

Colorado Lung Cancer Screening Learning
Collaborative
Lung Cancer Screening Symposium

Making It Happen!

Panel Discussion with:

James Fenton MD, Pulmonologist, National Jewish Health

Kyla Krofta MD, Primary Care Prover, Kaiser Colorado

Jamie Studts PhD, Behavioral Scientist, CU Anschutz

Linda Sample, Health Care Consultant, Empowered Healthcare

Debra Dyer MD, Moderator, National Jewish Health



Accreditation

- Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of National Jewish Health and American College of Radiology, American Cancer Society, The Colorado Radiological Society and Colorado Cancer Coalition. National Jewish Health is accredited by the ACCME to provide continuing medical education for physicians.
- Designation Statement: National Jewish Health designates this live activity for a maximum of 10.25 *AMA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- Nursing Statement: Provider approved by the California Board of Registered Nursing, Provider Number 12724, for maximum 10.25 contact hours.

Certificates will be distributed following the last session of the program. Credit will be awarded based on participation.



Disclosures

Faculty

None of the following faculty members for this presentation have any financial relationships to report:

Debra S. Dyer, MD, FACR

Jim Fenton, MD

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Linda Sample

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Planner/Reviewer Disclosures

None of the following planners/reviewers for this presentation have any financial relationships to report:

- Debra S. Dyer, MD, FACR
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NO DISCLOSURES

- James Fenton MD
- Kyla Krofta MD
- Jamie Studts PhD
- Linda Sample
- Debra Dyer MD

LUNG CANCER



- Clinical outcome is directly related to STAGE at time of diagnosis.
 - 5yr. survival-- 60-80% (Stage I) 15% (Stage IV)
 - Routine clinical care-- Only 16% are Stage I at diagnosis.
 - Screening population–
 - -55-85% of cancers are Stage I on baseline study (ELCAP)
 - -60-100% are Stage I on follow up screening studies.
 - Lung cancer may be **CURABLE** if found early.
- Early detection is important to decrease mortality-> **SCREENING**

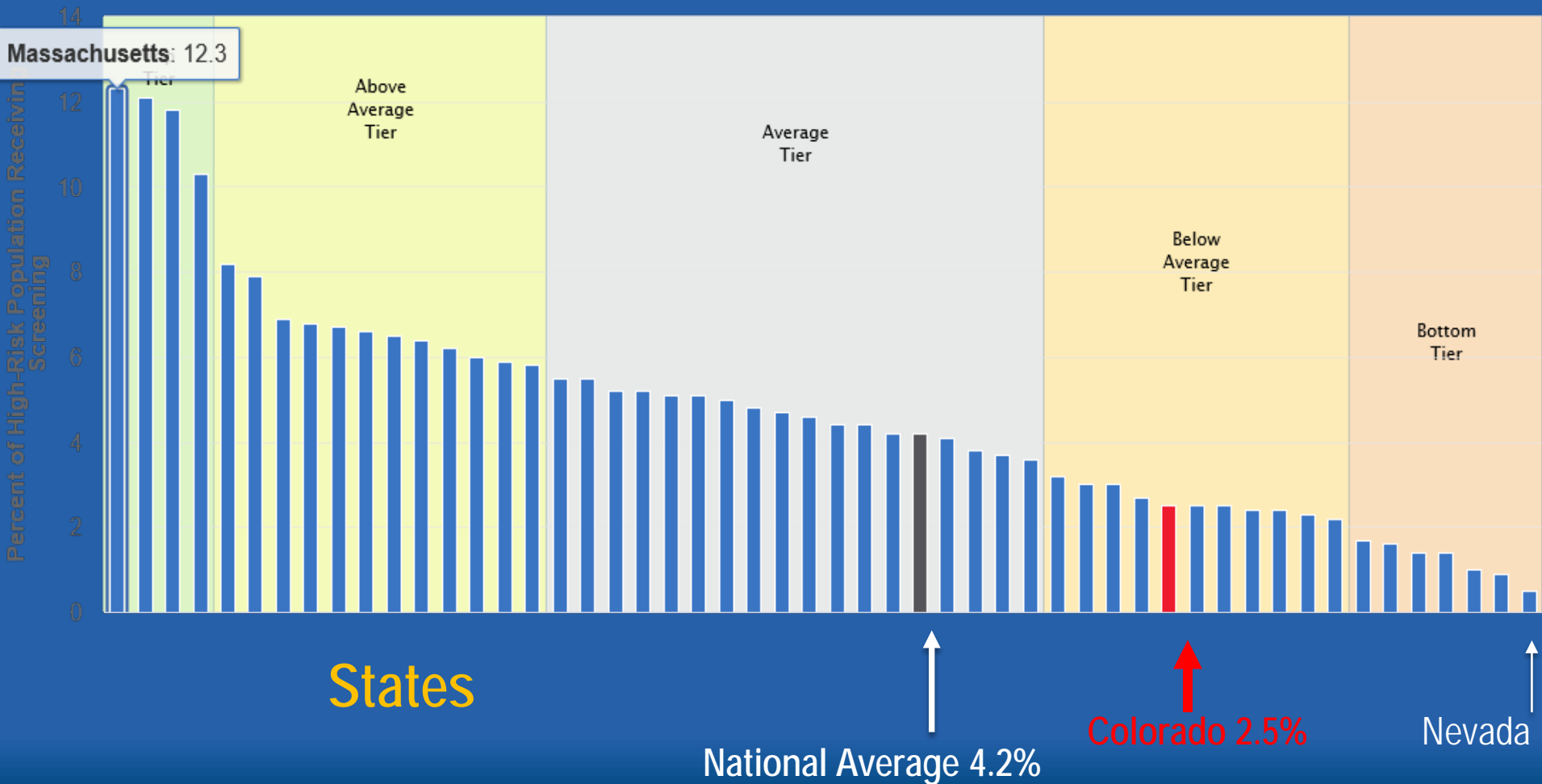
NELSON STUDY: CT SCREENING FOR EARLY LUNG CANCER REDUCES LUNG CANCER MORTALITY

- This European study enrolled 15,792 individuals at high risk for lung who were randomized 1:1 to either the study arm or control arm. Study arm participants were offered CT screenings at baseline, 1, 3, and 5.5 years after randomization. No screenings were offered to control arm participants. There was a minimum of 10 years of follow-up.
- **69%** of screen-detected lung cancers were detected at stage IA or IB.
- In men, CT screening reduced the risk of death from lung cancer by 9% to 41%. **Overall MORTALITY REDUCTION of 26% at 10 years.**
- In women, there was a significant and **even larger reduction** in lung cancer mortality.
- *CT screenings are effective in detecting lung nodules in people at high risk for lung cancer.*

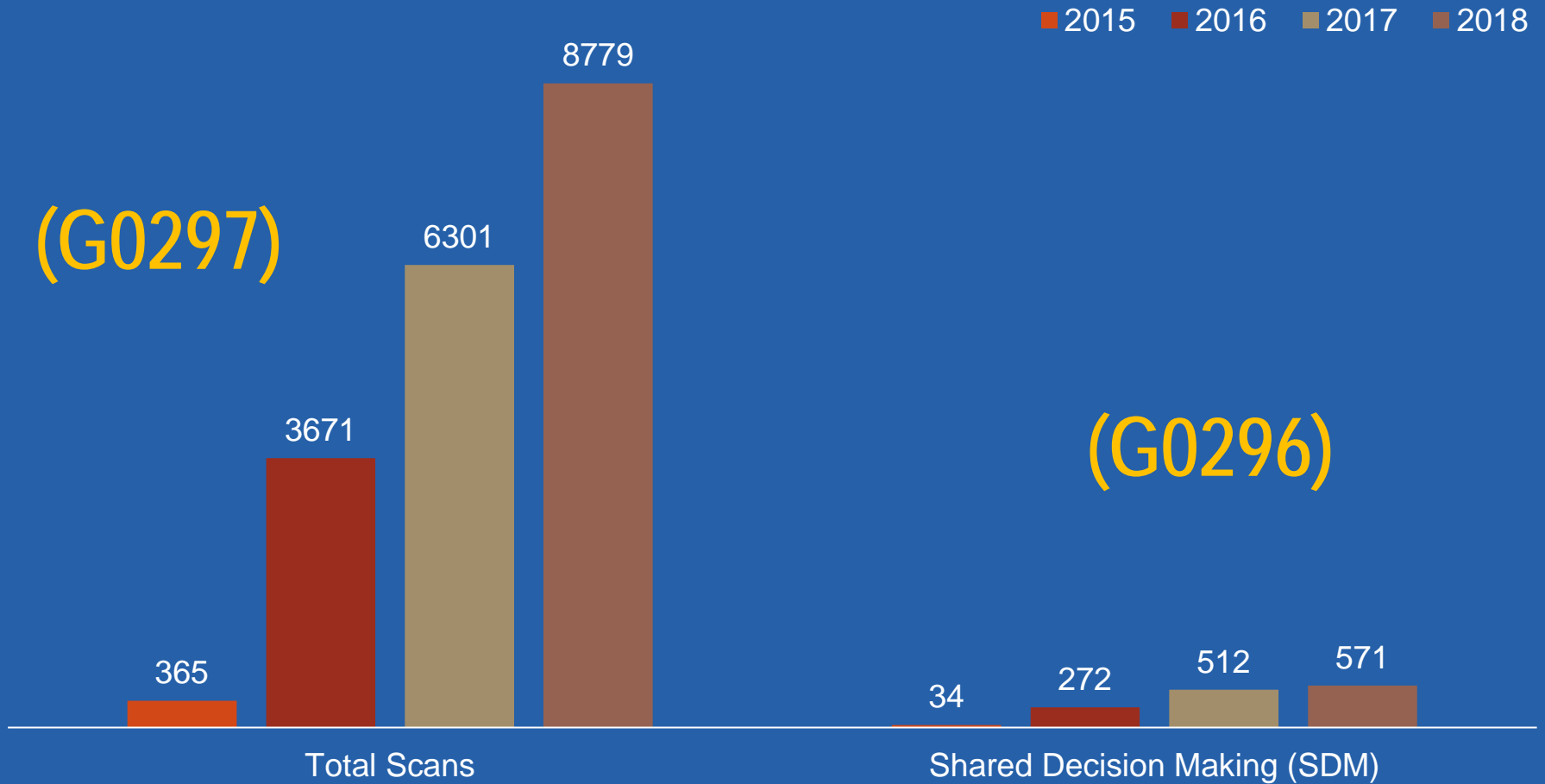
SCREENING RATES PER STATE

American Lung Association

State Ranking by High-Risk Screening Rate



LUNG CANCER SCREENING SERVICES (2015-2018)



~6-7% had SDM visits!

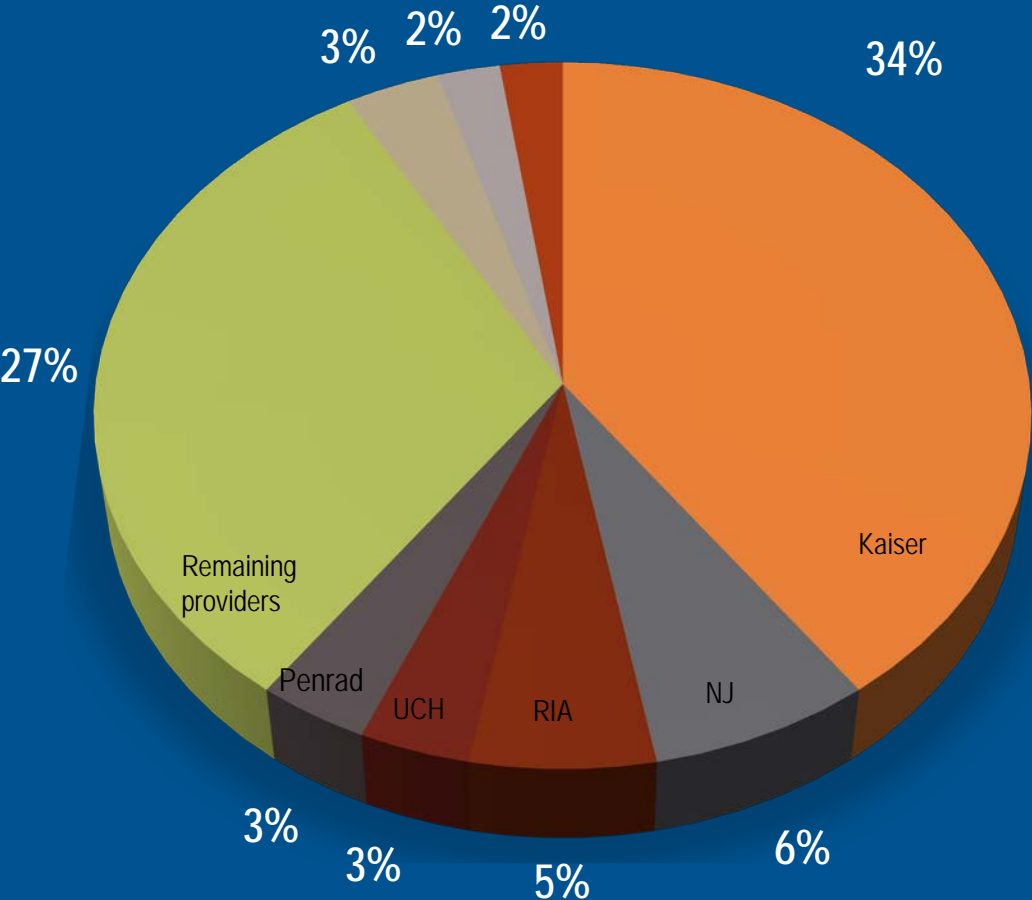
COUNSELING & SHARED DECISION MAKING VISIT

-Physician
-NP
-PA



1. Determination of **eligibility**
2. Review of **benefits and harms** of screening
3. Need for **adherence** to annual lung cancer screening
4. **Written order** for lung cancer screening CAT scan test
5. Counseling on the importance of **smoking cessation**.

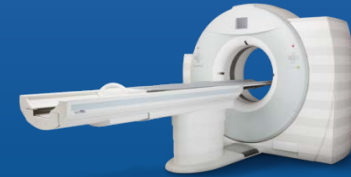
LUNG CANCER SCANS / KEY PROVIDERS (2017-2018)



- Kaiser
- National Jewish
- Denver Health and Hospital Authority
- Radiology Imaging Associates
- University of Colorado Hosp
- Penrad
- Remaining Providers
- Rocky Mountain Radiologists PC
- Medical Imaging of Colorado
- Fort Collins Radiologic Associates PC

COVERAGE--

- Because of the USPSTF recommendations, lung cancer screening scans are COVERED by Medicare, Medicaid, and most insurance plans FREE of charge.
- Medicaid ---
 - enrollees are disproportionately at risk for lung cancer
 - 26.3 percent of Medicaid beneficiaries are current smokers (compared to 11.1% of individuals with private insurance). (CDC)
 - 5 yr survival rate for lung CA pts with Medicaid is 13.0% vs 20.4% for lung cancer patients with other insurance. (SEERdatabase)
- In 2017, the cost of care for lung cancer patients in their last year of life exceeded that of any other cancer at \$5.8 billion. (www.lung.org)
- *By investing in low cost preventive screenings, Medicaid programs can save lives and potentially avoid more costly treatment resulting from a late diagnosis. Multiple studies have shown that lung cancer screening is highly cost-effective.*
- One analysis found that the average annual cost of LDCT screening of individuals at high risk in Medicare would be \$241 per person screened
 - *Pyenson BS, Henschke CI, Yankelevitz DF, Yip R, Dec E. Offering lung cancer screening to high-risk Medicare beneficiaries saves lives and is cost-effective: an actuarial analysis.*



ALA's LUNG FORCE survey of more than 1,000 women and men revealed that awareness of lung cancer and screening is critically low.
--Only 3% of women cite lung cancer as a top-of-mind health concern--

-The **top reason** those at high risk for lung cancer give for **not getting screened** is that their doctor never recommended it.

--Only 15% were aware that screening is recommended and covered by Medicare and most healthcare plans at NO COST.

-if only half of the estimated *9 million people at high risk* were to get screened, **15,000 lives could be saved!**

- Lung Ca- Screening results in at least a 20% reduction in Lung CA mortality and a 6.7% ALL cause mortality
- Ages 55-74, 30pk years and <15years after quitting. Screen annually until the patient is no longer eligible.
- Do NOT screen *low risk patients* or those with severe comorbidities who would not ultimately benefit from LCS.
- Patients should have a *Shared Decision Making* visit and **smoking cessation counseling** if applicable.
- The CT scans are **FREE** to eligible patients.
- LC Screening is significantly underutilized nationally and in Colorado.

How do we change that?

OBJECTIVES FOR TODAY

- Identify the biggest challenges/barriers limiting wider implementation of LCS
- Discuss strategies to simplify and facilitate the shared decision making process
- Describe needed LCS data and metrics to obtain administration/decision-maker support for LCS resources
- Discuss strategies to improve patient adherence and return for annual lung cancer screening CT