

Information for Primary Care Providers

Eligible Albertans between the ages of 50 to 74 who currently smoke cigarettes or quit smoking after smoking for many years are now able to get screened for lung cancer through the Alberta Lung Cancer Screening Program (ALCSP).

The evidence

Lung cancer screening with low-dose computed tomography (LDCT):

- Has demonstrated an almost 25% reduction in lung cancer deaths in 2 large, randomized trials^{1,2};
- It is much more likely to catch lung cancers at stages I or II when it is more likely curable, improving health outcomes.

Process for screening

Talk with your eligible patients about lung cancer screening. A decision-making tool about the risks and benefits of participating in the program will be provided for your patient.

Only patients currently followed within one of these Primary Care Networks (PCNs): Calgary Mosaic, Calgary West Central, Edmonton O-day'min, Edmonton Southside, Highland, and Grande Prairie will be considered during this initial pilot phase of implementation.

Screening will be conducted using low-dose CT (LDCT). **Any lung nodule or possible lung cancer findings will be managed by the ALCSP.** You're free to discuss such findings with your patient, and the ALCSP will keep you informed of management plans. To avoid duplication, please **do not** request investigations or referrals for such findings.

What can the results show on screening?

A low-dose CT scan can see if there is anything inside the lungs. It looks for spots called nodules. Other things can also show up on the scan, such as scarring from past lung infections or growths that are not cancerous. The low-dose CT scan can only see that there is a spot in the lungs, but it cannot tell what the spot is. That's why it's important to monitor a spot(s) to watch if it grows or changes. The scan results can be summarized as:

1. **Normal:** In this situation your patient should continue with annual screening. Patients who are part of this program will receive a reminder letter in the mail for their screening.
2. **Unclear:** In this situation, your patient will usually be asked to come back for another screen in 6 months.
3. **Abnormal:** In this situation, your patient will be asked to come back in 3 months or be referred for other tests.

If your patient's results are unclear or abnormal, the program nurse practitioner will call the patient to inform them of the result and answer any questions they may have.

You may also wish to contact your patient to discuss their results.

All result reports and patient correspondence will be shared with you.

Incidental findings: Low-dose CT scans may occasionally detect non-lung cancer-related abnormalities. You will receive a copy of the radiology report and we recommend that you schedule an appointment with your patient to

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discuss these findings. **Referring providers will take responsibility for any required assessments and investigations for incidental findings.**

Tobacco cessation supports

Quitting smoking is one of the best things your patient can do to improve their health. All patients referred to the ALCSP who are currently smoking cigarettes will be referred to Enhanced Tobacco Cessation Service to discuss their interest in quitting smoking and their options for support. Patients may be eligible to receive coverage for nicotine replacement therapy or prescription medications to help them quit. Supports may include:

- Individual counselling support: Counselling support will be offered through your PCN directly, if available, or through the Tobacco Cessation Case Manager.
- Text support through ABQuits. This can be accessed by Texting ABQUITS to 123456.
- QuitCore group support
- AHS support Websites

Collection of race and ethnicity data

Race or ethnicity data is being collected as this information has been shown to impact lung cancer risk independent of other factors. This information will not be used by AHS beyond the ALCSP. The collection of this information may make some individuals uncomfortable. Healthcare personnel requesting this information should be aware of culturally safe collection methods, and ensure:

- Patients are aware of why this information is being collected and understand that it is voluntary
- Patients self-identify their background (this should not be assigned by healthcare personnel).

About the Alberta Lung Cancer Screening Program

Coordinated by AHS, the Alberta Lung Cancer Screening Program is being piloted in a few clinics in Alberta. This organized screening program aims to help eligible, high-risk Albertans get screened for lung cancer and reduce the number of deaths caused by this disease. Evaluation will be ongoing throughout the pilot in order to inform province-wide implementation.

Contact the Alberta Lung Cancer Screening Program for more information

Phone: 1-866-727-3926

Email: alcsp@ahs.ca

For additional resources, visit:

[Lung - Screening For Life | Screening For Life](#)

References

1. Aberle DR, Adams AM, Berg CD, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *The New England Journal of Medicine* 2011; 365: 395-409. 10.1056/NEJMoa1102873 doi.
2. de Koning HJ, van der Aalst CM, de Jong PA, et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. *N Engl J Med* 2020; 382: 503-513. 2020/01/29. DOI: 10.1056/NEJMoa1911