

THE NATIONAL LUNG CANCER ROUND TABLE

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OUTLINE

- ▶ Provide an overview of the National Lung Cancer Round Table (NLCRT)
 - ▶ Purpose
 - ▶ Structure
- ▶ Describe the activities of the NLRCT implementation task group
 - ▶ Electronic Health Record
 - ▶ Metrics
 - ▶ Business Plan
 - ▶ Interaction with other committees (e.g. LCS 2.0, Go-2)

NLCRT



conclusions about counties and regions. Please refer to the NCI website for additional explanation of calculation of rates:



calculating rates. For example, the total sum of rates is not an applicable descriptive statistic and does not provide a useful meaning for

The National Lung Cancer Roundtable Is Committed To Advancing Our Mission To Create Lung Cancer Survivors. We Continue To Support Our Members And Partners As Our Nation Responds To The Pandemic.

Please click [here](#) to learn more about what cancer patients, their families, and caregivers need to know about COVID-19.

Who We Are

The National Lung Cancer Roundtable (NLCRT) is a national coalition of public, private, and voluntary organizations, and invited individuals, dedicated to reducing the incidence of and mortality from lung cancer in the United States, through coordinated leadership, strategic planning, and advocacy.

[About Us](#)

Mission

To create lung cancer survivors

Vision

To lower the impact of lung cancer through prevention, early detection, and optimal therapy

Values

Patient-centered, evidence-based, inclusive, diverse, proactive, visionary

NLCRT

- ▶ Founding Organization – American Cancer Society
- ▶ National Sponsors – Amgen, Astrazeneca, Bristol-Meyers Squibb, Genentech, Lilly Oncology
- ▶ Professional Societies

[Academy of Oncology Nurse and Patient Navigators](#)

[American Academy of Family Physicians](#)

[American Association for Thoracic Surgery](#)

[American Association of Nurse Practitioners](#)

[American Association of Physicists in Medicine](#)

[American College of Chest Physicians \(CHEST\)](#)

[American College of Preventive Medicine](#)

[American College of Radiology](#)

[American College of Surgeons COC](#)

[American Medical Women's Association](#)

[American Society of Clinical Oncology](#)

[American Society of Preventive Oncology](#)

[American Society for Radiation Oncology](#)

[American Telehealth Association](#)

[American Thoracic Society](#)

[Fleischner Society \(Society for Thoracic Imaging and Diagnosis\)](#)

[International Association for the Study of Lung Cancer](#)

[National Association of Chronic Disease Directors](#)

[North American Association of Central Cancer Registries](#)

[Society for Behavioral Medicine](#)

[Society for Research on Nicotine and Tobacco](#)

[Society of General Internal Medicine](#)

[Society of Thoracic Radiology](#)

[Society of Thoracic Surgeons](#)

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PATIENT ADVOCACY ORGANIZATIONS

[A Breath of Hope Lung Foundation](#)

[ALK Positive Outreach](#)

[American Cancer Society](#)

[American Cancer Society Cancer Action Network](#)

[American Indian Cancer Foundation](#)

[American Lung Association](#)

[American Public Health Association](#)

[Association of State & Territorial Health Officials](#)

[Association of Community Cancer Centers](#)

[CancerCare](#)

[Cancer Support Community](#)

[Caring Ambassadors](#)

[Catch It In Time](#)

[Center for Health Law & Policy Innovation of Harvard Law School](#)

[Citizens for Radioactive Radon Reduction](#)

[Commoner Center, City University of New York](#)

[Dusty Joy Foundation \(LiveLung\)](#)

[Free Me From Lung Cancer](#)

[Georgia Lung Cancer Roundtable](#)

[GO2 Foundation for Lung Cancer](#)

[Intercultural Cancer Council](#)

[International Cancer Action Network](#)

[Kentucky Cancer Consortium](#)

[Kentucky LEADS Collaborative](#)

[LGBT HealthLink](#)

[Life and Breath](#)

[LuCa National Training Network](#)

[LungCAN](#)

[Lung Cancer Awareness Month Coalition](#)

[Lung Cancer Initiative of North Carolina](#)

[Lung Cancer Research Foundation](#)

[LUNgevity Foundation](#)

[National Alliance for Hispanic Health](#)

[National Comprehensive Cancer Network](#)

[National Minority Quality Forum](#)

[Patient Advocate Foundation](#)

[Patient Centered Primary Care Collaborative](#)

[Prevent Cancer Foundation](#)

[Quality Insights](#)

[Ride Hard Breathe Easy](#)

[Sustainable Healthy Communities, LLC](#)

[The Chris Draft Family Foundation](#)

[UCSF Smoking Cessation Leadership Center](#)

[Upstage Lung Cancer](#)

[VA-PALS \(Partnership to Increase Access to Lung Screening\)](#)

NLCRT LEADERSHIP



Ella A. Kazerooni, MD, MS
Chair of the National Lung
Cancer Roundtable

[Read more](#)



Douglas E. Wood, MD
Vice Chair of the National
Lung Cancer Roundtable

[Read more](#)



Robert A. Smith, PhD
Principal Investigator of the
National Lung Cancer
Roundtable

[Read more](#)

[View Our Steering Committee](#)

MEMBERSHIP

- ▶ The National Lung Cancer Roundtable (NLCRT) is a trusted coalition of public, private, and voluntary organizations and invited experts, dedicated to reducing the incidence of and mortality from lung cancer in the United States.
- ▶ National Lung Cancer Roundtable (NLCRT) members are expected to attend at least one meeting per year in order to maintain membership. There are no dues or fees. Members are encouraged to actively participate on one of our many committees or task group.
- ▶ The NLCRT consists of member organizations and invited experts who reflect a broad involvement in increasing lung cancer screening, promoting tobacco treatment, and optimizing treatment for lung cancer patients.

2019 NLCRT Annual Meeting



Date: December 9-10, 2019
**Location: Capital Hilton,
Washington DC**

Each year, the NLCRT membership, a nationwide coalition of over 100 professional and national societies, cancer centers, government agencies, research groups, advocacy and policy organizations, and corporate associates convenes to work together on our shared goal to create lung cancer survivors.

The 2019 NLCRT Annual Meeting will feature presentations by nationally known experts, thought-leaders, and decision-makers on lung cancer and will facilitate national lung cancer awareness, prevention, early detection, and optimal diagnosis and therapy through public education, provider education, health policy activities, and the collective engagement of member organizations.

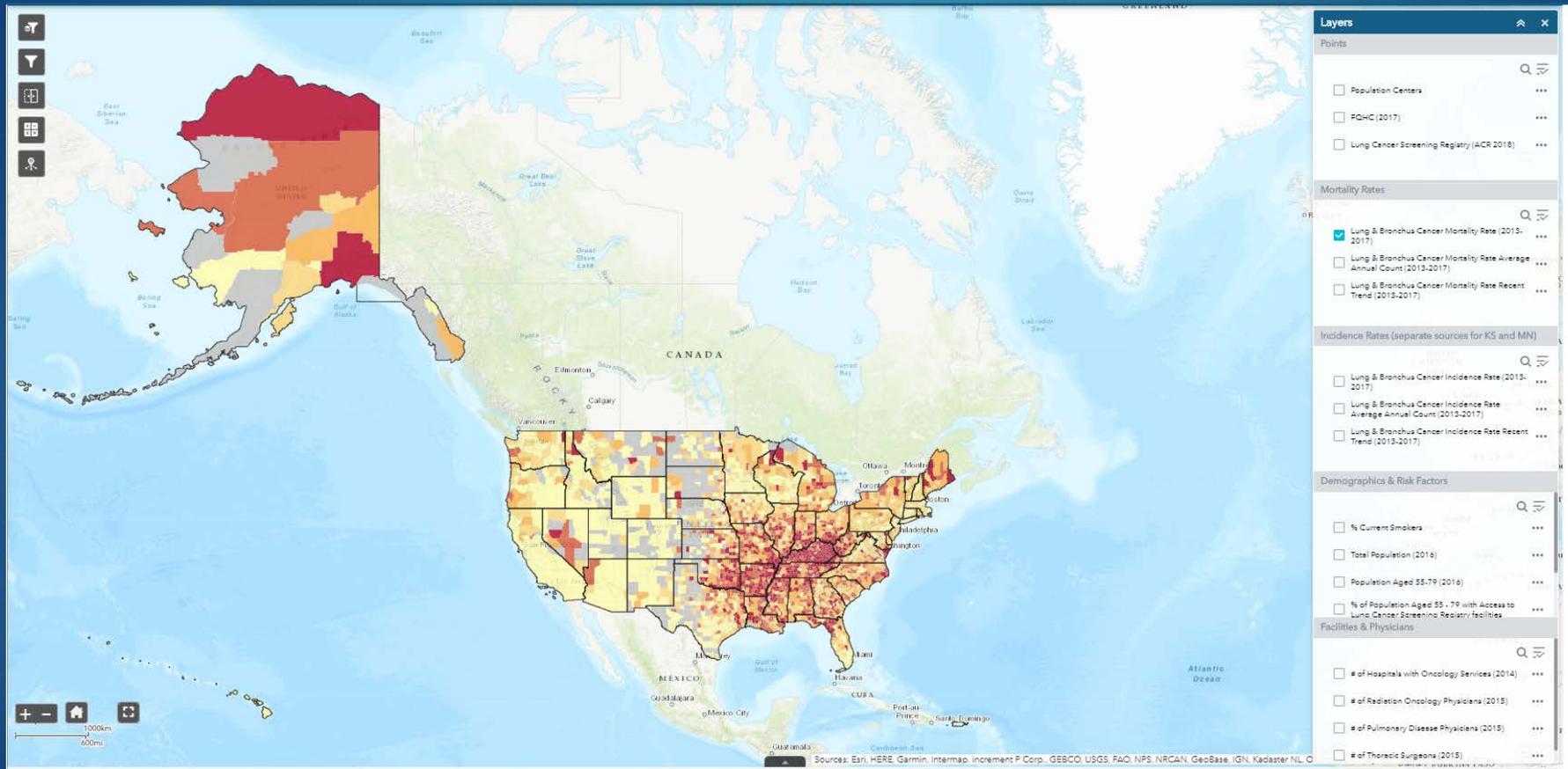
We need your critical thinking, expertise, and participation to advance our shared efforts.

Not currently a member? [Learn more about NLCRT membership.](#)

2019 Annual Meeting Executive Summary Report

LUNG CANCER ATLAS

LC MORTALITY RATE



NLCRT TASK GROUPS



NLCRT IMPLEMENT STRATEGY TASK GROUP

► Task Group Charge

To identify and develop best practices for scalable screening models that also overcome barriers to the delivery of high quality lung cancer screening.

Leadership



Charles White, MD
Task Group Chair
University of Maryland



Carey Thomson, MD, MPH
Task Group Vice Chair
Mt. Auburn Hospital/Both
Israel Lahey Health

Task Group Members

Melinda Aldrich, PhD, MPH Vanderbilt University Medical Center	Peter Mazzone, MD, MPH Cleveland Clinic Hospital System
Angela Criswell, MA GO ₂ Foundation for Lung Cancer	Andrea McKee, MD Lahey/Beth Israel Lahey Health
Debra Dyer, MD National Jewish Health	Gaetane Michaud, MD, MS University of South Florida
Joelle Fathi, DNP, RN, ARNP, CCTS* University of Washington School of Nursing	James Mulshine, MD Rush University Medical Center
Laurie Fenton Ambrose* GO ₂ Foundation for Lung Cancer	Robert Nicklas Life and Breath
Grant Greenberg, MD, MHSA, MA Lehigh Valley Health Network (Pennsylvania)	Raymond Csarogiagbon, MBBS Baptist Memorial Healthcare
Claudia Henschke, PhD, MD Icahn School of Medicine at Mount Sinai	Bruce Pyenson, FSA, MAAA Milliman
Jane Kim, MD, MPH* Veterans Health Administration	Debra Ritzwoller, PhD Kaiser Permanente
Bryan Loy, MD, MBA* Humana	Christopher Slatore, MD, MS Portland VA Medical Center

(*) indicates Steering Committee member

WHITE PAPER

THE EHR IN LCS

The Integral Role of the Electronic Health Record and Tracking Software in the Implementation of Lung Cancer Screening—A Call to Action to Developers
A White Paper From the National Lung Cancer Roundtable

 Check for updates

Joelle T. Fathi, DNP, MN; Charles S. White, MD; Grant M. Greenberg, MD, MHSA; Peter J. Mazzone, MD, MPH; Robert A. Smith, PhD; and Carey C. Thomson, MD, MPH

CHEST 2020; 157(6):1674-1679

- ▶ Software considerations
- ▶ Identifying eligible participants
- ▶ LCS tracking software
 - ▶ Data capture
 - ▶ Analytics
 - ▶ Reporting
- ▶ Constraints

EHR IN LCS

TABLE 1] Minimum Recommended Features and Capability of a Lung Cancer Screening Software System

Full integration and compatibility with existing EHR and patient portal

Patient registration and recall desk with full interface with EHR

Universal compatibility with all Integrated Digital Imaging and Communications in Medicine software formats

Full capability of data extraction (Lung-RADS category) from radiology reports

Lung nodule tracking and surveillance

Non-lung nodule (incidental findings) tracking

Automatic laboratory results interface and integration

Navigator dashboard

Complement of templated and customizable letters, integrated mail merge, and documentation of telephone communication with the EHR

Full automaticity in capturing all ACR-LCSR data elements

Full automaticity in routine batching and upload of ACR-LCSR data elements

Full capability to create data fields specific to individual screening program^a

Full capability to query and report data for lung cancer screening program quality and outcomes evaluation

DEVELOPING A BUSINESS PLAN FOR LCS

- ▶ Subcommittee including NLCRT ITG (led by Carey Thomson) and others in NLCRT
- ▶ Working with Fiscal Health Group
- ▶ Interviews conducted with various members of NLCRT to understand viewpoint and expertise
- ▶ Develop recommendations based on interviews
- ▶ Create potential workflows
 - ▶ Based on initial visit and CT results
- ▶ Iterate with Advisory to develop final model



DEVELOPING QUALITY METRICS IN LCS

Proposed Quality Metrics for Lung Cancer Screening Programs: A National Lung Cancer Roundtable Project

- ▶ Metrics should be valid, relevant and feasible
- ▶ 30 LCS metrics initially proposed
 - ▶ Who is screened, SDM, performance and reporting, findings, diagnosis and Rx
- ▶ 15 metrics prioritized by leader of project task group
- ▶ Survey performed all ITG members and also sent to all 10 task groups rating validity, relevance, feasibility (VFR)
- ▶ Seven metrics reached consensus for VFR
 - ▶ e.g. % of LCS eligible patients who undergo screening
- ▶ Paper in draft form

BEYOND THE NLCRT

- ▶ The NLCRT partners with other societies and groups to aid in the fight against lung cancer
- ▶ American College of Radiology
 - ▶ LCS 2.0
 - ▶ Econ-billing one pager - completed
 - ▶ Incidental findings "one-pager" – in progress
 - ▶ Lung cancer screening registry
- ▶ Go-2 Foundation (<https://go2foundation.org/>)
 - ▶ Lung cancer patients/survivors support, education and advocacy
- ▶ ALA/ATS and others

NLCRT ISTG MEETING PLANNING

2:15pm	Break
2:30pm ET – 4:30pm ET	<p>SESSION FOUR: TASK GROUP SHOWCASES</p> <p>Co-Moderators: Joelle Fathi, DNP, ARNP, <i>University of Washington</i> Jamie Studts, PhD, <i>University of Colorado</i></p>
2:30pm ET	<p>Provider Engagement and Outreach Task Group Chair: Thomas Houston, MD, <i>American Academy of Family Physicians</i> Vice-Chair: Jan Eberth, PhD, <i>University of South Carolina</i></p>
3:00pm ET	<p>Shared Decision-Making Task Group Chair: Robert Volk, PhD, MD <i>Anderson Cancer Center</i> Vice Chair: Peter Mazzone, MD,MPH <i>Cleveland Clinic</i></p>
3:30pm ET	<p>Lung Cancer Screening Implementation Strategies Task Group </p> <p>Chair: Charles White, MD, <i>University of Maryland</i> Vice Chair: Carey Thomson, MD,MPH <i>Mt. Auburn/Beth Israel Lahey Health</i></p>
4:00pm ET	<p>Tobacco Treatment in the Context of Lung Cancer Screening Task Group Chair: Jamie Ostroff, PhD, <i>Memorial Sloan Kettering Cancer Center</i> Vice Chair: Joelle Fathi,DNP, ARNP, <i>University of Washington</i></p>
4:30pm ET	CLOSING REMARKS AND END OF DAY 1

Implementation Strategies Task Group Session – Annual Meeting Draft Agenda

Total time for showcase: 30 min|

- 1) Introduction and Overview (White) 2-3 min
 - a. Discussion of Mission, Leadership and Members
- 2) Review of Completed and Ongoing Projects ; Carey to introduce with a slide of these three topics- 2 min
 - a. EHR (led by Fathi/Thomson; participants ISTG): Joelle to Present 1-2min
 - b. Strategic Plan (led by Fathi/Thomson; participants ISTG): Joelle to present 2-3min
 - c. Quality metrics (led by Mazzone/White/Thomson): Peter to present 2 min
- 3) Collaborative Projects: Carey will introduce this slide with these projects listed; will say 1-2 min about business plan/resource modeling
 - a. Resource Modeling for LCS and Nodule Surveillance (we need a good name/ meeting on Monday 10/26 about this and marketing) (led by Thomson; participants White/Fathi/Michaud/etc etc- also discussed in a separate session but will mention here): Carey to present—2min
 - b. “One pager” Incidental & Important Findings with ACR (Dyer/White/Thomson): Charlie to present – 1-2 min
 - c. Econ/Billing with ACR (Dyer/White/Thomson): Charlie to present 1-2 min
- 4) Planned Projects: Charlie showing the slide with these two projects listed: 2 min; and will just introduce these as ongoing work and say that the womens project will be presented in the Women’s TG showcase
 - a. “Intervention Strategies to Improve Lung Cancer Screening for Women Undergoing Breast Screening” with NLCRT Task group on women (Thomson/Sandler Womens TG grant being submitted in collaboration with NLCRT)
 - b. Intersection with Policy TG regarding HEDIS metrics



THANK YOU

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