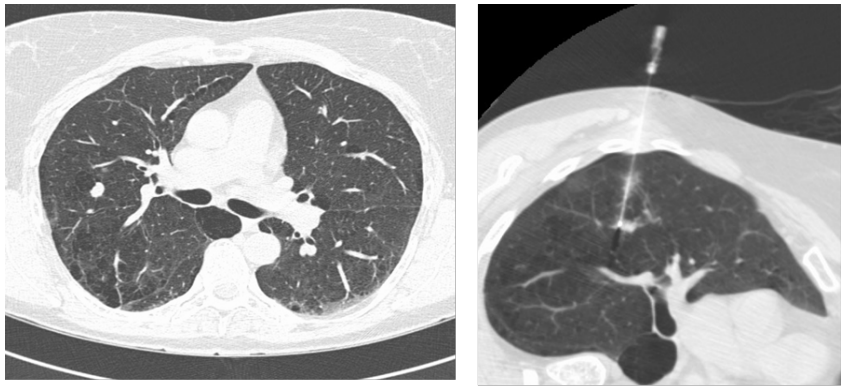
Diagnostic Work-Up Process

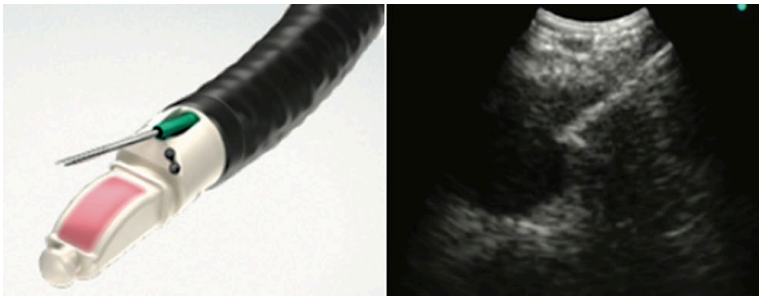
Bronchoscopic Biopsy



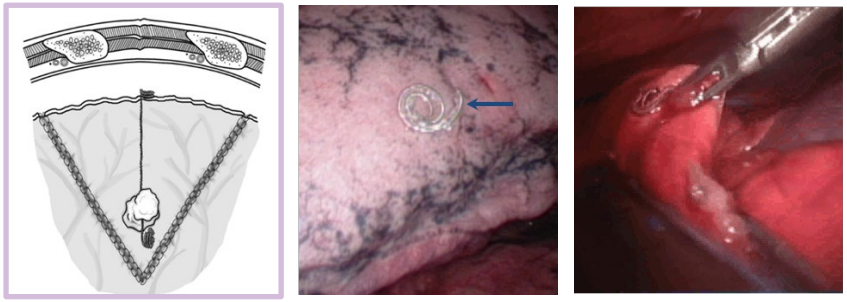
OR

CT Lung Biopsy





EBUS Staging



Surgical Resection

Managing Incidental Findings

Common Incidental Findings

Actionable Findings	Recommendation
Coronary Artery Calcification: Moderate or Severe	• Optimize cardiac risk factors If Symptomatic: coronary artery disease workup or Cardiology consultation
Pulmonary Emphysema: moderate/severe	• Spirometry pre- and post-bronchodilator. If symptomatic, optimize COPD management. Respirology consultation if indicated • Smoking cessation if still smoking.
Interstitial Lung Abnormality	• >5% in any lung zones (upper, mid, lower) – Full pulmonary function test. • Respirology consultation if abnormal

For more Common Incidental Findings and Follow-Up Recommendations, scan the QR code or go to www.bccancer.bc.ca/screening/Documents/Lung-Incidental-Findings.pdf

Smoking Cessation

Impact of Smoking Cessation on Lung Screening

- Doubles the mortality reduction benefits of screening
- 35% reduction in all cause mortality even stopping smoking after enrollment into screening program
- Pharmacotherapy increases smoking quit rate by 70% to 100% (17% to 20% versus 10% with counseling alone)
- Over 50% of lung cancer patients have stopped smoking
  - For people who have stopped smoking, screening is one of the best options to reduce their risk of dying from lung cancer

Am J Respir Crit Care Med. 2016 Mar 1;193(5):534-41.
J Thorac Oncol 2016; 11: 693-699.
Canadian Cancer Statistics: A 2020 special report on lung cancer. Canadian Cancer Society.
Cochrane Database Syst Rev. 2016;3:CD008286.
ATS Guideline 2020 - Initiating Pharmacologic Treatment in Tobacco-Dependent Adults

How the Lung Screening Program Supports Smoking Cessation

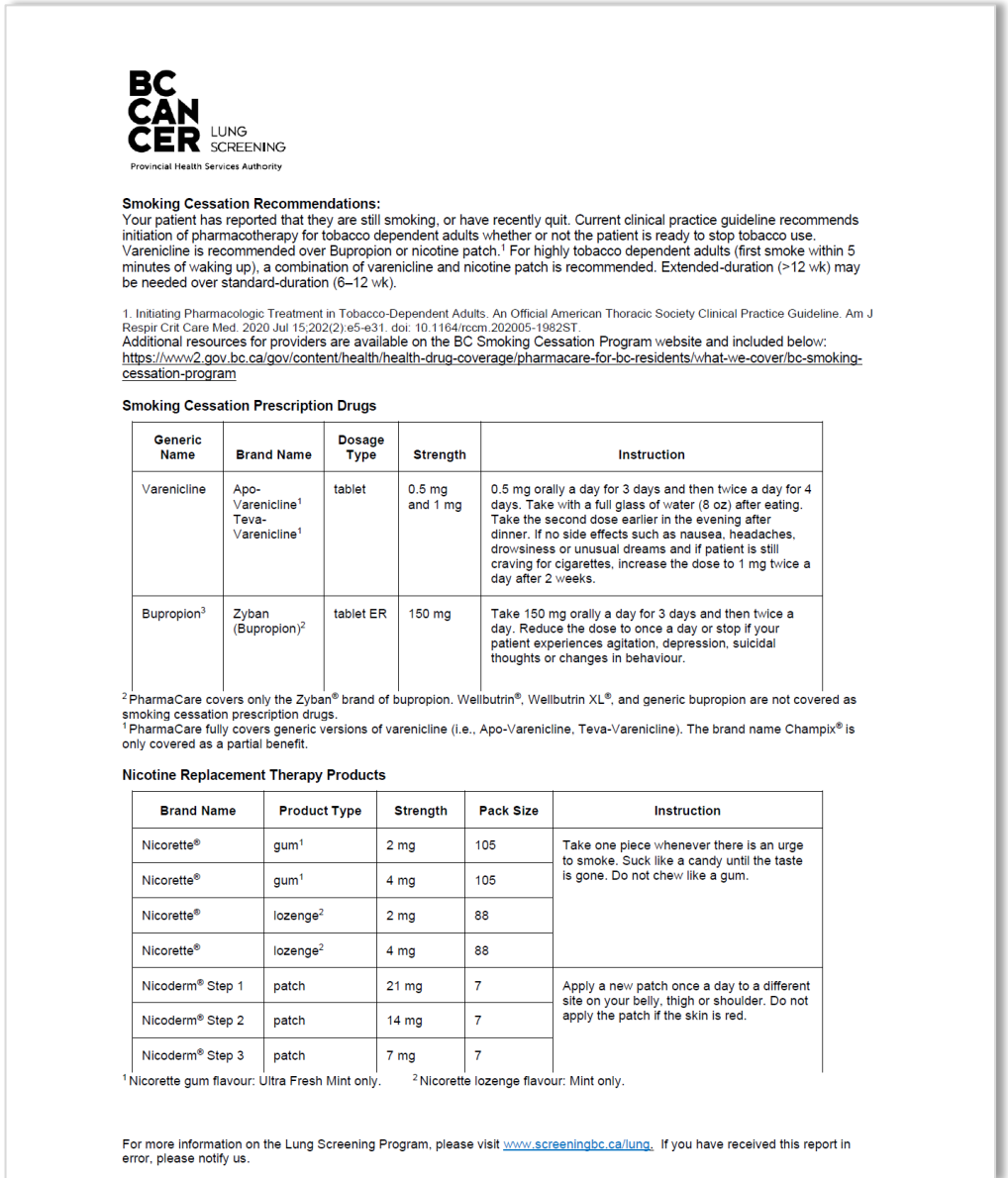
If a patient indicates they are currently smoking, the Lung Screening Program's Patient Navigators will:

- Go through a **Smoking Cessation Questionnaire** to collect data about smoking history, leading to a conversation about quit methods the patient has tried and what other strategies are available
- Provide the patient with **resources** such as:
  - BC Smoking Cessation Program and Benefits of Quitting,
  - TalkTobacco Program (for patients who self-identify as Indigenous)
  - QuitNow

How Primary Care Providers Can Support Smoking Cessation

When the Lung Screening Program sends a patient's results to you, included is a **list of recommended pharmacotherapies** to discuss with the patient:

- Smoking cessation prescription drugs
- Nicotine replacement therapy products



BC CANCER LUNG SCREENING
Provincial Health Services Authority

Smoking Cessation Recommendations:
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Additional resources for providers are available on the BC Smoking Cessation Program website and included below: https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/bc-smoking-cessation-program

Smoking Cessation Prescription Drugs

Generic Name	Brand Name	Dosage Type	Strength	Instruction
Varenicline	Apo-Varenicline[1] Teva-Varenicline[1]	tablet	0.5 mg and 1 mg	0.5 mg orally a day for 3 days and then twice a day for 4 days. Take with a full glass of water (8 oz) after eating. Take the second dose earlier in the evening after dinner. If no side effects such as nausea, headaches, drowsiness or unusual dreams and if patient is still craving for cigarettes, increase the dose to 1 mg twice a day after 2 weeks.
Bupropion[3]	Zyban (Bupropion)[2]	tablet ER	150 mg	Take 150 mg orally a day for 3 days and then twice a day. Reduce the dose to once a day or stop if your patient experiences agitation, depression, suicidal thoughts or changes in behaviour.

[2] PharmaCare covers only the Zyban® brand of bupropion. Wellbutrin®, Wellbutrin XL®, and generic bupropion are not covered as smoking cessation prescription drugs.
[1] PharmaCare fully covers generic versions of varenicline (i.e., Apo-Varenicline, Teva-Varenicline). The brand name Champix® is only covered as a partial benefit.

Nicotine Replacement Therapy Products

Brand Name	Product Type	Strength	Pack Size	Instruction
Nicorette®	gum[1]	2 mg	105	Take one piece whenever there is an urge to smoke. Suck like a candy until the taste is gone. Do not chew like a gum.
Nicorette®	gum[1]	4 mg	105	
Nicorette®	lozenge[2]	2 mg	88	
Nicorette®	lozenge[2]	4 mg	88	
Nicoderm® Step 1	patch	21 mg	7	Apply a new patch once a day to a different site on your belly, thigh or shoulder. Do not apply the patch if the skin is red.
Nicoderm® Step 2	patch	14 mg	7	
Nicoderm® Step 3	patch	7 mg	7	

[1] Nicorette gum flavour: Ultra Fresh Mint only. [2] Nicorette lozenge flavour: Mint only.

For more information on the Lung Screening Program, please visit www.screeningbc.ca/lung. If you have received this report in error, please notify us.

Smoking Cessation Quick Guide for Primary Care Providers

Smoking Cessation Prescription Drugs

Generic Name	Brand Name	Dosage Type	Strength	Instruction
Varenicline	Apo-Varenicline[1] Teva-Varenicline[1]	tablet	0.5 mg and 1 mg	0.5 mg orally a day for 3 days and then twice a day for 4 days. Take with a full glass of water (8 oz) after eating. Take the second dose earlier in the evening after dinner. If no side effects such as nausea, headaches, drowsiness or unusual dreams and if patient is still craving for cigarettes, increase the dose to 1 mg twice a day after 2 weeks.
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Smoking Cessation Quick Guide for Primary Care Providers

Nicotine Replacement Therapy Products

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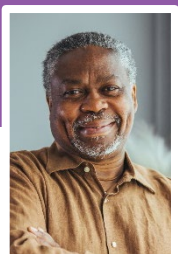
Nicoderm® Step 1	patch	21 mg	7	Apply a new patch once a day to a different site on your belly, thigh or shoulder. Do not apply the patch if the skin is red.
Nicoderm® Step 2	patch	14 mg	7	
Nicoderm® Step 3	patch	7 mg	7	

Did you know?

Nicotine replacement therapy is free in BC

Nelson's Case: Epilogue



Nelson **stopped smoking with counseling and Varenicline**.

He underwent an **uneventful VATS resection** and returned home 2 days after surgery.

The final pathology of his resected tumor was **Adenocarcinoma Stage pT1a pN0**.

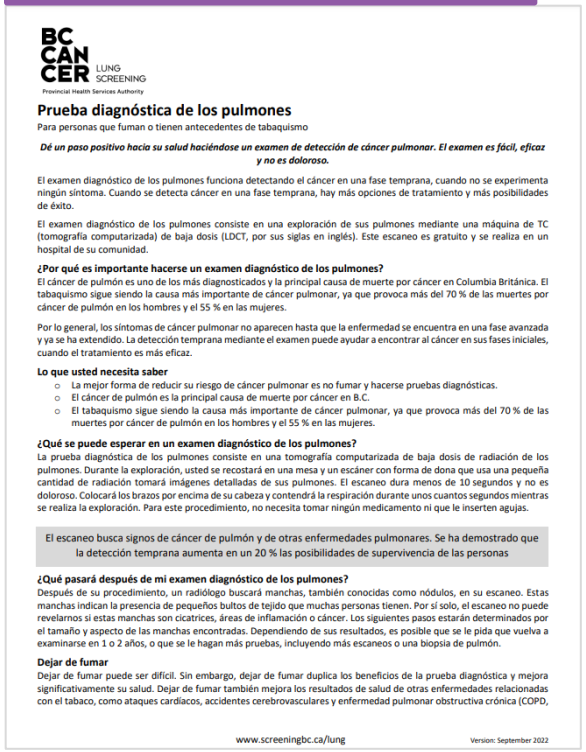
His **5-year survival is anticipated to be 88%** (if cancer was discovered at Stage IV, it would have been less than 10%).

Resources for Your Practice

Patient Resources

Brochures

Translated Fact Sheets*



BC CAN CER LUNG SCREENING
Provincial Health Services Authority

Prueba diagnóstica de los pulmones

Para personas que fuman o tienen antecedentes de tabaquismo

Dé un paso positivo hacia su salud haciéndose un examen de detección de cáncer pulmonar. El examen es fácil, eficaz y no es doloroso.

El examen diagnóstico de los pulmones funciona detectando el cáncer en una fase temprana, cuando no se experimenta ningún síntoma. Cuando se detecta cáncer en una fase temprana, hay más opciones de tratamiento y más posibilidades de éxito.

El examen diagnóstico de los pulmones consiste en una exploración de sus pulmones mediante una máquina de TC (tomografía computarizada) de baja dosis (LDCT, por sus siglas en inglés). Este escaneo es gratuito y se realiza en un hospital de su comunidad.

¿Por qué es importante hacerse un examen diagnóstico de los pulmones?

El cáncer de pulmón es uno de los más diagnosticados y la principal causa de muerte por cáncer en Columbia Británica. El tabaquismo sigue siendo la causa más importante de cáncer pulmonar, ya que provoca más del 70 % de las muertes por cáncer de pulmón en los hombres y el 55 % en las mujeres.

Por lo general, los síntomas de cáncer pulmonar no aparecen hasta que la enfermedad se encuentra en una fase avanzada y ya se ha extendido. La detección temprana mediante el examen puede ayudar a encontrar al cáncer en sus fases iniciales, cuando el tratamiento es más eficaz.

Lo que usted necesita saber

- La mejor forma de reducir su riesgo de cáncer pulmonar es no fumar y hacerse pruebas diagnósticas.
- El cáncer de pulmón es la principal causa de muerte por cáncer en B.C.
- El tabaquismo sigue siendo la causa más importante de cáncer pulmonar, ya que provoca más del 70 % de las muertes por cáncer de pulmón en los hombres y el 55 % en las mujeres.

¿Qué se puede esperar en un examen diagnóstico de los pulmones?

La prueba diagnóstica de los pulmones consiste en una tomografía computarizada de baja dosis de radiación de los pulmones. Durante la exploración, usted se recostará en una mesa y un escáner con forma de dona que usa una pequeña cantidad de radiación tomará imágenes detalladas de sus pulmones. El escaneo dura menos de 10 segundos y no es doloroso. Colocará los brazos por encima de su cabeza y contendrá la respiración durante unos cuantos segundos mientras se realiza la exploración. Para este procedimiento, no necesita tomar ningún medicamento ni que le inserten agujas.

El escaneo busca signos de cáncer de pulmón y de otras enfermedades pulmonares. Se ha demostrado que la detección temprana aumenta en un 20 % las posibilidades de supervivencia de las personas

¿Qué pasará después de mi examen diagnóstico de los pulmones?

Después de su procedimiento, un radiólogo buscará manchas, también conocidas como nódulos, en su escaneo. Estas manchas indican la presencia de pequeños bultos de tejido que muchas personas tienen. Por sí solo, el escaneo no puede revelarnos si estas manchas son cicatrices, áreas de inflamación o cáncer. Los siguientes pasos estarán determinados por el tamaño y aspecto de las manchas encontradas. Dependiendo de sus resultados, es posible que se le pida que vuelva a examinarse en 1 o 2 años, o que se le hagan más pruebas, incluyendo más escaneos o una biopsia de pulmón.

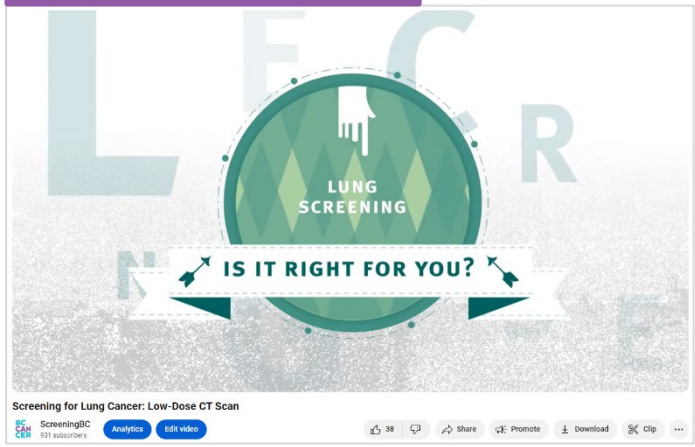
Dejar de fumar

Dejar de fumar puede ser difícil. Sin embargo, dejar de fumar duplica los beneficios de la prueba diagnóstica y mejora significativamente su salud. Dejar de fumar también mejora los resultados de salud de otras enfermedades relacionadas con el tabaco, como ataques cardíacos, accidentes cerebrovasculares y enfermedad pulmonar obstructiva crónica (COPD,

www.screeningbc.ca/lung Version: September 2022

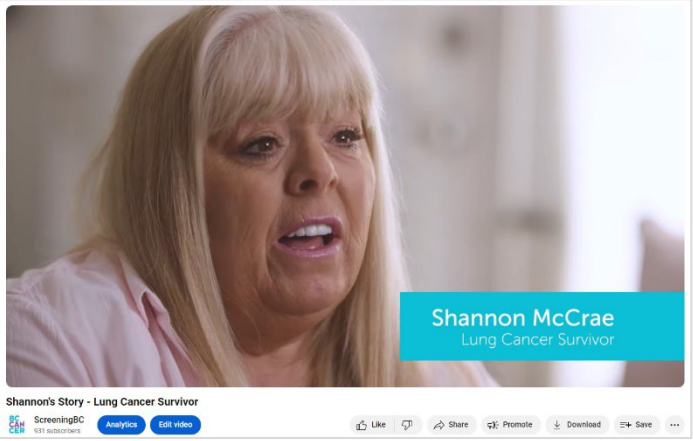
*Available in English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, and German

Animated Videos



*Available in English, French, Punjabi, Cantonese and Mandarin

Patient Stories



Provider Resources

Eligibility Assessment Fact Sheet

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Assessing Patient Eligibility for Lung Screening:
Information for Health Care Providers

Who is eligible for lung screening?

Lung screening is recommended for **people ages 55 to 74 who are at high-risk for lung cancer and not experiencing lung cancer symptoms**. After a patient is referred or self-refers to the program, the Lung Screening Program will conduct a risk assessment to further assess their screening eligibility. During the risk assessment, the Lung Screening Program will determine lung screening eligibility based on:

1 Basic Inclusion Criteria

The patient must:

- Be between ages 55 and 74; **and,**
- Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc), currently or in the past.

+

2 Patient Characteristics

The patient's lung cancer risk will be assessed using a validated risk calculator. Generally, risk for lung cancer **increases** with the following factors:

- Longer smoking duration/currently smoking
- Older age
- Being of a certain ethnicity
- Has a family history of lung cancer
- Has a personal history of cancer
- Has COPD, emphysema or chronic bronchitis
- Has a BMI < 25
- Has an education level of high school training or less

In general, 75% of people who have smoked heavily for 20 or more years would be eligible for screening. Learn more about the risk calculator on the next page.

Who is **not** eligible for lung screening?

Do **not** refer a patient for a risk assessment if they: have ever been diagnosed with lung cancer; are currently under surveillance for lung nodules; have major comorbidities such as severe chronic obstructive pulmonary disease (such as those using home oxygen or who cannot climb two sets of stairs), congestive heart failure, renal failure on dialysis, other cancers on active treatment or follow-up; are unable to lie flat and hold their arms above their head for a CT scan.

People who are experiencing symptoms possibly indicative of lung cancer (e.g., coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of 15 pounds or more in the past year) should be referred for appropriate diagnostic investigation and consultation.

How can I support my patients with accessing lung screening?

Encourage patient to call the Lung Screening Program

Tear-Off Slips

Fastest option

Patients can call 1-877-717-5864 and the Lung Screening Program will conduct the 5-10 minute risk assessment over the phone.

Provide tear-off slip with the Lung Screening Program's contact information. Order more tear-off pads at www.screeningbc.ca/health-professionals.

OR

For patients who require more support

Fax Risk Assessment Request Form

OR

Complete the Risk Assessment Questionnaire with Patient

For patients who you consider may experience barriers to self-referral (e.g., language barrier, screening hesitancy), complete and fax the Risk Assessment Request Form to 1-604-877-6115. The Lung Screening Program will call the patient to determine screening eligibility.

If your patient cannot be contacted by phone or would need support answering the risk assessment questions, complete the assessment together with the patient and fax the responses to the Lung Screening Program. The Lung Screening Program will review your assessment and facilitate referral for screening if the patient is eligible.

Email lungscreeningprogram@bccancer.bc.ca to request a copy of the questionnaire.

Note: Not everyone will be eligible for lung screening. Remind the patient that they may not be eligible after the risk assessment if they are **not** considered at high-risk for lung cancer. See the next page for more information about the risk score and why screening is for those at high-risk.

Version: January 2025

Common Incidental Findings

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Common Incidental Findings: Management Recommendations

This table outlines the management recommendations for common **incidental findings** (findings discovered during lung cancer screening that are **not** related to lung cancer):

Incidental Finding	Recommendation
Coronary Artery Calcification: Moderate or Severe	• Optimize cardiac risk factors • If symptomatic: Coronary artery disease workup or Cardiology consultation
Aortic Valve Calcification: Moderate or Severe	• Echocardiogram to rule out aortic stenosis • Cardiology consultation if indicated
Ascending Aorta	• > 45 mm, echocardiogram, consider referral to Cardiology or cardiac surgery
Main Pulmonary Artery	• > 31 mm, clinical assessment, echocardiogram, consider Respirology or Cardiology consultation
Pulmonary Emphysema: Moderate or Severe	• Spirometry pre- and post-bronchodilator • If symptomatic: Optimize COPD management; Respirology consultation if indicated • If still smoking: Smoking cessation
Interstitial Lung Abnormality	• > 5% in any lung zones (upper, mid, lower): Full pulmonary function test – If abnormal: Respirology consultation
Bronchiectasis	• If symptomatic: Respirology consultation
Pleural Effusion/ Nodularity	• New pleural effusion or pleural mass; Respirology consultation
Anterior Mediastinal Nodule/Mass	• Contrast enhanced CT/MRI; Thoracic surgical referral depending on size, margin characteristics
Mediastinal Lymphadenopathy	• > 15 mm in short axis diameter: Short-term follow-up scan in 3 to 6 months or refer for EBUS biopsy in the context of other pulmonary findings and patient history
Thyroid Nodule	• > 15 mm long axis: Thyroid ultrasound; Biopsy if indicated
Thyroid Goitre	• Thyroid function testing
Esophagus Abnormality	• Significant dilation, diffuse wall thickening or focal lesions, gastroenterology consultation, consider endoscopy
Breast Lesion	• Nodules, masses or asymmetric densities: Diagnostic Mammography
Bone Density	• < 100 HU or > 50% loss of vertebral height in one or more vertebrae: Primary care evaluation of osteoporosis, DEXA scan
Aggressive Bony Lesion	• Nuclear medicine scan
Liver Lesion	• > 1 cm with no benign features (e.g. cystic): Multiphasic contrast-enhanced abdominal CT with late arterial, portal venous and delayed phases or MRI
Renal Abnormality	• Soft tissue or mixed density mass > 1 cm: Contrast-enhanced CT or MRI
Pancreas Lesion	• Cystic or mass lesion: Contrast enhanced MRI or contrast abdominal CT
Adrenal Nodule	• 10-40 mm with attenuation 11-20 HU followed up in next screening CT in one year • If enlarging or > 40 mm: contrast enhanced abdominal CT with adrenal protocol or MRI • If clinical signs or symptoms of pheochromocytoma or Cushing's syndrome: Biochemical test

Version: November 2024

Eligibility Assessment Forms

Tear-Off Pad

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Lung Screening

Talk to a primary care provider if you have questions about lung screening.

Who is eligible for lung screening?

Lung screening is recommended for those who are at high-risk for lung cancer and who are not experiencing any symptoms. This usually includes people who are:

- ✔ 55 to 74 years of age;
- ✔ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc), currently or in the past.

If you meet both above requirements, please call the Lung Screening Program at: **1-877-717-5864**. You will complete a risk assessment over the phone to determine your screening eligibility.

Patient Name: _____

Primary Care Provider Information

Insert primary care provider stamp/label or complete fields below.

Provider Name: _____ MSP#: _____

Version: April 2025
Ln007

Assessment Request Form

BC CANCER LUNG SCREENING
Provincial Health Services Authority

Lung Screening Program: Eligibility Assessment Request Form

If your patient meets the inclusion criteria (see STEP 2), encourage them to call 1-877-717-5864 and the Lung Screening Program will conduct the 5- to 10-minute eligibility assessment over the phone. A referral form is not needed. For patients who you consider may experience barriers to self-referral (e.g., language barrier, screening hesitancy), complete and fax this form to 1-604-877-6115.

Check if you are using the most current version of this Eligibility Assessment Request Form at www.screeningbc.ca/health-professionals.

STEP 1 Patient Information (or affix label)

FIRST NAME	LAST NAME
PHN	OTHER HEALTH NUMBER (E.G. REFUGEE, MILITARY)
DATE OF BIRTH (YYYYMMDD)	SEX ☐ F ☐ M ☐ X
ADDRESS	CITY/TOWN PROVINCE POSTAL CODE
TELEPHONE NUMBER	ADDITIONAL NOTES
ALTERNATE CONTACT (INCLUDING INTERPRETATION OR OTHER SUPPORT) Name: _____ Phone Number: _____ Relationship to Patient: _____	REQUIRES INTERPRETATION SERVICES? ☐ Yes (list preferred language): _____

STEP 2 Confirm Eligibility

ELIGIBLE FOR LUNG SCREENING

To be eligible for a lung screening risk assessment*, a patient must:

☐ Be 55 to 74 years of age; **AND**

☐ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc.), currently or in the past.

*Not everyone who meets the referral inclusion criteria will be eligible for the Lung Screening Program. The patient's lung cancer risk will be assessed using a validated risk calculator. Generally, risk for lung cancer increases with the following factors:

- Higher smoking intensity (e.g., more cigarettes per day) and longer smoking duration/currently smoking
- Older age
- Has a family history of lung cancer
- Has a personal history of cancer
- Has COPD, emphysema or chronic bronchitis
- Has a BMI < 25
- Has an education level of high school training or less

In general, 75% of people who have smoked heavily for 20 or more years would be eligible for screening.

If you are interested, use the online risk calculator to review the factors that determine a patient's eligibility and how different characteristics affect their risk score: www.evidencio.com/models/show/10810

INELIGIBLE FOR LUNG SCREENING

Do **not** refer the patient for lung screening if the patient:

- Has ever been diagnosed with lung cancer;
- Is under surveillance for lung nodules;
- Is currently undergoing diagnostic assessment, treatment or surveillance for major co-morbidities such as severe chronic obstructive pulmonary disease (including those using home oxygen or who cannot climb two sets of stairs), congestive heart failure, renal failure on dialysis, other cancers on active treatment or follow-up;
- Is unable to lie flat and hold their arms above their head for a CT scan; **OR**
- Is experiencing symptoms* possibly indicative of lung cancer, including coughing that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of more than 10% in the past year.

* People with these symptoms should receive appropriate diagnostic investigation and consultation.

STEP 3 Referring Provider Information (or affix label)

REFERRING PROVIDER (NAME, ADDRESS, MSC#)	MSC#
PROVIDER TO RECEIVE RESULTS, IF DIFFERENT FROM ABOVE (NAME, ADDRESS, MSC#). **The program can only send results to ONE provider, either GP/NP or specialist, not both.**	MSC#
PROVIDER SIGNATURE	REFERRAL DATE (YYYYMMDD)

STEP 4 Fax Form to BC Cancer Lung Screening: **1-604-877-6115**

Patients will be contacted by a Navigator to confirm lung screening eligibility.

Version: April 2025

Order Resources for Your Clinic

Go to www.screeningbc.ca/order-materials or scan the QR code:

BC CANCER SCREENING
Provincial Health Services Authority

Order Form

BC Cancer Screening: Promotional and Program Support Materials

Bolded brochures are available as translated fact sheets in additional languages including French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, and German. To view and print these translated fact sheets, visit our online Materials Order Form at: www.screeningbc.ca/order-materials.

The following materials are intended for primary care providers (e.g. family doctors, walk-in clinics, nurse practitioners, naturopaths, and midwives) to promote cancer screening at their office or clinic.

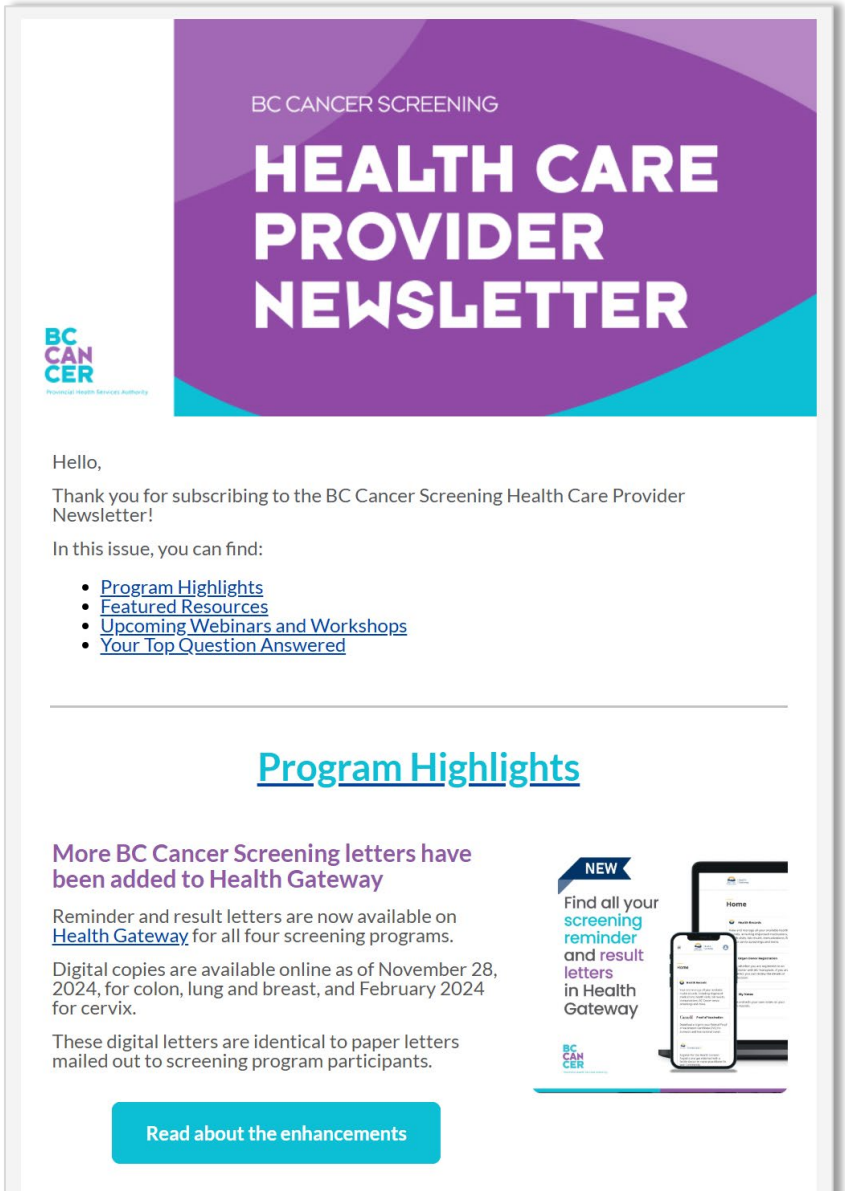
All Screening		**Please specify quantity:**
Provider Resource	Screening Guidelines	Quantity:
Breast Screening		**Please specify quantity:**
Patient Education Materials	**Brochure – "Answering Your Questions About Screening Mammography"** (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About Breast Density Score" (25 copies per bundle)	# of bundles:
	Poster – "Why Mammograms Work" (8.5 in x 11 in)	Quantity:
	Poster – "Why the Pressure?" (8.5 in x 11 in)	Quantity:
Provider Resources	Discussion Guide: Breast Density	Quantity:
	Breast Screening Tear-Off Referral Pad (50 sheets per pad)	# of pads:
Colon Screening		**Please specify quantity:**
Patient Education Materials	**Brochure – "Answering Your Questions About Colon Screening"** (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About An Abnormal FIT" (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About Colonoscopy" (25 copies per bundle)	# of bundles:
	Brochure – "Preparing For Your Colonoscopy" (25 copies per bundle)	# of bundles:
Provider Resources	FIT Decision Table Fact Sheet	Quantity:
	Colon Screening Program Fact Sheet	Quantity:
	Colonoscopy Referral Form (50 sheets per pad)	# of pads:
Cervix Screening		**Please specify quantity:**
Patient Education Materials	**Brochure – "Cervix Self-Screening"** (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About HPV Results and the Pap Test" (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About HPV Results and Colposcopy" (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About LEEP" (25 copies per bundle)	# of bundles:
	Poster – "Cervix Self-Screening" (11 in x 17 in)	Hands Holding Swab:
		Patient at Home:
		People on Stairs:
	Postcard – "Cervix Self-Screening" (4 in x 6 in)	Quantity:
Provider Resources	HPV Primary Screening Provider Resource Guide	Quantity:
	Cervix Self-Screening Tear-Off Pad (50 sheets per pad)	# of pads:
Lung Screening		**Please specify quantity:**
Patient Education Materials	**Brochure – "Answering Your Questions About Lung Screening"** (25 copies per bundle)	# of bundles:
	Brochure – "Answering Your Questions About Lung Screening Results" (25 copies per bundle)	# of bundles:
Provider Resources	Poster – "Lung Screening Now Available in BC" (8.5 in x 11 in)	Quantity:
	Lung Screening Tear-Off Referral Pad (50 sheets per pad)	# of pads:
	Provider Guide – "Lung Screening"	Quantity:
	Lung Screening Referral Form	Quantity:

January 2025

Get Up-to-Date News and Resources

Sign up for the **quarterly e-newsletter** for health care providers

- Go to http://eepurl.com/i0TQM2
- Scan the QR code:


BC CANCER SCREENING

HEALTH CARE PROVIDER NEWSLETTER

Hello,

Thank you for subscribing to the BC Cancer Screening Health Care Provider Newsletter!

In this issue, you can find:

- Program Highlights
- Featured Resources
- Upcoming Webinars and Workshops
- Your Top Question Answered

Program Highlights

More BC Cancer Screening letters have been added to Health Gateway

Reminder and result letters are now available on Health Gateway for all four screening programs.

Digital copies are available online as of November 28, 2024, for colon, lung and breast, and February 2024 for cervix.

These digital letters are identical to paper letters mailed out to screening program participants.

Read about the enhancements

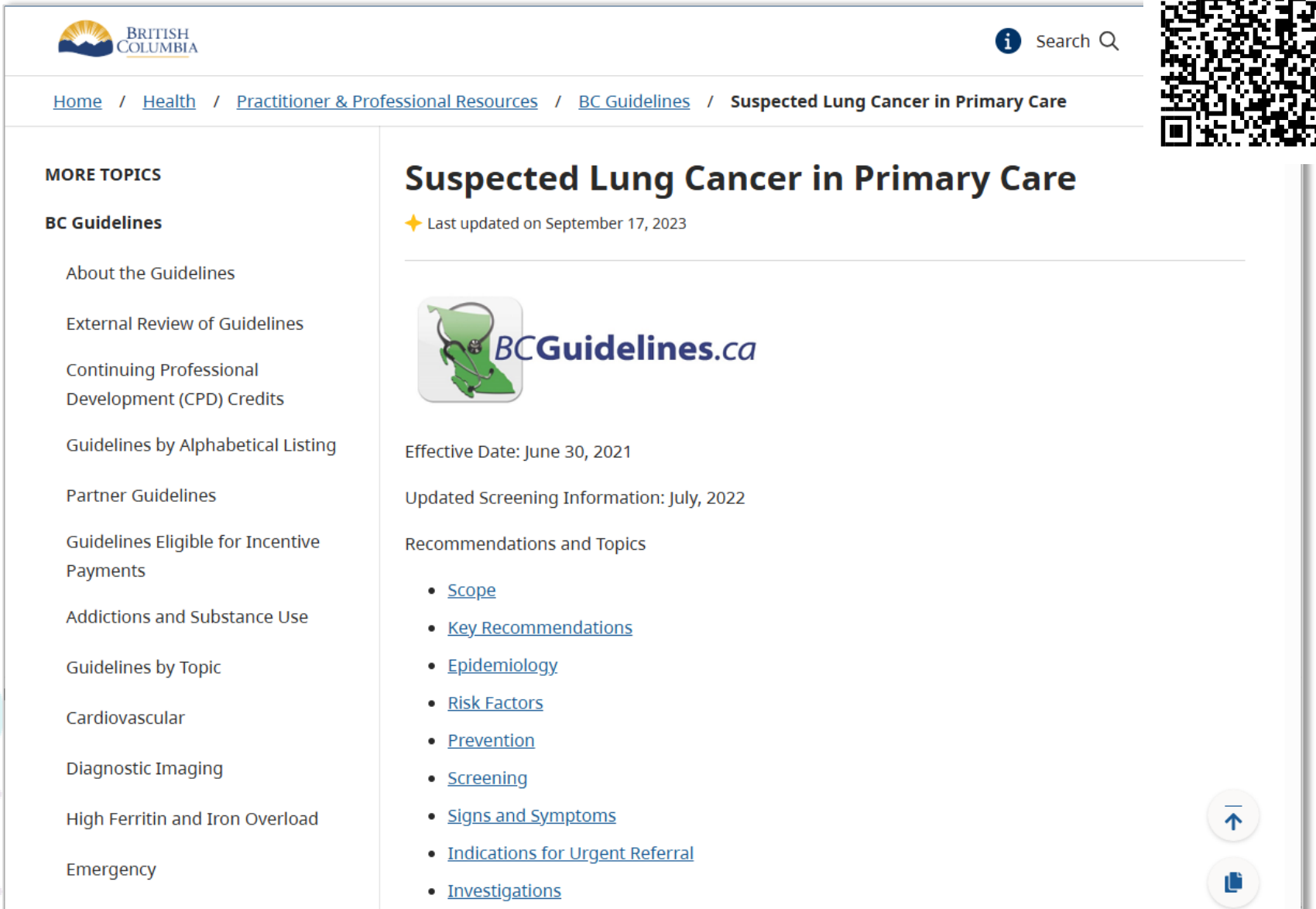
General Inquiries about Lung Screening

1-877-717-5864

screening@bccancer.bc.ca

Additional Education

GPAC Guidelines: Suspected Lung Cancer in Primary Care



BRITISH COLUMBIA

Search

Home / Health / Practitioner & Professional Resources / BC Guidelines / Suspected Lung Cancer in Primary Care

MORE TOPICS

BC Guidelines

- About the Guidelines
- External Review of Guidelines
- Continuing Professional Development (CPD) Credits
- Guidelines by Alphabetical Listing
- Partner Guidelines
- Guidelines Eligible for Incentive Payments
- Addictions and Substance Use
- Guidelines by Topic
- Cardiovascular
- Diagnostic Imaging
- High Ferritin and Iron Overload
- Emergency

Suspected Lung Cancer in Primary Care

Last updated on September 17, 2023

BCGuidelines.ca

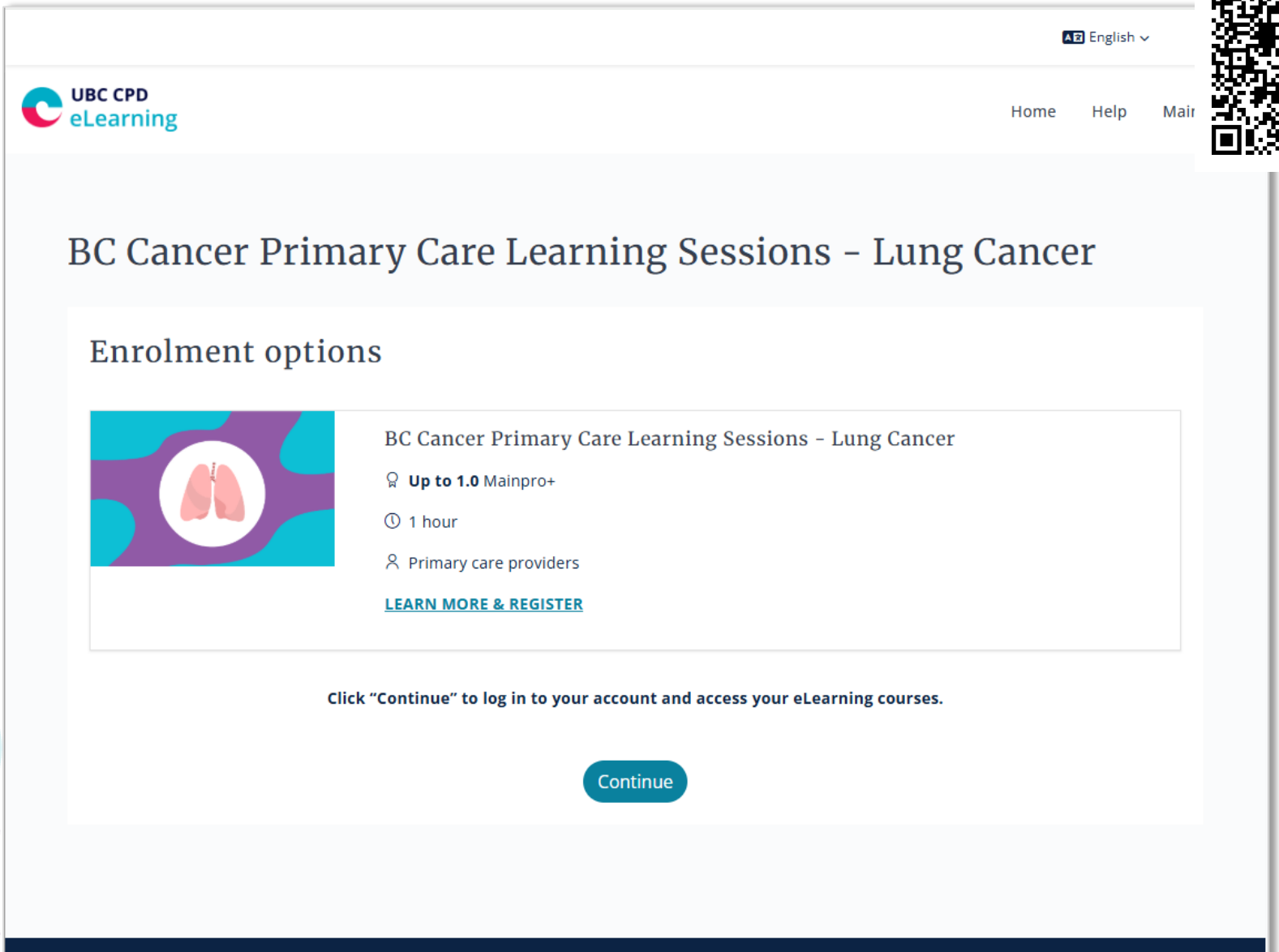
Effective Date: June 30, 2021

Updated Screening Information: July, 2022

Recommendations and Topics

- Scope
- Key Recommendations
- Epidemiology
- Risk Factors
- Prevention
- Screening
- Signs and Symptoms
- Indications for Urgent Referral
- Investigations

BC Cancer Primary Care Learning Sessions: Lung Cancer



Thank you!